



COUNTY OF LOS ANGELES
Department of Animal Care and Control
Carson Animal Shelter
216 W. Victoria Street
Gardena, California 90248
(310) 538-9229 (Fax)



To enrich lives through effective and caring service.

FACSIMILE TRANSMITTAL SHEET

Date: February 3, 2010

To: Christy Robledo (MCU)

Company/Location: DACC/MCU

Telephone #:

Fax #: (310)538-9229

From: Jimmie Holly

Telephone #:

Total # of Pages (including cover sheet): 3

PLEASE DELIVER TO RECIPIENT IMMEDIATELY

02/01/2010 09:39 661-723-9489

LA CNTY ANIMAL CARE

PAGE 03/06

SUBPOENA FOR APPEARANCE OF WITNESS

COUNTY OF LOS ANGELES, STATE OF CALIFORNIA
SUBPOENA-CRIMINAL

DA Case 20080514

People of the State of California, v.

SUPERIOR COURT

CHARGE
PC 597(A)

CASE NUMBER
TA109682

BUMBERS, PATRICIA N

DEFENDANT (LAST NAME FIRST)

WITNESS FEES: YOU MAY BE ENTITLED, AT THE COURTS DISCRETION, TO RECEIVE A FEE AND MILEAGE EXPENSES FOR ATTENDING COURT AS A WITNESS. AFTER YOUR COURT APPEARANCE, ASK THE DEPUTY DISTRICT ATTORNEY FOR A FORM TO CLAIM YOUR FEE AND MILEAGE.

People of the State of California to:

BASEM GHORBAL, 218 AO

LACO ANIMAL CONTRL
5210 W. AVENUE I
LANCASTER, CA 93536

805-940-4190

SPECIAL INSTRUCTIONS TO WITNESS

ON CALL	
BE IN COURT	X

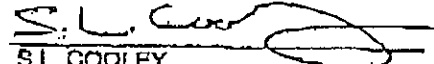
have agreed with a member of the District Attorney's office to appear at a time other than specified in this subpoena, your failure to appear at the time agreed upon may be punishable as contempt of court. (Penal Code Sec. 1891.5)

UNLESS SPECIAL INSTRUCTIONS INDICATE DIFFERENTLY
YOU ARE TO APPEAR AT:

ET: 08:30 AM DATE: 02/19/2010 Preliminary Hearing

COURTROOM: COMPTON COURTHOUSE, DEPT 2

ADDRESS: 200 W. COMPTON BLVD, COMPTON, CA 90220
SEE SPECIAL INSTRUCTIONS TO WITNESS ABOVE AND REVERSE SIDE


S.L. COOLEY
District Attorney

BY DEPUTY DISTRICT ATTORNEY
DAMARE THERIOT
(310) 508-7482

Failure to attend to this subpoena may be punishable as contempt of court. (Penal Code Sec. 1331)
personally commended to appear in the above entitled court to testify as a witness on the part of the People of the State of California in
the entitled criminal action against the above named defendant.

I hereby certify that at _____ (a.m.) (p.m.) on _____, 20____

and the within subpoena by delivering a copy of the subpoena to the witness personally at

_____ 20____ By Basem Ghorbali 2/15/2010

When not served: _____ 01/25/2010/GTD
Rev. 11/09

Adult Case Management (AP000)

1. File 2. Copy 3. Case 4. People 5. Charges 6. Events 7. Other 8. Window 9. Help

Filed In Court: COMPTON
 Court District: SOUTH CENTRAL
 Resp. Office: COMPTON OFFICE

Original Filing Date: 12/21/2009
 Court Case No.: TA103982
 DA Case No.: 29869514

Def.	Name	DOB	Status	Status Date	Time
01	BUMPERS, PATRICIA N	01/25/1962	Arrest Warrant Recall	01/04/2010	04:15 PM

Number of Defendants: 1

Victim/Witness Name	Vic.	Filed Date	Cnt.	Def.	Code/Statute	Frm.	Orig.	Plea	Rsk.
		12/21/2009	1	01	PC 597(A)	000	DC		

Officer Name	Vic.
ROBLEDO, DET.	N

Employee Name	Role
THERIOT, DAMARE	CM

Def.	Date	Time	Proceeding Type	Dist.	Dpt.
01	01/19/2010	08:30 AM	Preliminary Set/Reset	COM	2
01	01/04/2010	08:30 AM	Bench Warrant hearing	COM	12

Filed Date	Subsequent Peln	Rsk.

