

# Omar Tirmizi, MD, FCCP

A Professional Corporation

Diplomate, American Board of Internal Medicine  
Diplomate, American Board of Internal Medicine, Pulmonary Disease  
Diplomate, American Board of Internal Medicine, Critical Care Medicine  
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July 7, 2021

Natalia Foley  
Workers Defenders Law Group  
8018 Santa Ana Canyon Rd., Suite 100.215  
Anaheim, CA 92808

SIBTF  
1750 Howe Avenue, Suite 370  
Sacramento, CA 95825-3367

**RE:** Kevin Williams vs. Walmart Associates, Inc. SIBTF  
**WCAB Case No:** ADJ12524618; ADJ12524635; ADJ12743430  
**SIBTF No.:** SIF12524618  
**Date of Service:** 07/07/21  
**Location:** 770 Magnolia Ave., #2K, Corona CA 92879

## **COMPREHENSIVE INDEPENDENT MEDICAL-LEGAL EVALUATION** **SUBSEQUENT INJURY BENEFITS TRUST FUND**

Thank you for asking me to see and evaluate Mr. Kevin Williams as an Independent Medical Examiner in regards to the application for Subsequent Injury Benefit Trust Fund. I am asked to evaluate him within my medical speciality and to provide an evaluation in my area of expertise. I am asked to address the issue of causation, AOE/COE of any area within my area of speciality, and to make a determination of any preexisting medical issues, as well as to provide an impairment rating per the AMA Guides Fifth Edition.

Injured workers qualify for SIBTF benefits if they fall under the requirements of Labor Code 4751. This requires that the injured worker have a pre-existing disability which predates the compensable industrial injury. The pre-existing disability needs to be labor-disabling or ratable. The pre-existing disability can be industrial or non-industrial. The combined effects of the pre-existing disability and the subsequent injury must be greater than or equal to 70% and the combination of both disabilities must be greater than just the effect of the subsequent injury alone. Finally, the condition must meet one of two thresholds:

- The 35% requirement: Permanent disability from the subsequent injury is 35% or higher
- The opposite and corresponding requirement: The pre-existing disability affects an extremity (hand or arm or foot or leg) or an eye AND the permanent disability from the

subsequent injury BOTH 1) affects the opposite and corresponding member and 2) is 5% or higher

The Subsequent Injury must be an industrial injury whereas the "Pre-existing disability" can be either industrial or non-industrial.

Mr. Kevin Williams is a 57-year-old male. He states that he began employment with Walmart E-commerce in August 2015. He states he last worked in April 2019. He states that he suffered not only a specific injury in January 2019, but he also had CT injuries from 10/01/18 to 03/15/19. Per review of records, I note that these were settled by C&R on 11/18/19. The body parts included neck, upper extremity, back, shoulders, and lower extremities.

I had the opportunity to obtain a history and perform a comprehensive examination on Mr. Kevin Williams in my office in Corona, California at 770 Magnolia Ave., #2K, Corona, California 92879, on July 7, 2021.

This was a comprehensive assessment and 65 minutes of face-to-face time was required for the assessment. Additionally, medical records were reviewed, which were certified and attested to consist of 631 pages. This report is billed as ML201 with a total of 606 pages reviewed.

Mr. Williams reports that apart from his orthopaedic injuries, he is doing fairly well from a medical standpoint. He does list the following issues:

**Solitary Kidney:**

Mr. Williams reports that he was born with a malfunctioning kidney. He states he underwent a right nephrectomy at the age of 6 years. Since then, he has not had any limitations in his daily activities or work because of this issue. As far as he recalls, his kidney function has been normal. He does not take any precautions and is able to perform his usual activities of daily living without difficulty.

**Bowel Obstruction:**

Mr. Williams reports that he was found to have a bowel obstruction, five years ago, in 2017. He states he required an NG tube placement, as well as a laparoscopic surgery with lysis of adhesions. Since that time, he has recovered and he has no difficulty in his bowel regimen. He does not have any complications from surgery.

**Hyperlipidemia:**

Mr. Kevin Williams is also a known hyperlipidemic. He takes Lipitor 20 mg daily. As far as he can recall, he has had no issues with taking the medications or having issues with his high cholesterol. He watches his diet. He has no difficulty with activities of daily living, due to his hyperlipidemia.

**WORK HISTORY:** He is currently unemployed. He has gone back to school to complete his education in computer engineering/computer repair.

