ATTORNEY OR PARTY WITHOUT ATTORNEY (Name, State Bar Number, and Address) State Bar No. TELEPHONE NO. FAX NO. *(OPTIONAL)* EMAIL ADDRESS	*FOR COURT USE ONLY*
SUPERIOR COURT OF CALIFORNIA, COUNTY OF LASSEN **APPELLATE DIVISION** 2610 Riverside Drive, Susanville, CA 96130	
PETITIONER/PLAINTIFF: **RESPONDENT/DEFENDANT:**	
APPEAL FACSIMILE TRANSMISSION COVER SHEET	CASE NUMBER:

TO THE COURT:

1. **Please file** the following documents in the order listed below:

Document Name	**No. of pages**

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