Close and Open Next Case

DA Craig / Damare

Ready Search Back

Kernel No: C109 Status:
 Animal ID: A4022442 MITZIE
 Source ID: P5147300 PAT BL
 Owner ID: P5345882 TAKE M

Activity No:
 Activity: A09-054701
 Caller ID: P

Intake:
 Type: OWNER SUR Subtype: FIELD
 Date: 08/20/09 Time: 09:43 Due Out: 08/26/09

Search By:
 Type: Sex: Size: Co:

Kernel Animal Type
 C109 A4022442 DOG

Activity No Seq Typ
 A09-054701 6 905
 A09-054701 5 905
 A09-054701 4 905
 A09-054701 3 905
 A09-054701 2 905

Activity No: A09-054701
 Memo No: M09-134252 Memo ID: A4022442 Type: ANIMAL_ID
 Date: 08/22/09 Type: NOTE Subtype:
 Memo Text:
 8/22/09 @ 1115HRS. OWNER TOOK DOG SPCA IN LONG BEACH FOR CARE. THE STATED THAT IS WAS NOTHING THAT THEY COULD DO FOR HER, THE DOG IS A UNSPAVED 9YR OLD, OWNIER HAD TRIED FEEDING THE DOG 3 TIMES A DAY, SHE STATES THE DOG DRINKS ALOT OF WATER AND STARTED FOAMING AT THE MOUTH AND SHE ATTEMPS TO VOMIT BUT NOTHING COMES OUT, OWNIER BASICALLY TRIED EVERYTHING FINANCIELY POSSIBLY FOR HER, OWNIER RELINKED DOG DUE SHE DID NOT WANT COME AND FIND THE DECEASED IN HER YARD SHE HAS 9YR. OLD DAUGHTER AND SHE DOES NOT WANT HER TO REMEMBER THE DOG IN THAT CONDITION.
 T. BEARD

Tag No: EE404
 Activity Search:
 License Search:
 ID: 99097 Status: COMPLETED
 Call: 07/10/09 19:16
 Sev: 08/20/09 06:00
 Tch: 08/20/09 06:45
 Sing: 08/20/09 08:10
 etc: 08/20/09 08:43

Calendar:
 Contacts:
 Tasks:
 Sheri Koenig 1:49 PM

180 items Online with Microsoft Exchange

September 2009

T	W	T	F	S
L	2	3	4	5
8	9	10	11	12
15	16	17	18	19
22	23	24	25	26
29	30			

Dept. 11 @ 830 Courthouse 7:00 AM
 11th DA Damare AM - 12:00 PM
 11th DA Damare Court, Garcia's 1:12:30 PM
 Due Date:
 no items to this view.

Brent-Air Animal Hospital
11560 West Olympic Blvd
Los Angeles, CA 90064
Tel: (310) 478-0011
Fax: (310) 444-4975



Fax

To: Officer Robledo From: Steve
Fax: 562 861 1259 Date: 10/6/09
Phone: _____ Pages: 15
Re: _____ CC: _____

Urgent For Review Please Comment Please Reply Please Recycle

•Comments:

"Angel" Take Me Home

BRENT-AIR ANIMAL HOSPITAL

Owner's Name Take me home Home Phone _____

**Brent-Air Animal Hospital
Rescue Drop-off Form**

Rescue Organization: TAKE ME HOME Patient Name: Angel Date: 8/31/09
Contact Person/Phone Number: _____