**PAST MEDICAL HISTORY:** Discussed above.

**PAST SURGICAL HISTORY:** Laparotomy for lysis of adhesions 5 years ago. Nephrectomy at age 6

**HOME MEDICATIONS:** Lipitor 20 mg by mouth daily.

**ALLERGIES:** None.

**SOCIAL HISTORY:** He is married and has one child, age 25. He admits to daily alcohol usage. He denies tobacco, substance abuse, or marijuana.

**REVIEW OF SYSTEMS:**

A ten point review of systems for internal medicine was conducted. Relevant positives and negatives are noted in the body of this report.

**PHYSICAL EXAMINATION:**

**Vital Signs:** Blood pressure: 130/60. Heart rate: 74. Respirations: 18. O2 saturation is 98% on room air. Weight: 225 pounds. Height: 6 feet.

**HEENT:** Head examination reveals that the head is normocephalic, atraumatic without deformity or unusual swelling. Pupils are round, reactive to light and accommodation normally. There is no nystagmus, lid lag or exophthalmos. Nasal mucosa is pink. Vision is normal.

**Chest and Lung:** Reveals clear, normal, symmetrical breath sounds with no adventitious sound. Expansion is normal. There are no surgical scars.

**Cardiovascular:** Reveals normal S1, S2 without murmurs, rubs or clicks.

**Abdomen:** Soft with no tenderness or organomegaly.

**Musculoskeletal:** There is no tenderness to palpation. Range of motion is normal.

**Extremities:** There is no cyanosis, peripheral edema, or clubbing. There is no evidence of insufficiency or skin changes. Pedal pulses are strong and bounding.

**Neurological:** Cranial nerves II to XII are intact. Gait is normal without ataxia. DTRs are normal. Babinski is downgoing.

**REVIEW OF MEDICAL RECORDS**

**04/28/08 – Ernesto Campos, D.O., Kaiser Permanente – Office Visit.** The patient complained of subacute left sided low back pain for two weeks. He hurt his back with twisting motion while working on car. **Blood Pressure:** 110/70. **Weight:** 198 pounds. **Diagnosis:** Strain of back. **Treatment:** X-rays were ordered. Labs were drawn. Prednisone and nabumetone were prescribed.

**05/04/08 – Monica Leung, M.D., Kaiser Permanente – Radiology/X-ray of Lumbar Spine:** Mild degenerative changes.

**05/15/08 – Ernesto Campos, D.O., Kaiser Permanente – Office Visit.** The patient's pain is almost completely resolved. He would like to go back to work. **Blood Pressure:** 104/70. **Weight:** 198 pounds. **Diagnosis:** Strain of back. **Treatment:** The patient was advised to take medication as directed. Stretching and exercise were recommended.

**04/15/16 – Christopher Yan, M.D., Kaiser Permanente – Office Visit.** The patient presented for physical examination. **Blood Pressure:** 134/71. **Weight:** 233 pounds. **Treatment:** Labs were drawn.

**10/20/16 – Grace Wan, M.D., Kaiser Permanente – Office Visit.** The patient is dizzy and has a light headache. **Blood Pressure:** 130/87. **Weight:** 225 pounds. **Diagnosis:** Dizziness. **Treatment:** Labs were drawn.

**08/14/17 – Diana Lee, O.D., Kaiser Permanente – Office Visit.** The patient was seen due to decreased vision. **Diagnoses:** 1. Bilateral incipient cataract. 2. Presbyopia. 3. Bilateral myopia. 4. Bilateral astigmatism.

**01/11/18 – Christopher Yan, M.D., Kaiser Permanente – Office Visit.** The patient presented with a lab order request. **Blood Pressure:** 138/89. **Diagnoses:** 1. Urinary frequency. 2. Erectile dysfunction. **Treatment:** Revatio was prescribed.

**09/14/18 – Teri Vieth, M.D., Kaiser Permanente – Emergency Department Record.** The patient was seen due to abdominal pain. **Current Medications:** Revatio, Viagra and Lipitor. **Blood Pressure:** 132/89. **Diagnoses:** 1. Small bowel obstruction. 2. Upper abdominal pain. 3. Vomiting. 4. Abdominal distension. **Treatment:** The patient was referred to general surgery.

**09/14/18 – Jason Laird, P.A., Kaiser Permanente – History and Physical.** The patient complained of progressing abdominal pain which became so severe he fell to the ground. **Current Medications:** Revatio, Viagra and Lipitor. **Blood Pressure:** 157/83. **Diagnosis:** Small bowel obstruction. **Treatment:** The patient was admitted to surgical service.

