

EMERGENCY ABATEMENT NOTICE

[Issued pursuant to California Code of Civil Procedure §§ 1822.50, et seq.]

DELIVERED VIA POSTING ON SUBJECT PROPERTY AND
CERTIFIED MAIL, RETURN RECEIPT REQUESTED TO INTERESTED PARTIES AND SUBJECT PROPERTY

Date:

June 12, 2017

Subject Property:

45 Soledad Street

Salinas, CA 93901

APN: 002-191-010-000

Property Owner:

RANN, LLC

Navneel Maharai

1161 North Main Street Salinas, CA 93906

Please be advised that in no less than 24 hours the City of Salinas intends to enter, inspect, and abate the real property located at 45 Soledad Street, Salinas, California, 93901, APN 002-191-010-000 ("Subject Property"). The City of Salinas' intends to abate the Subject Property pursuant to an emergency warrant issued by Monterey County Superior Court on June 12, 2017.

Any questions regarding this Notice can be forwarded to the undersigned.

CHRISTOPHER A. CALLIHAN
CITY ATTORNEY

By:

Anais Martinez Aquino Senior Deputy City Attorney City of Salinas (831) 758-7256

Proof of Service

I, Amanda Lopez, declare:

I am a citizen of the United States and a resident of the County of Monterey;

I am over the age of 18 years;

My business address is:

City of Salinas Office of the City Attorney 200 Lincoln Avenue

On Monday, June 12, 2017, I provided the following:

-Emergency Abatement Notice

By Certified Mail, Return Receipt Requested, a true copy to:

RANN, LLC Navneel Maharaj 1161 North Main Street Salinas, CA 93906

Victory Mission PO Box 995 Salinas, CA 93901

I declare under penalty of perjury that the foregoing is true and correct.

Executed at Salinas, California, Monday June 12, 2017.

Legal Secretary

SENDER: COMPLETE THIS SECTION

Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.

A. Signature

terme

COMPLETE THIS SECTION ON DELIVERY

- 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. Print your name and address on the reverse
- Article Addressed to:

POBOX 995

Southers CA 939101

If YES, enter delivery address bek	D. Is delivery address different	Human's Jon	B. Received by (Printed Name)
addless below? - Nose/	erent from item 12 0 Yes	1062 My E	Name C. Date of Deliv

Service Type

☐ Certified Mail® [☐ Registered ☐ Insured Mail [☐ ☐ Priority Mail Express"
☐ Return Receipt for Merchandise
☐ Collect on Delivery

Restricted Delivery? (Extra Fee) ☐ Yes

Domestic Return Receipt

PS Form 3811, July 2013

Article Number

(Transfer from service label)