	TY WITHOUT ATTORNEY (Name, State Bar number, and address): ley Esq (SBN 295923)	FOR COURT USE ONLY		
Law Office	es of Natalia Foley			
Anaheim (	r Canyon Rd Ste 157-455 CA 92808			
	ENO.: 3107078098 FAX NO. (Optional): 3106269632			
	tional): nfoleylaw@gmail.com			
ATTORNEY FOR (Name): 5 STAR K-9 ACADEMY, Inc dba MASTER DOG TRA SUPERIOR COURT OF CALIFORNIA, COUNTY OF LOS ANGELES				
STREET ADD	RESS: 111 N Hill St			
	RESS: 111 N Hill St CODE: Los Angeles, CA 90012			
	NAME: STANLEY MOSK COURTHOUSE			
CASE N	AME:			
DYLAN Y	EISER-FODNESS VS MASTER DOG TRAINING ET AL			
	SUBSTITUTION OF ATTORNEY—CIVIL	CASE NUMBER:		
	(Without Court Order)	22STCV21852		
THE COURT AND ALL PARTIES ARE NOTIFIED THAT (name): Ekaterina Korotun makes the following substitution:				
1. Former legal representative Party represented self Attorney (name): NATALIA FOLEY				
_	2. <b>New legal representative</b> Party is representing self* Attorney a. Name: 5 STAR K-9 ACADEMY, Inc dba MAST b. State Bar No. (if applicable):			
c. Address (number, street, city, ZIP, and law firm name, if applicable):				
19401 PARTHENIA ST APT 4082 NORTHRIDGE, CA 91324				
818 963 2253				
<ul> <li>d. Telephone No. (include area code):</li> <li>3. The party making this substitution is a plaintiff defendant petitioner respondent other (specify):</li> </ul>				
*NOTICE TO PARTIES APPLYING TO REPRESENT THEMSELVES				
	Guardian     Personal Representative     Guardian			
	<ul><li>Conservator</li><li>Probate fiduciary</li><li>Trustee</li><li>Corporation</li><li>Unincorporation</li><li>association</li></ul>			
If you are applying as one of the parties on this list, you may NOT act as your own attorney in most cases. Use this form				
to substitute one attorney for another attorney. SEEK LEGAL ADVICE BEFORE APPLYING TO REPRESENT YOURSELF.				
NOTICE TO PARTIES WITHOUT ATTORNEYS				
	A party representing himself or herself may wish to seek legal assis			
	timely and appropriate action in this case may result in serious lega	ai consequences.		
4. I consent to this substitution.				
Date: 08/08/2023 Maxim Basiro		bot		
	(TYPE OR PRINT NAME)	(SIGNATURE OF PARTY)		
5. I consent to this substitution.				
Date: 08/08/2023 Natalia Foley, Esq (SBN 295923)		The same of the sa		
		SIGNATURE OF FORMER ATTORNEY)		
6. V I consent to this substitution.				
Date: 07/05/2023				
Maxim Basiro		War J		
(TYPE OR PRINT NAME) (SIGNATURE OF NEW ATTORNEY)				

(See reverse for proof of service by mail)

CASE NAME:

DYLAN YEISER-FODNESS VS MASTER DOG TRAINING ET AL

CASE NUMBER:

22STCV21852

## PROOF OF SERVICE BY MAIL Substitution of Attorney—Civil

Instructions: After having all parties served by mail with the Substitution of Attorney—Civil, have the person who mailed the document complete this Proof of Service by Mail. An <u>unsigned copy</u> of the Proof of Service by Mail should be completed and served with the document. Give the Substitution of Attorney—Civil and the completed Proof of Service by Mail to the clerk for filing. If you are representing yourself, someone else must mail these papers and sign the Proof of Service by Mail.

1. I am over the age of 18 and **not a party to this cause**. I am a resident of or employed in the county where the mailing occurred. My residence or business address is (*specify*):

## 751 S Weir Canyon Rd Ste 157-455 Anaheim CA 92808

- 2. I served the Substitution of Attorney—Civil by enclosing a true copy in a sealed envelope addressed to each person whose name and address is shown below and depositing the envelope in the United States mail with the postage fully prepaid.
  - (1) Date of mailing: 08/08/2023
- (2) Place of mailing (city and state): Los Angeles CA
- 3. I declare under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Date: 08/08/2023	
Irina Palees	Mu
(TYPE OR PRINT NAME)	(SIGNATURE)

## NAME AND ADDRESS OF EACH PERSON TO WHOM NOTICE WAS MAILED

- 4. a. Name of person served: Young W Rvu, Esq.
  - b. Address (number, street, city, and ZIP):

LOYR, APC

1055 West 7th Street, Suite 2290 Los Angeles CA 90017

- c. Name of person served:
- d. Address (number, street, city, and ZIP):
- e. Name of person served:
- f. Address (number, street, city, and ZIP):
- g. Name of person served:
- h. Address (number, street, city, and ZIP):
- i. Name of person served:
- j. Address (number, street, city, and ZIP):
  - List of names and addresses continued in attachment.