**09/15/18 – Jerome Tsai, M.D., Kaiser Permanente – CT of Abdomen and Pelvis.** **Impression:** There is moderate bibasilar subsegmental atelectasis and/or scarring, left greater than right with infiltrate not excluded. There is a 5 mm solid appearing nodular opacity at the posterior lateral right lower lobe.

**09/16/18 – Furhawn Shah, M.D., Kaiser Permanente – Radiology/X-ray of Abdomen. Impression:** Stable multiple dilated loops of small bowel measuring up to 4.7 cm. The colon is largely collapsed. These findings remain concerning for a small bowel obstruction with a possible degree of gastric outlet obstruction not excluded.

**09/17/18 – Lori Chow, M.D., Kaiser Permanente – Operative Note. Preoperative and Postoperative Diagnosis:** Partial small bowel obstruction. **Procedure:** Laparoscopy, lysis of adhesions.

**09/17/18 - Sangku Kang, M.D., Kaiser Permanente – Radiology/X-ray of KUB. Impression:** Dilated small bowel loops. Partial obstruction and/or ileus.

**09/18/18 – Lori Chow, M.D., Kaiser Permanente – Discharge Summary. Diagnosis:** Small bowel obstruction. **Medications:** Norco, Colace, Revatio, Viagra and Lipitor.

**03/28/19 – Diana Lee, O.D., Kaiser Permanente – Office Visit.** The patient lost his glasses. **Current Medications:** Revatio and Lipitor. **Diagnoses:** 1. Presbyopia. 2. Bilateral astigmatism. 3. Bilateral myopia. 4. Bilateral incipient cataract. 5. Bilateral pinguecula.

**08/22/19 – Ameerah Shaban, M.D., Kaiser Permanente – Office Visit.** The patient complained of bilateral edema in ankles for two weeks. **Blood Pressure:** 120/86. **Diagnoses:** 1. Swelling of bilateral legs. 2. Unhealthy drinking behavior. 3. History of nephrectomy. 4. Hyperlipidemia. **Treatment:** Labs were drawn.

**09/03/19 – Division of Workers' Compensation – Workers' Compensation Claim. Date of Injury:** CT 09/09/18 to 03/20/19. The applicant alleged injury to his lower back, neck, shoulder and lower extremities.

**09/03/19 – Division of Workers' Compensation – Workers' Compensation Claim. Date of Injury:** October 2018 to March 15, 2018. The applicant alleged stress due to hostile work environment.

**09/09/19 – Division of Workers' Compensation – Application for Adjudication of Claim. Date of Injury:** CT 09/09/18 to 03/20/19. The applicant alleged stress and strain due to repetitive movement over period of time and due to lifting heavy boxes, injuring his lower back, neck, shoulders, and lower extremities.

**09/09/19 – Division of Workers' Compensation – Application for Adjudication of Claim. Date of Injury:** CT 10/01/18 to 03/15/18. The applicant alleged injury to nervous system due to stress from a hostile work environment (racial and sexual harassment).

**03/11/21 – Christopher Yan, M.D., Kaiser Permanente – Video Visit.** The patient complained of urinary frequency and urgency. **Treatment:** The patient was referred to urology. Cipro was prescribed.

**03/25/21 – Kent Miyamoto, M.D., Kaiser Permanente – Video Visit.** The patient was seen with increased urine frequency. **Diagnoses:** 1. Urinary frequency. 2. Urinary urgency. 3. History of nephrectomy.

### **RESULTS OF LAB TESTING:**

CBC and blood chemistries were obtained.

Results are normal, except:

Creatinine                      1.5 mg/dL

### **IMPRESSION:**

1. Upper urinary tract disease.
2. Hyperlipidemia.
3. Bowel obstruction.

### **DISCUSSION:**

#### **1. Upper urinary tract disease:**

Mr. Kevin Williams has upper urinary tract disease, due to a solitary kidney. His estimated GFR is 49 mL per minute. Using the AMA Guides to Evaluation of Permanent Impairment, Fifth Edition, Table 7-1, page 146; with diminution of upper urinary tract function as evidenced by GFR of 49 mL per minute it is my opinion that he has class 3 impairment of the whole person 40% due to upper urinary tract disease

#### **Work Restrictions:**

Mr. Kevin Williams is at risk of having aggravation of kidney disease if he was to work in an environment at risk of suffering renal disease. These situations may arise if he was to become dehydrated such as working for long hours outdoors or in a hot environment. He is also at risk of further worsening of renal disease if he was to suffer orthopedic injuries which may require the use of NSAIDs that may have a direct effect on the renal function as well.