What location is this patient coming from?
Shelter: West LA South LA East Valley West Valley Harbor North Central
Other shelter: CANSON
Hospital: _____ Treated for: _____

Please mark if leaving either of the following in the care of Brent-Air Animal Hospital:
X-rays Medical Records

To your knowledge has this patient been exposed to:
(Dog) Parvovirus Distemper Other infectious disease
(Cat) Herpesvirus/Upper Respiratory Infection Other infectious disease

To your knowledge has this patient shown any of the following signs:
Vomiting Diarrhea Coughing Sneezing Other _____

List any known medical history including:
Fractures/Trauma _____
Respiratory illness _____
Gastrointestinal illness _____
Skin issues _____
Medications _____

Please provide vaccine history dates:
(Dog) Rabies 8/31/09 DA2PP 8/31/09 Bordetella 8/31/09 FeLV Vaccine _____
(Cat) Rabies _____ FVRCP _____ FeLV/FIV Test _____
If unknown give authorization to vaccinate against:
(Dog) Rabies DA2PP Bordetella FeLV Vaccine
(Cat) Rabies FVRCP FeLV/FIV Test

Microchip Number: _____ If no microchip, authorize administration

Authorize flea treatment if necessary: Yes No

Please list any specific problems you would like the DVM to address during the examination:
SKINNY - Leegie will call you/Doc
PLEASE DO X-RAYS TO CHECK FOR
VALLEY FEVER
CLIP NAILS

Date and time of pick-up: _____

Please list any belongings left with the patient: collar, tag

TEXT FIELD(S) :

FIRST_NAME LAST_NAME PHONE_NUMBER STREET_NO STREET_DIR STREET_NAME STREET_TYPE CITY ZIP_CODE

ANIMAL_NAME AGE_NOW ANIMAL_SIZE ANIMAL_TYPE PRIMARY_COLOR SEX PRIMARY_BREED

FIRST_NAME LAST_NAME PHONE_NUMBER STREET_NO STREET_DIR STREET_NAME STREET_TYPE CITY ZIP_CODE

ENTRY FIELD(S) :

Activity No: A09-054701

Seq: 1

Type: 977

Subtype: 905

Priority: 1

Total: 1

Type: DOG

Tag No: EE404

Caller ID:

No: 2649

Dir: E

Name: 221ST

Type: PL

Apt:

: CARSON

Activity: CA

: 90810

:

Phone:

Geo: 2

Activity: CAR 90810

Comment: SANTA FE/BULL OR BOXER SKIN & BONES FLIES ATE EARS IN OWN
FECES...LOC.NEEDS MED

Danger:

Owner ID:

Animal ID:

Qty: 1

Qty: 0

Qty: 0

Qty: 0

Result: N-24

Result:

Result:

Result:

Clerk ID: E444439

Officer ID: P0999067

Status: COMPLETED

Call: 07/01/09 19:16

New: 07/01/09 19:16

Dispatch: 07/01/09 19:40

Working: 07/01/09 20:35

Complete: 07/01/09 20:55

: 7

TEXT FIELD(S):

FIRST_NAME LAST_NAME PHONE_NUMBER STREET_NO STREET_DIR STREET_NAME STREET_TYPE CITY ZIP_CODE

ANIMAL_NAME AGE_NOW ANIMAL_SIZE ANIMAL_TYPE PRIMARY_COLOR SEX PRIMARY_BREED

FIRST_NAME LAST_NAME PHONE_NUMBER STREET_NO STREET_DIR STREET_NAME STREET_TYPE CITY ZIP_CODE

ENTRY FIELD(S):

Activity No: A09-054701

Seq: 2

Type: 905

Subtype:

Priority: 1

Total: 1

Type: DOG

Tag No: EE404

Caller ID:

No: 2649

Dir: E

Name: 221ST

Type: PL

Apt:

: CARSON

Activity: CA

: 90810

:

Phone:

Geo: 2

Activity: CAR 90810

Comment: SANTA FE/BULL OR BOXER SKIN & BONES FLIES ATE EARS IN OWN
FECES...LOC.NEEDS MED

Danger:

Owner ID:

Animal ID:

Qty: 1

Qty: 1

Qty: 0

Qty: 0

Result: UTM

Result: N-24

Result:

Result:

Clerk ID: JULIE

Officer ID: P0999097

Status: COMPLETED

Call: 07/01/09 19:16

New: 07/01/09 19:16

Dispatch: 07/02/09 06:37

Working: 07/02/09 10:00

Complete: 07/02/09 10:21

: 2

TEXT FIELD(S):

FIRST_NAME LAST_NAME PHONE_NUMBER STREET_NO STREET_DIR STREET_NAME STREET_TYPE CITY ZIP_CODE

ANIMAL_NAME AGE_NOW ANIMAL_SIZE ANIMAL_TYPE PRIMARY_COLOR SEX PRIMARY_BREED

FIRST_NAME LAST_NAME PHONE_NUMBER STREET_NO STREET_DIR STREET_NAME STREET_TYPE CITY ZIP_CODE

ENTRY FIELD(S):

Activity No: A09-054701

Seq: 3

Type: 905

Subtype:

Priority: 1

Total: 1

Type: DOG

Tag No: EE404

Caller ID:

No: 2649

Dir: E

Name: 221ST

Type: PL

Apt:

: CARSON

Activity: CA

: 90810

:

Phone:

Geo: 2

Activity: CAR 90810

Comment: SANTA FE/BULL OR BOXER SKIN & BONES FLIES ATE EARS IN OWN
FECES...LOC.NEEDS MED

Danger:

Owner ID:

Animal ID:

Qty: 1

Qty: 0

Qty: 0

Qty: 0

Result: OTC

Result:

Result:

Result:

Clerk ID: JULIE

Officer ID: P0999097

Status: COMPLETED

Call: 07/01/09 19:16

New: 07/01/09 19:16

Dispatch: 07/03/09 06:25

Working: 07/03/09 12:00

Complete: 07/03/09 12:25

: 5

TEXT FIELD(S):

FIRST_NAME LAST_NAME PHONE_NUMBER STREET_NO STREET_DIR STREET_NAME STREET_TYPE CITY ZIP_CODE

ANIMAL_NAME AGE_NOW ANIMAL_SIZE ANIMAL_TYPE PRIMARY_COLOR SEX PRIMARY_BREED

FIRST_NAME LAST_NAME PHONE_NUMBER STREET_NO STREET_DIR STREET_NAME STREET_TYPE CITY ZIP_CODE

ENTRY FIELD(S):

Activity No: A09-054701

Seq: 4

Type: 905

Subtype:

Priority: 1

Total: 1

Type: DOG

Tag No: EE404

Caller ID:

No: 2649

Dir: E

Name: 221ST

Type: PL

Apt:

: CARSON

Activity: CA

: 90810

:

Phone:

Geo: 2

Activity: CAR 90810

Comment: SANTA FE/BULL OR BOXER SKIN & BONES FLIES ATE EARS IN OWN
FECES...LOC.NEEDS MED

Danger:

Owner ID:

Animal ID:

Qty: 0

Qty: 0

Qty: 0

Qty: 0

Result: PNDAL

Result:

Result:

Result:

Clerk ID: ANAC

Officer ID: P0999097

Status: COMPLETED

Call: 07/01/09 19:16

New: 07/11/09 06:51

Dispatch: 07/11/09 06:52

Working:

Complete: 07/11/09 08:35

: 0

LOS ANGELES COUNTY ANIMAL CARE & CONTROL
 216 W. Victoria Ave., Carson, CA 90248
 (310) 523-9566 (310) 538-9729 FAX



