

Attorney or Party without Attorney: Reza Mirzaie (SBN 246953) RUSS AUGUST & KABAT 12424 Wilshire Boulevard, 12th Floor Los Angeles, CA 90025 Telephone No: 310-826-7474 Attorney For: Plaintiff				For Court Use Only
Ref. No. or File No.: 4673-002C				
Insert name of Court, and Judicial District and Branch Court: United States District Court for The Eastern District of Texas - Marshall Division				
Plaintiff: COBBLESTONE WIRELESS, LLC Defendant: VERIZON COMMUNICATIONS, INC.; ET AL				
PROOF OF SERVICE	Hearing Date:	Time:	Dept/Div:	Case Number: 2:22-cv-00478-JRG-RSP

1. At the time of service I was at least 18 years of age and not a party to this action.
2. I served copies of the Summons in a Civil Action; Complaint; Civil Cover Sheet; Report on the Filing or Determination of an Action Regarding a Patent or Trademark; Plaintiff's Notice of Related Cases; Case assigned to District Judge Rodney Gilstrap and Magistrate Judge Roy S. Payne. (ch.); In accordance with the provisions of 28 USC Section 636(c), you are hereby notified that a U.S. Magistrate Judge of this district court is available to conduct any or all proceedings in this case including a jury or non-jury trial and to order the entry of a final judgment.; Plaintiff's Rule 7.1 Disclosure Statement; Jury Trial Demanded
3.
 - a. Party served: CELLCO PARTNERSHIP D/B/A VERIZON WIRELESS
 - b. Person served: Nadia Bellamy, Intake Specialist, CT Corporation System, Registered Agent
4. Address where the party was served: 1209 Orange St, Wilmington, DE 19801
5. I served the party:
 - a. by personal service. I personally delivered the documents listed in item 2 to the party or person authorized to receive process for the party (1) on: Tue, Dec 20 2022 (2) at: 11:24 AM
6. Person Who Served Papers:
 - a. John Garber
 - b. FIRST LEGAL
1517 W. Beverly Blvd.
LOS ANGELES, CA 90026
 - c. (213) 250-1111
 - d. The Fee for Service was: \$334.20
7. I declare under penalty of perjury under the laws of the United States of America that the foregoing is true and correct.

12-21-22
(Date)

(Signature)



PROOF OF
SERVICE

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