(To be submitted with a copy of the CCR)

Water S	System Name:	Desert B	eeze MHE				
Water System Number: 1502247							
The wa	ater system na	med above l	ontained in th	ppropriate nonces	umer Confider of availability t and consistent	nce Report was have been given) with the compliar	distributed on Further, the nce monitoring
Certified	d by: Name:	· 	Lleo.	BURTT			
	Signat	ure:	6 leo	Butt			
	Title:	_	mari				
	Phone	Number: (661) 23	564517	Date: 6-	24-22	
To summarize report delivery used and good-faith efforts taken, please complete the below by checking							
all items that apply and fill-in where appropriate:							
CCR was distributed by mail or other direct delivery methods. Specify other direct delivery methods used:							
——————————————————————————————————————	TO TENENT IN PARK - POSTED IN OSSICE LAONDRY ROOM HAND DELINERED "Good faith" efforts were used to reach non-bill paying consumers. Those efforts included the following methods: Description of the line of th						
. L				n the service area (•	
	Advertising the availability of the CCR in news media (attach copy of press release)						
	Publication of the CCR in a local newspaper of general circulation (attach a copy of the published notice, including name of newspaper and date published)						
	Posted the C	CR in public	places (attach	a list of locations)			
[.	Delivery of businesses,		es of CCR to	single bill addres	ses serving sev	eral persons, such	as apartments,
	Delivery to	community or	ganizations (a	tach a list of organ	nizations)	*	. *
				Posted CCR on a		sible internet site a	t the following
_ Fo	or privately-owned	utilities: Deliv	ered the CCR to	the California Publi	c Utilities Comm	ssion	