TAKE ME HOME RESCUE
 2633 LINCOLN BLVD #207
 SANTA MONICA CA 90405

Angel

Receipt Date: August 31, 2009
 Receipt Number: R09-198735
 PID: P5345882

119 097

Received From: TAKE ME HOME RESCUE

Check No:

Phone: XXXXXXXXXX

Item:	Animal ID:	Reference No:	Price:	Each:	Amount:
ADOPTION	A4022442		\$10.00	1	\$10.00
BORDETELLA	A4022442	8/20/09	.00	1	.00
DHLPP	A4022442	8/20/09	.00	1	.00
RABIES	A4022442	8/31/09	.00	1	.00
TRUST RESCUE	A4022442		25.00	1	25.00

Total Fees Due: **\$35.00**

Payments: Cash: \$35.00
 Check: \$0.00
 Credit Card: \$0.00

Total Payments Received: **\$35.00**

Thank You!

Change: \$0.00
 Balance Due: \$0.00

Animal Information:

A4022442 MITZIE - 9 YEARS OF AGE, FEMALE, BOXER/MIX, WHITE DOG

RABIES VACCINATION ** (NO DUPLICATES ISSUED) **

rabVac3 LOT/SER NO. *VIS/09/21* This vaccine effective for 12 months This vaccine effective for 36 months

VETERINARIAN *[Signature]* D.V.M.

There will be a \$33.00 charge for any check returned by the bank.

METZIE'S MEDICAL HISTORY

A4022442 0.00LBS DOG WHITE F BOXER/MIX

8/20/2009

EMACIATED

QTY	Cycl	#Day	Medication	Dose
			Treated by: 341	
1.00	1	1	DHLPP Treated by:	1.00
1.00	1	1	BORDETELLA Treated by:	1.00

EMACIATED

Treated by: 341

Treatment Discription:

08/20/09
extra feedings; emaciated otherwise BAR;
r311

08/31/2009@1400h: Health Waiver/TRUST - per Dr. JC#341, emaciated and surgery deferred because to surgical risk. ms305
8/31/09 Exam: Severely emaciated, not gaining any weight since arrival. Has been avail, pls. call rescue [redacted] #341
8/20/09 Exam: severely emaciated --- Dog was starving. No tx just feed extra food dry & canned 'til avail. Vacc. #341

8/31/2009

OTHER

Treated by: 305

OTHER

Treated by: 341

Treatment Discription:

08/20/09
extra feedings; emaciated otherwise BAR;
r311

08/31/2009@1400h: Health Waiver/TRUST - per Dr. JC#341, emaciated and surgery deferred because to surgical risk. ms305
8/31/09 Exam: Severely emaciated, not gaining any weight since arrival. Has been avail, pls. call rescue [redacted] #341
8/20/09 Exam: severely emaciated --- Dog was starving. No tx just feed extra food dry & canned 'til avail. Vacc. #341

IF YOU OR YOUR VETERINARIAN HAVE ANY QUESTIONS REGARDING THE MEDICAL TREATMENT YOUR ANIMAL HAS RECEIVED PLEASE CALL US AT (562) 940-6898

SUBPOENA FOR APPEARANCE OF WITNESS

COUNTY OF LOS ANGELES, STATE OF CALIFORNIA
SUBPOENA-CRIMINAL

RI:IA

DA Case 29869514

The People of the State of California, v.
BUMPERS, PATRICIA N
DEFENDANT (LAST NAME FIRST)

SUPERIOR COURT

CHARGE
PC 597(A)

CASE NUMBER
TA109882

WITNESS FEES: YOU MAY BE ENTITLED, AT THE COURTS DISCRETION, TO RECEIVE A FEE AND MILEAGE EXPENSES FOR ATTENDING COURT AS A WITNESS. AFTER YOUR COURT APPEARANCE, ASK THE DEPUTY DISTRICT ATTORNEY FOR A FORM TO CLAIM YOUR FEE AND MILEAGE.

