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ATTORNEY OR PARTY WITHOUT ATTORNEY: STATE BAR NO:	FOR COURT USE ONLY
NAME: Smotherman Wright Pro Se	
FIRM NAME: Patrick	
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ATTORNEY FOR (Name): self, pro se	
SUPERIOR COURT OF CALIFORNIA, COUNTY OF San Diego	
STREET ADDRESS: 330 West Broadway	
MAILING ADDRESS: 330 West Broadway CITY AND ZIP CODE: San Diego. 92101	
CITY AND ZIP CODE: San Diego, 92101  BRANCH NAME: Hall of Justice	
Productivant. 1881: Of Substice	
Plaintiff/Petitioner: Patrick James Smotherman Wright	
Defendant/Respondent: California Fish and Game Commission, Eric Sklar	
NOTICE AND ACKNOWLEDGMENT OF RECEIPT—CIVIL	CASE NUMBER: 37-2024-00006114-CU-MC-CTL
TO (inpart name of parts being consents California Sistematical Carrottes Ca	
TO (insert name of party being served): California Fish and Game Commission, Eric Sklar	
NOTICE	
Procedure. Your failure to complete this form and return it within 20 days from the date (or the party on whose behalf you are being served) to liability for the payment of any e on you in any other manner permitted by law.  If you are being served on behalf of a corporation, an unincorporated association (incluform must be signed by you in the name of such entity or by a person authorized to recentity. In all other cases, this form must be signed by you personally or by a person aut summons. If you return this form to the sender, service of a summons is deemed compacknowledgment of receipt below.	expenses incurred in senting a summors adding a partnership), or other entity, this seive service of process on behalf of such thorized by you to acknowledge receipt of
Date of mailing: March 30th, 2024	
Patrick James Smotherman Wright	S. Thuman
	RE OF SENDER-MUST NOT BE A PARTY IN THIS CASE)
(SIGNATOR	NE OF DEMON - WOOT NOT DE A PARTT IN THIS CASE)
ACKNOWLEDGMENT OF RECEIPT	
This acknowledges receipt of (to be completed by sender before mailing):	
A copy of the summons and of the complaint.	
A copy of the summons and of the complaint.	May on a
Other (specify): THE EXHIBITS (EXTENSIVE) WERE	W131260 10
INC COMMISSION. THEY ARE ON O	WR WEBSITE
OR I CAN EMAIL THEM	
To be completed by recipient):	
Opto this form is signed:	
Date this form is signed:	
(TYPE OR PRINT YOUR NAME AND NAME OF ENTITY, IF ANY, (SIGNATURE O	F PERSON ACKNOWLEDGING RECEIPT, WITH TITLE IF
(TYPE OR PRINT YOUR NAME AND NAME OF ENTITY, IF ANY, (SIGNATURE O ON WHOSE BEHALF THIS FORM IS SIGNED) ACKNOWLEDIGMEN	E DEDCOM ACCOMA EDOMO DECEME MATURETE

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