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12 *Entropic Communications, LLC*

13 **UNITED STATES DISTRICT COURT**
14 **CENTRAL DISTRICT OF CALIFORNIA**

15 ENTROPIC COMMUNICATIONS, LLC,

16 Plaintiff,

17 v.

18 COX COMMUNICATIONS, INC.;
19 COXCOM, LLC; AND COX
20 COMMUNICATIONS CALIFORNIA,
21 LLC,

22 Defendants.

Case No. 2:23-cv-01049-JWH-KES

**PROOF OF SERVICE OF
SUMMONS AND COMPLAINT –
COX COMMUNICATIONS, INC.**



342705

Law Firm Ref#: 3725885.00005

UNITED STATES DISTRICT COURT
FOR THE
CENTRAL DISTRICT OF CALIFORNIA

ENTROPIC COMMUNICATIONS, LLC

Case No.: 2:23-cv-01049

Plaintiff(s)

AFFIDAVIT OF SPECIAL PROCESS SERVER

vs.

COX COMMUNICATIONS, INC.; COXCOM, LLC; AND COX
COMMUNICATIONS CALIFORNIA, LLC

Defendant(s)

I, GILBERT DEL VALLE, being first duly sworn on oath, deposes and states the following:

I am over the age of 18 and not a party of this action. I am an agent of It's Your Serve, Inc, Illinois Department of Financial and Professional Regulation number 117.000885. I attempted service of the within **Summons in a Civil Action; Original Complaint for Patent Infringement; Exhibits 1 - 17; Notice to Counsel Re Consent to Proceed Before a United States Magistrate Judge; Notice of Assignment to United States Judges to Cox Communications, Inc., c/o Corporation Service Company, located at 251 Little Falls Drive, Wilmington, DE 19808** resulting in the following:

- ☐ **PERSONAL SERVICE:** By leaving a copy of the process with Cox Communications, Inc., c/o Corporation Service Company personally on the ___ day of ___, 20___ at ___ M.
- ☒ **AUTHORIZED SERVICE:** By leaving a copy of the process with:
Name: LYNANNE GARES, Title: MANAGING AGENT, an individual of the company willing and able to accept on behalf of the entity/respondent/witness on the 15TH day of FEB., 2023 at 3:30 p M.
- ☐ **SUBSTITUTE SERVICE:** By leaving a copy of the process at the above address which is Cox Communications, Inc., c/o Corporation Service Company's usual place of abode with:
Name: ___, Relationship: ___, a person of his/her family, or other person residing there, over the age of 13 years who was informed of the contents of the listed documents on the ___ day of ___, 20___ at ___ M.
After substitute service, I mailed a copy of the listed documents via regular mail to the subject on the ___ day of ___, 20___.
- ☐ **NON-SERVICE:** for the following reasons with the **DATE** and **TIME** of each attempt listed along with a description of the attempt (attach an additional sheet if needed):

/ / @ :
/ / @ :
/ / @ :

A description of person with whom the documents were left is as follows:

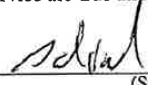
Sex: F Race: W Approx. Age: 45 Height: 5'5 Weight: 180 Hair: BROWN

Noticeable features/Notes: _____

The undersigned verifies that the statements set forth in this Affidavit of Service are true and correct.

Signed and sworn before me on

this 15TH day of FEB., 2023


(Server Signature)

GILBERT DEL VALLE
(Print Name)

Notary Public

KEVIN DUNN
NOTARY PUBLIC
STATE OF DELAWARE
My Commission Expires on July 26, 2026

SAAFF/342705