The People of the State of California to:

ROMMEL LANZANAS, 311 AO

LACO ANIMAL CONTRL
5210 W. AVENUE I
LANCASTER, CA 93536

805-940-4190

SPECIAL INSTRUCTIONS TO WITNESS

ON CALL	
BE IN COURT	X

If you have agreed with a member of the District Attorney's office to appear at a time other than specified in this subpoena, your failure to appear at the time agreed upon may be punishable as contempt of court. (Penal Code Sec. 1331.5)

UNLESS SPECIAL INSTRUCTIONS INDICATE DIFFERENTLY

YOU ARE TO APPEAR AT:

TIME: 08:30 AM

DATE: 02/19/2010 Preliminary Hearing

COURTROOM: COMPTON COURTHOUSE, DEPT 2

ADDRESS: 200 W. COMPTON BLVD, COMPTON, CA 90220
SEE SPECIAL INSTRUCTIONS TO WITNESS ABOVE AND REVERSE SIDE

S.L. Cooley
S.L. COOLEY
District Attorney

BY DEPUTY DISTRICT ATTORNEY
DAMARE THERIOT
(310) 603-7483

Disobedience to this subpoena may be punishable as contempt of court. (Penal Code Sec. 1331)

You are hereby commanded to appear in the above entitled court to testify as a witness on the part of the People of the State of California in the above entitled criminal action against the above named defendant.

I hereby certify that at _____ (a.m.) (p.m.) on _____, 20____.

I served the within subpoena by delivering a copy of the subpoena to the witness personally at _____

Dated _____, 20____

By *D. Cooley*

Reason not served: _____ 01/25/2010 /CD

SUBPOENA FOR APPEARANCE OF WITNESS

COL 17 OF LOS ANGELES, STATE OF CALIFO
SUBPOENA-CRIMINAL

DA Case 29869514

The People of the State of California, v.
BUMPERS, PATRICIA N
DEFENDANT (LAST NAME FIRST)

SUPERIOR COURT

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The People of the State of California to:

ELIZABETH ED MUNSON

BRENT AIR ANIMAL HOSPITAL
C/O I/O DET. ROBLEDO #17 ANIMAL CONTROL
11560 W OLYMPIC BOULEVARD
LOS ANGELES CA 90064

**Attention: Subpoena Control
NEED PERSONAL SERVICE BY
INVESTIGATING OFFICER**

**SPECIAL INSTRUCTIONS
TO WITNESS**
\$3.00 PARKING FEE
WITHOUT SUBPOENA

ON CALL	
BE IN COURT	X

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UNLESS SPECIAL INSTRUCTIONS INDICATE DIFFERENTLY

YOU ARE TO APPEAR AT:

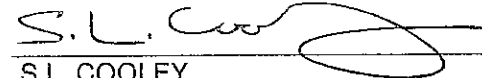
TIME: 08:30 AM

DATE: 02/19/2010 Preliminary Hearing

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ADDRESS: 200 W. COMPTON BLVD, COMPTON, CA 90220

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S.L. COOLEY
District Attorney

BY DEPUTY DISTRICT ATTORNEY
DAMARE THERIOT

(310) 603-7493

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I hereby certify that at _____ (a.m.) (p.m.) on _____, 20_____

served the within subpoena by delivering a copy of the subpoena to the witness personally at

On Feb 5th, 2010 By [Signature]

Re not served: OUT OF OFFICE TALKED TO ON PHONE 01/25/2010 /CD

76St 11/00 WANTED LEFT WITH KARLA OSBECK.

