NOTICE OF INTENT TO APPEAR

Sandra Dawood		plans to	participate in	the water right hea	ring regardin
(name of party or parti	cipant)	• .		•	
	Draft Cease ar and		e Civil Liability		
	Younan		Sandra C Dav	wood	
		cheduled to uesday, Ju	commence ly 22, 2014		
		at 9:00	a.m.		
Check all that apply: X I/we intend to pres I/we intend to parti I/we decline electro I/we plan to call the	cipate by cros onic service of	s-examinatio hearing-rela	n or rebuttal o ted materials.		
NAME	SUBJECT OF	PROPOSED	TESTIMONY	ESTIMATED LENGTH OF DIRECT TESTIMONY	EXPERT WITNESS (YES/NO)
YOUNAN DANGO!	> LAND	OWNER'S	CONDUCT	1 44.	NO
A. N. DAWOUT			CONDUCT	1 HR.	NO
	L		.•		
			· '		
	· · ·				
	· · · · · · · · · · · · · · · · · · ·		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		
	,				
(If more space is requi Name, Address, Phon Signature:		·	of Attorney of		. <i>1</i>
Name (Print): Sandr	a Dawood	Na mirror er 17 min menmenskriver pers			
Mailing Address: P. O. Box					
Angwin, 0	CA 95567				
Phone Number ()	(707) 965-26	 573	Fay Numl	ner ()	

NOTICE OF INTENT TO APPEAR

Younan Dawood	plans to participate	in the water right he	aring regarding
(name of party or participant)			J J
	ase and Desist Order WR 20 and Administrative Civil Lial against ounan A Dawood & Sandra C	bility	
	scheduled to commend	æ	· · · · · · · · · · · · · · · · · · ·
	Tuesday, July 22, 201 at 9:00 a.m.		
Check all that apply: I/we intend to present a po X I/we intend to participate by I/we decline electronic sendant X I/we plan to call the following	y cross-examination or rebutta vice of hearing-related materia	ıls.	
NAME SUBJE	CT OF PROPOSED TESTIMON	Y ESTIMATED LENGTH OF DIRECT TESTIMONY	EXPERT WITNESS (YES/NO)
SANDRA DAWARD LAN	NO OWNIER'S COMPULT	thr.	ND
	VO OWNER'S CONDUC	t hr	V∿₃
	1444		· · · · · · · · · · · · · · · · · · ·
			1
(If more space is required, plea	ase add additional pages or u	se reverse side.)	
			. <u> </u>
Name, Address, Phone Nurlbe	er and Hax Number of Attorne	y or Other Represen	tative:
Signature:	•	Dated: <i>5/2</i> :	2/14
Name (Print): Vounan Daw	ood		
Mailing Address: P. O. Box 970		·	
Angwin, CA 9556			

Phone Number: () (707) 965-2673

E-mail:

Fax Number: (__

NOTICE OF INTENT TO APPEAR

A. N. DAWOOD	plans to pa	rticipate in ti	ne water right hea	aring regarding
(name of party or participant)	*			
	se and Desist Order and Administrative against nan A Dawood & Sa	Civil Liability		
	scheduled to co Tuesday, July at 9:00 a.	22, 2014		
Check all that apply: X I/we intend to present a policy X I/we intend to participate by I/we decline electronic servicy X I/we plan to call the following	cross-examination of se of hearing-related	materials.		
NAME SUBJEC	T OF PROPOSED TE	STIMONY	ESTIMATED LENGTH OF DIRECT TESTIMONY	EXPERT WITNESS (YES/NO)
VOUNAN DAWOOD LAN	o ouniers Con	out	Inr	No
SANDRA DANOOD CAS	no asusals C	5000) Nr	No
(If more space is required, pleas Name, Address, Phone Number		Attorney or	Other Represent	ative:
Signature:		·	oated: 5/22	-//4
Mailing Address: P.O. Box 393			e.	<u></u>
East Irvine, CA 9	2650			
Phone Number: () 949 35		. Fax Numb	er <u>(</u>) 866	792 8469
Email ANDCEC	O@gmail.com			