## **DECLARATION OF CUSTODIAN OF RECORDS**

Records of	of:	DOB:	SSN/other ID #:
Business	name:	Address:	
I am the records, o		ds for the above business a	and having authority to certify the
A. CERT	IFICATION OF RECORDS CO	PIED:	
	ollowing records, documents ar in my presence and under my		dy have been photocopied at the above
the perso			ther items were prepared or compiled by e of business, at or near the time of the
No red	cords, documents, or other iter	ns have been withheld in	order to avoid their being photocopied.
The fo	3	from copying or could not	be produced at this time because:
	Records/Items		Reasons
B. CERT	IFICATION OF NO RECORDS	<b>S</b> :	
	rough search of our files reveal llowing reason:	ed none of the records, do	ocuments or other items requested exist
		and no records found  3	istent  not at this location paid health plan ng, or under another identifying number; est of my knowledge and belief, no such
I declar		nder the laws of the State	of California that the foregoing is true
Executed on at		at	, California.
Print name:		Signature:	