1. Elected Officer or CPUC Member (Last name, First name)					Date Stamp	California Q
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			lett Place, S.F., CA			
Designated Contact Person (Name and title, if different)  Olga A. Ryerson					Amendment (See Part 5)	
Area Code/Phone	Code/Phone Number E-mail (Optional)			Da	Date of Original Filing:(month, day, year)	
(415) 554-6910	c	olga.ryerson@sfgov.org				
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## 6. Verification

I certify, under penalty of perjury under the laws of the State of California, that to the best of my knowledge, the information contained herein is true and complete.

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Executed on	June 19, 2013	Bv
	DATE	SIGNATURE OF ELECTED OFFICER OR CPUC MEMBER