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PROOF OF SERVICE
STATE OF CALIFORNIA, LOS ANGELES

I am over 18 years of age and not a party to this action.

On November 18, 2019 I mailed a copy of the foregoing documents.

PLAINTIFFS' REQUEST TO FILE PETITION FOR A WRIT OF CERTIORARI

by first class , PRIORITY postage prepaid, deposited in the mail at

Los Angeles California, and addressed to:

Attorney Tredway
Doyle, Schafer, McMahon, LLP
5440 Trabuco Road
Irvine, CA 92620

Attorney Houshyar
Doyle, Schafer, McMahon, LLP
5440 Trabuco Road
Irvine, CA 92620

mailed by Mr. Yaron Zarum, 6230 A Wilshire Blvd, #6, Los Angeles, CA 90048

I declare under penalty of perjury under laws of the State of California the foregoing is true and correct.

Executed this November 18, 2019 at Los Angeles, California .


signature of person who mailed it

CALIFORNIA ALL-PURPOSE ACKNOWLEDGMENT

CIVIL CODE § 1189

A notary public or other officer completing this certificate verifies only the identity of the individual who signed the document to which this certificate is attached, and not the truthfulness, accuracy, or validity of that document.

State of California)
County of Los Angeles)
On 11/10/2019 before me, In Seoul Hong Notary Public
Date Yaron Zavlin Here Insert Name and Title of the Officer
personally appeared Yaron Zavlin
Name(s) of Signer(s)

who proved to me on the basis of satisfactory evidence to be the person(s) whose name(s) is/are subscribed to the within instrument and acknowledged to me that he/she/they executed the same in his/her/their authorized capacity(es), and that by his/her/their signature(s) on the instrument the person(s), or the entity upon behalf of which the person(s) acted, executed the instrument.

I certify under PENALTY OF PERJURY under the laws of the State of California that the foregoing paragraph is true and correct.

WITNESS my hand and official seal.

Signature Hans W. deuk
Signature of Notary Public

Place Notary Seal Above

OPTIONAL

Though this section is optional, completing this information can deter alteration of the document or fraudulent reattachment of this form to an unintended document.

Description of Attached Document

Title or Type of Document: Petition for a writ of Habeas Corpus Document Date: 10/10/2023

Number of Pages: _____ Signer(s) Other Than Named Above: _____

Capacity(ies) Claimed by Signer(s)

Signer's Name: Yaron turum

Corporate Officer — Title(s): _____

Partner — Limited General

Individual Attorney in Fact

Trustee Guardian or Conservator

Other: _____

Signer Is Representing:

Signer's Name: _____

Corporate Officer — Title(s): _____

Partner — Limited General

Individual Attorney in Fact

Trustee Guardian or Conservator

Other: _____

Signer Is Representing: _____