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| ATTORNEY OR PARTY WITHOUT ATTORNEY ( <i>Name, state bar number, and address</i> )<br><br><br>TELEPHONE NO:<br>E-MAIL ADDRESS ( <i>optional</i> ):<br>ATTORNEY FOR ( <i>Name</i> ): | FOR COURT USE ONLY |
| <b>SUPERIOR COURT OF CALIFORNIA, COUNTY OF MADERA</b><br>200 South G Street<br>Madera, California 93637<br>Civil Division  |                    |
| PLAINTIFF/PETITIONER:  |                    |
| DEFENDANT/RESPONDENT:  |                    |
| OTHER CASE NAME:   |                    |
| <b>CERTIFICATE OF NO APPEAL</b>  |                    |
| CASE NUMBER:   |                    |

A \$40 fee will be charged pursuant to Government Code §70626(a)(8) for the issuance of this certificate.

I, \_\_\_\_\_, Deputy Clerk of the Superior Court of California, County of Madera, Do hereby certify and attest to the following:

- That the complaint/petition was filed in the above referenced case on \_\_\_\_\_.
- A judgment resolving all issues was entered on \_\_\_\_\_.
- I have checked the court's records from \_\_\_\_\_ to \_\_\_\_\_, and
- No Notice of Appeal of said judgment has been filed in this action.

I certify the forgoing information is a true and correct finding of the records searched.

Date: \_\_\_\_\_

Adrienne Y. Calip, Clerk of the Superior Court

By: \_\_\_\_\_, Deputy Clerk