#### **Causation:**

Causation is nonindustrial and pre-existing to the Subsequent Industrial injury.

#### **Dates of Permanent and Stationary Status Relative to Pre-Existing Conditions:**

Based upon my consultation and examination of the applicant as well as upon review of the medical records and my clinical experience, it is my opinion that within reasonable medical probability, that all this applicant's conditions which pre-existed the above dated subsequent industrial injury, had reached a permanent and stationary plateau prior to the day preceding the specific subsequent industrial injury.

**Apportionment:**

As per SB 899 and Labor codes 4663 and 4664, and mindful of the Escobedo and Benson decisions, apportionment to causation of impairment/disability is considered. I find no factors responsible for industrial apportionment.

**Future Medical Care:**

None required. If he has deterioration of his remaining kidney, he would require assistance with nephrologic care and may perhaps require dialysis if his remaining kidney were to malfunction.

**2. Hyperlipidemia:**

This is a nonindustrial condition.

**Causation:**

The causation of this condition is genetic factors.

**Impairment:**

At this time, there is no impairment due to hyperlipidemia. This condition is not considered labor disabling.

**Future Medical Care:**

I recommend continuation of Lipitor on a nonindustrial basis.

**3. Bowel obstruction:**

Mr. Williams had an issue with bowel obstruction. This resolved after laparoscopic surgery. At this time, he has recovered completely. There is no impairment due to previous episode of partial small bowel obstruction.

**Work Restrictions:**

None.

**Causation:**

Causation is nonindustrial.

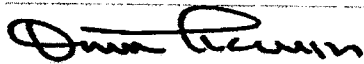
**Apportionment:**

As per SB 899 and Labor codes 4663 and 4664, and mindful of the Escobedo and Benson decisions, apportionment to causation of impairment/disability is considered. I find no factors responsible for industrial apportionment.

**Future Medical Care:**

None required.

Thank you for asking me to see and evaluate Mr. Kevin Williams. I will be available for review of medical records and to produce supplemental reports at the request of parties concerned.



Syed O. Tirmizi, M. D. FCCP

Diplomate, American Board of Internal Medicine

Diplomate, American Board of Internal Medicine, Pulmonary Disease

Diplomate, American Board of Internal Medicine, Critical Care Medicine

Diplomate, American Board of Internal Medicine, Sleep Medicine

Diplomate, American Board of Sleep Medicine

Qualified Medical Evaluator #945518 State of California



**Omar Tirmizi, MD Laboratory**  
 4340 Overland Avenue  
 Culver City, CA 90230  
 Tel: 310-556-0702 Fax: 310-556-8464  
 Laboratory Director: Omar Tirmizi, MD

Patient: Williams, Kevin  
 ID: 02171969WK  
 DOB: 2/17/1969 Age: 52 Sex: M  
 Alt.ID:

Acct#: 01989  
 Dr: Omar Tirmizi MD  
 Location:  
 Ref.ID:

Drawn: 7/07/2021 11:13  
 Recvd: 7/09/2021 11:13  
 Print: 7/16/2021 11:21  
**FINAL**

Fasting: N

TEST	NORMAL	ABNORMAL	UNITS	RANGE
<b>CHEMISTRY</b>				
SODIUM	139		mEq/L	135-145
POTASSIUM	4.3		mEq/L	3.6-5.0
CHLORIDE	101		mEq/L	97-107
CO2	21		mg/dL	21-31
ANION GAP	21		mEq/L	7-34
GLUCOSE	95		mg/dL	70-110
BUN	14		mg/dL	7-18
CREATININE		1.5 H	mg/dL	0.4-1.4
BUN/CREA RATIO	9.3		Ratio	8.0-36.0
eGFR		49.1 L	mL/min	>60
CALCIUM	9.6		mg/dL	8.5-10.4
TOTAL PROTEIN	8.0		mg/dL	6.2-8.5
ALBUMIN	4.1		g/dL	3.5-5.3
GLOBULIN	3.90		g/dL	2.0-4.5
A/G RATIO	1.05		Ratio	0.60-2.20
ALK PHOSPHATASE	114		IU/L	35-123
AST (SGOT)	26		IU/L	5-34
ALT (SGPT)		39 H	IU/L	4-36
TOTAL BILIRUBIN	1.0		mg/dL	0.2-1.2
MAGNESIUM	2.1		mEq/L	1.6-2.6
IRON	130		ug/dL	65-170
UIBC	209		ug/dL	126-382
TIBC	339		ug/dL	250-450
<b>LIPID STUDIES</b>				
CHOLESTEROL	181		mg/dL	115-200