SUBPOENA FOR APPEARANCE OF WITNESS

COUNTY OF LOS ANGELES, STATE OF CALIFORNIA
SUBPOENA-CRIMINAL

DA Case 29869514

SUPERIOR COURT

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PC 597(A)

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The People of the State of California to:

JOHNNY CALIMLIM, 341 AO

LACO ANIMAL CONTRL
5210 W. AVENUE I
LANCASTER, CA 93536

805-940-4190

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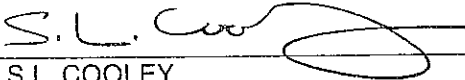
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S.L. COOLEY
District Attorney

BY DEPUTY DISTRICT ATTORNEY
DAMARE THERIOT
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SUBPOENA-CRIMINAL

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The People of the State of California to:

DET. ROBLEDO, 17 FO

LACO ANIMAL CONTRL
5210 W. AVENUE I
LANCASTER, CA 93536

805-940-4190

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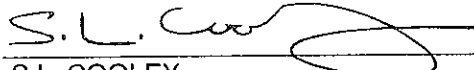
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S.L. COOLEY
District Attorney

BY DEPUTY DISTRICT ATTORNEY
DAMARE THERIOT
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COURT OF LOS ANGELES, STATE OF CALIFORNIA
SUBPOENA-CRIMINAL

DA Case 29869514

The People of the State of California, v.
BUMPERS, PATRICIA N
DEFENDANT (LAST NAME FIRST)

SUPERIOR COURT

CHARGE
PC 597(A)

CASE NUMBER
TA109882

WITNESS FEES: YOU MAY BE ENTITLED, AT THE COURTS DISCRETION, TO RECEIVE A FEE AND MILEAGE EXPENSES FOR ATTENDING COURT AS A WITNESS. AFTER YOUR COURT APPEARANCE, ASK THE DEPUTY DISTRICT ATTORNEY FOR A FORM TO CLAIM YOUR FEE AND MILEAGE.

The People of the State of California to:

BASEM GHOBRIAL, 318 AO

LACO ANIMAL CONTRL
5210 W. AVENUE I
LANCASTER, CA 93536

805-940-4190

SPECIAL INSTRUCTIONS TO WITNESS

ON CALL	
BE IN COURT	X

If you have agreed with a member of the District Attorney's office to appear at a time other than specified in this subpoena, your failure to appear at the time agreed upon may be punishable as contempt of court. (Penal Code Sec. 1331.5)

UNLESS SPECIAL INSTRUCTIONS INDICATE DIFFERENTLY
YOU ARE TO APPEAR AT:

TIME: 08:30 AM DATE: 02/19/2010 Preliminary Hearing
COURTROOM: COMPTON COURTHOUSE, DEPT 2
ADDRESS: 200 W. COMPTON BLVD, COMPTON, CA 90220
SEE SPECIAL INSTRUCTIONS TO WITNESS ABOVE AND REVERSE SIDE

S.L. Cooley
S.L. COOLEY
District Attorney

BY DEPUTY DISTRICT ATTORNEY
DAMARE THERIOT
(310) 603-7483

Disobedience to this subpoena may be punishable as contempt of court. (Penal Code Sec. 1331)
You are hereby commanded to appear in the above entitled court to testify as a witness on the part of the People of the State of California in the above entitled criminal action against the above named defendant.

I hereby certify that at _____ (a.m.) (p.m.) on _____, 20 _____.

_____ served the within subpoena by delivering a copy of the subpoena to the witness personally at _____.

Dated _____, 20 _____ By _____

Reason not served: _____ 01/25/2010 /CD

SUBPOENA FOR APPEARANCE OF WITNESS

COUNTY OF LOS ANGELES, STATE OF CALIFORNIA
SUBPOENA-CRIMINAL

DA Case 29869514

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The People of the State of California to:

TERRANCE BEARD, 97 AG

LACO ANIMAL CONTRL
5210 W. AVENUE I
LANCASTER, CA 93536

805-940-4190

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TIME: 08:30 AM

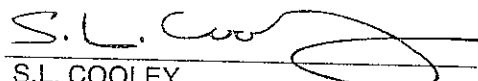
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