

COMMISSION ON STATE MANDATES

980 NINTH STREET, SUITE 300
SACRAMENTO, CA 95814
PHONE: (916) 323-3562
FAX: (916) 445-0278
E-mail: csminfo@csm.ca.gov

**DECLARATION OF SERVICE BY EMAIL**

I, the undersigned, declare as follows:

I am a resident of the County of Solano and I am over the age of 18 years, and not a party to the within action. My place of employment is 980 Ninth Street, Suite 300, Sacramento, California 95814.

On October 7, 2011, I served the:

Request to Amend Parameters and Guidelines

AIDS Instruction, 11-PGA-05 (CSM-4422)

Education Code Section 51201.5 and 51229.8

Statutes 1991, Chapter 818

and

AIDS Prevention Instruction, (99-TC-07, 00-TC-01)

Education Code Sections 51201.5, 51554, and 51553

Statutes 1998, Chapter 403

California State Controller, Requestor

by making it available on the Commission's website and providing notice of how to locate it to the email addresses provided on the mailing list.

I declare under penalty of perjury under the laws of the State of California that the foregoing is true and correct, and that this declaration was executed on October 7, 2011 at Sacramento, California.



Heidi J. Palchik