Note: Cholesterol recommended range:

- Desirable Cholesterol - < 200 mg/dl
- Borderline-High Cholesterol - 200 - 239 mg/dl
- High Cholesterol - > 400 mg/dl

<b>TRIGLYCERIDES</b>				
HDL CHOLESTEROL	40	294 H	mg/dL	44-148
			mg/dL	30-70

Note: HDL values greater than or equal to 35 mg/dl are considered desirable, and values greater than or equal to 60 mg/dl are considered to offer some protection against Coronary Heart Disease. Values below 35 mg/dl are considered to be a significant independent risk factor for Coronary Heart Disease.

CHOL/HDL RATIO	4.53		Ratio	<5.60
LDL (Calc.)	82		mg/dL	60-130

Note: Recommended Range

- Desirable - <130 mg/dl
- Borderline High - 130 - 159 mg/dl
- High Risk - > 150 mg/dl

LDL (Calculated) is not valid if Triglycerides result is > 400 mg/dl.

VLDL (Calc.)		59 H	mg/dL	0-40
<b>HYPOID STUDIES</b>				

**Omar Tirmizi, MD Laboratory**  
 4340 Overland Avenue  
 Culver City, CA 90230  
 Tel: 310-556-0702 Fax: 310-556-8464  
 Laboratory Director: Omar Tirmizi, MD

Patient: **Williams, Kevin**  
 ID: 02171969WK  
 DoB: 2/17/1969 Age: 52 Sex: M  
 t.Alt.ID:

Accn#: 01989  
 Dr: Omar Tirmizi MD  
 Location:  
 Ref.ID:

Drawn: 7/07/2021 11:13  
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 FINAL

Fasting: N

TEST	NORMAL	ABNORMAL	UNITS	RANGE
TSH	1.2		mIU/L	0.34-5.60
T3, FREE	3.4		pg/mL	2.5-3.9
T4, FREE	1.1		uIU/ml	0.3-3.0
<b>SPECIAL CHEMISTRY</b>				
FERRITIN	239.9		ng/mL	11.0-306.8
FOLIC ACID		18.9 H	ng/mL	3.00-17.00
VITAMIN B-12	614		pg/mL	180-914
VITAMIN D	40.6		ng/mL	30-100

Note: Vitamin D 25-OHD3 indicates both endogenous production and supplementation. 25-OHD2 is an indicator for exogenous sources, such as diet or supplementation. Therapy is based on measurement of Total 25-OHD, with levels <20 ng/ml indicative of Vitamin D deficiency, while levels between 20 ng/ml and 30 ng/ml suggest insufficiency. Optimal levels are >or = 30 ng/ml.

HEMOGLOBIN A1c %	5.7	%	4.3-6.0
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Note: Consistent with Diabetes:  
 3 - 6% in non-diabetics  
 6 - 8% in controlled diabetics  
 20% or higher - poorly controlled diabetics

The following HgbA1C ranges may be used for interpretation of results. However, factors such as duration of diabetes, adherence to therapy and the age of the patient should also be considered in assessing the degree of blood glucose control. These values are for non-pregnant individuals. Action suggested depends on individual patient circumstances. Such action may include enhanced diabetes self-management education, co-management with diabetes team, referral to an endocrinologist, change in pharmacological therapy, initiation or increased self-monitoring of blood glucose, or more frequent contact with the patient.

**CARDIAC STUDIES**

CK		179 H	mg/dL	0-160
hsCRP	0.4		mg/L	3.00

The American Heart Association and U.S. Centers for Disease Control and Prevention have defined risk groups as follows: Low risk: less than 1.0 mg/L. Average risk: 1.0 to 3.0 mg/L. High risk: above 3.0 mg/L.

