

ATTORNEY OR PARTY WITHOUT ATTORNEY (Name, State Bar Number, and Address) State Bar No.  TELEPHONE NO.                                      FAX NO. (OPTIONAL)  EMAIL ADDRESS	<i>FOR COURT USE ONLY</i>                    
<b>SUPERIOR COURT OF CALIFORNIA, COUNTY OF LASSEN</b> <b>APPELLATE DIVISION</b> 2610 Riverside Drive, Susanville, CA 96130	
PETITIONER/PLAINTIFF:  RESPONDENT/DEFENDANT:	
<b>APPEAL FACSIMILE TRANSMISSION COVER SHEET</b>	CASE NUMBER:

**TO THE COURT:**

1. **Please file** the following documents in the order listed below:

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