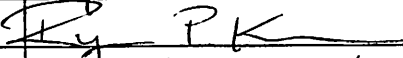


**Consumer Confidence Report
Certification Form
2025**

Water System Name:	Hollister Ranch Estates
Water System Number:	CA3500904

The water system named above hereby certifies that its Consumer Confidence Report was distributed on 7/17/26 (date) to customers (and appropriate notices of availability have been given). Further, the system certifies that the information contained in the report is correct and consistent with the compliance monitoring data previously submitted to the State Water Resources Control Board, Division of Drinking Water.

Certified by:	Name:	Ryan P. Kearns	
	Signature:		
	Title:	HRE President	
	Phone Number:	831-245-6273	Date: 1/17/24

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: Email
- ☐ "Good faith" efforts were used to reach non-bill paying consumers. Those efforts included the following methods:
- ☐ Posting the CCR on the Internet at www.
 - ☐ Mailing the CCR to postal patrons within the service area (attach zip codes used)
 - ☐ 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 CCR in public places (attach a list of locations)
 - ☐ Delivery of multiple copies of CCR to single-billed addresses serving several persons, such as apartments, businesses, and schools
 - ☐ Delivery to community organizations (attach a list of organizations)
 - ☐ Other (attach a list of other methods used)
- ☐ For systems serving at least 100,000 persons: Posted CCR on a publicly-accessible internet site at the following address: www.
- ☐ For investor-owned utilities: Delivered the CCR to the California Public Utilities Commission

This form is provided as a convenience for use to meet the certification requirement of the California Code of Regulations, section 64483(c).

Department of Health and Human Services

Centers for Disease Control and Prevention

Atlanta, Georgia 30333

Dear Mr. [Name]:

Thank you for your letter of [Date].

We have received your letter and are sorry to hear that you are having trouble with your [Condition]. We will be sure to get this information to the appropriate people in our organization. We will also be sure to get you the information you need to get the help you need.

Sincerely,
[Signature]

Very truly yours,
[Signature]

Enclosed for you are [Number] copies of [Document Name].

If you have any questions, please call [Phone Number].

Very truly yours,
[Signature]

Very truly yours,
[Signature]

Very truly yours,
[Signature]

Very truly yours,
[Signature]

Very truly yours,
[Signature]

Very truly yours,
[Signature]

Very truly yours,
[Signature]