PHOSPHORUS	3.2		mg/dL	2.5-4.8
URIC ACID		7.6 H	mg/dL	2.1-7.2

Williams, Kevin

DOB: 02/17/1964

Patient Report



Patient ID:

Age: 57

Account Number: 04275310

Specimen ID: 189-229-3223-0

Sex: Male

Ordering Physician: S TIRMEZI

Ordered Items: CBC, Platelet, No Differential

Date Collected: 07/07/2021

Date Received: 07/09/2021

Date Reported: 07/09/2021

Fasting: No

CBC, Platelet, No Differential

Test	Current Result and Flag	Previous Result and Date	Units	Reference Interval
WBC <sup>W</sup>	10.7		x10E3/uL	5.4-10.8
RBC <sup>W</sup>	5.38		x10E6/uL	4.14-5.80
Hemoglobin <sup>W</sup>	16.9		g/dL	13.0-17.7
▲ Hematocrit <sup>W</sup>	62.0 High		%	37.5-51.0
MCV <sup>W</sup>	97		fL	79-97
MCH <sup>W</sup>	31.4		pg	26.6-38.0
MCHC <sup>W</sup>	32.5		g/dL	31.5-35.7
RDW <sup>W</sup>	11.9		%	11.5-15.4
Platelets <sup>W</sup>	225		x10E3/uL	150-450

Disclaimer: The Previous Result is listed for the most recent test performed by Labcorp in the past 3 years where there is sufficient patient demographic data to match the result to the patient.

Legend: Out of reference range ■ Critical or Alert

Performing Labs: 1: SO - LabCorp San Diego 12112 Evening Creek Dr So Ste 200, San Diego, CA, 92128-4108 Dir: Jenny Galloway, MD or inquiries, the physician can contact Branch: 800-859-6046 Lab: 619-468-3700

Patient Details: Williams, Kevin

Physician Details: S TIRMEZI, Medical Group of Culver, 4340 OVERLAND AVE, CULVER CITY, CA, 90230

Specimen Details: Specimen ID: 189-229-3223-0, Control ID: U0904275310, Alternate Control Number: U0904275310, Date Collected: 07/07/2021 1830 Local, Date Received: 07/09/2021 8000 ET, Date Entered: 07/09/2021 0444 ET, Date Reported: 07/09/2021 1106 ET, Pte: 00

Phone: 909-242-8277, Date of Birth: 02/17/1964, Age: 57, Sex: Male, Patient ID: Alternate Patient ID:

Phone: 310-589-4411, Account Number: 04275310, Physician ID: NPI: 1306902739

**State of California  
DIVISION OF WORKERS' COMPENSATION - MEDICAL UNIT**

**AME or OME Declaration of Service of Medical - Legal Report (Lab. Code § 4062.3(i))**

**Case Name:** Kevin Williams v Walmart Associates, Inc. SIBTF  
(employee name) (claims administrator name, or if none employer)

**Claim No.:** SIF12524618 **EAMS or WCAB Case No. (if any):** ADJ12524618

I, STEVI HIX, declare:  
(Print Name)

1. I am over the age of 18 and not a party to this action.
2. My business address is: 1680 PLUM LANE, REDLANDS CA 92374
3. On the date shown below, I served the attached original, or a true and correct copy of the original, comprehensive medical-legal report on each person or firm named below, by placing it in a sealed envelope, addressed to the person or firm named below, and by:

- A depositing the sealed envelope with the U. S. Postal Service with the postage fully prepaid.
- B placing the sealed envelope for collection and mailing following our ordinary business practices. I am readily familiar with this business's practice for collecting and processing correspondence for mailing. On the same day that correspondence is placed for collection and mailing, it is deposited in the ordinary course of business with the U. S. Postal Service in a sealed envelope with postage fully prepaid.
- C placing the sealed envelope for collection and overnight delivery at an office or a regularly utilized drop box of the overnight delivery carrier.
- D placing the sealed envelope for pick up by a professional messenger service for service. *(Messenger must return to you a completed declaration of personal service.)*
- E personally delivering the sealed envelope to the person or firm named below at the address shown below.

<u>Means of service:</u> <small>(For each addressee, enter A - E as appropriate)</small>	<u>Date Served:</u>	<u>Addressee and Address Shown on Envelope:</u>
<u>A</u>	<u>08/06/21</u>	<u>SIBTF 1750 Howe Avenue, Suite 370 Sacramento, CA 95825-3367</u>
<u>A</u>	<u>08/06/21</u>	<u>Workers Defenders Law Group 8018 Santa Ana Canyon Rd., Suite 100.215 Anaheim, CA 92808</u>
_____	_____	_____
_____	_____	_____

I declare under penalty of perjury under the laws of the State of California that the foregoing is true and correct. Date: 08/06/2021

*Stevi Hix* STEVHIX  
(signature of declarant) (print name)