Exhibit H

Herbst, Charlene@Waterboards

From: Neal, Barbara@Waterboards
Sent: Monday, January 26, 2015 10:25 AM
To: Herbst, Charlene@Waterboards
Subject: FW: POD for Control Number 1178477

FYI

-----Original Message-----
From: jasmyn@acelegal.com [mailto:jasmyn@acelegal.com]
Sent: Monday, January 26, 2015 10:17 AM
To: Neal, Barbara@Waterboards
Subject: POD for Control Number 1178477

ACE ATTORNEY SERVICE

ATTN: Barbara Neal

CTRL: 1178477 ORDER DATE: 1/21/15 SERVICE TYPE: POS 3DY
CUST: 11831 STATE WATER RESOURCES CONTROL BOARD REF: HERBST / ESTACIO

PU: STATE WATER RESOURCES CONTROL BOARD DL: Residence
1001 I Street 4413 S. Prairie Flower Road
SACRAMENTO CA 95814 TURLOCK CA 95380
RM:16th Floor CA
TO SEE: Barb Neal TO SEE: Carlos Estacio

DEL DATE: 1/23/15 TIME: 13:47 SIGN: CARLOS ESTACIO

CASE NUMBER Thanks.

DOCUMENTS:ACLC and attachments
(to be picked up at

ACLC R5-2015-0504
Carlos and Bernadette Estacio
San Isidro Jersey Dairy
4413 S Prairie Flower Road, Turlock

7013 1090 0001 3130 4759

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OFFICIAL USE

Postage	$
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
Total P	

Postmark Here

Sent To
Street, Ap or PO Bo
City, Stat

Carlos and Bernadette Estacio
4413 S. Prairie Flower Road
Turlock, CA 95380

PS Form ... Instructions

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

Carlos and Bernadette Estacio
4413 S. Prairie Flower Road
Turlock, CA 95380

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X
☐ Agent
☐ Addressee

B. Received by *(Printed Name)*

C. Date of Delivery 1/21/15

D. Is delivery address different from item 1? ☐ Yes
If YES, enter delivery address below: ☐ No

3. Service Type
☐ Certified Mail® ☐ Priority Mail Express™
☐ Registered ☐ Return Receipt for Merchandise
☐ Insured Mail ☐ Collect on Delivery

4. Restricted Delivery? *(Extra Fee)* ☐ Yes

2. Article Number *(Transfer from service label)* 7013 1090 0001 3130 4759

PS Form 3811, July 2013 Domestic Return Receipt