

District:	Cameron Estates CSD	AUDITOR USE ONLY
Date:	6/29/2026	
Prepared By:	Joy Regliardo	DEPT: _____
Contact Phone:	(530) 877-5889	FILE NAME: _____

Date:

THAT NO PRIOR CLAIM HAS BEEN PRESENTED FOR SAID ARTICLES OR SERVICES, I FURTHER CERTIFY THAT NO OTHER PERSON HAS BEEN ADVISED OF THE SAME.

	NAME	DATE	SIGNATURE	CHECK NO.
	Charles A. Lewis	10-29-87	[Signature]	None

[illegible]