

**ATTACHMENT D**

**DECISION**



## PROOF OF SERVICE

I am employed in the County of Sacramento, State of California. I am over the age of 18 and not a party to the within action; my business address is: California Public Employees' Retirement System, Lincoln Plaza North, 400 "Q" Street, Sacramento, CA 95811 (P.O. Box 942707, Sacramento, CA 94229-2707).

On March 21, 2017, I served the foregoing document described as:

AMENDED DECISION – In the Matter of the Cancellation of the Application for Disability Retirement of TRACY R. CRAIG, Respondent and FRANCHISE TAX BOARD, Respondent.; Case No. 2016-0508; OAH No. 2016061209.

on interested parties in this action by placing \_\_\_ the original XX a true copy thereof enclosed in sealed envelopes addressed as follows:

Tracy Craig  
9333 Mira Del Rio Drive  
Sacramento, CA 95827

Office of Administrative Hearings  
2349 Gateway Oaks Drive, Suite 200  
Sacramento, CA 95833-4231  
Via Email: [sacfilings@dgs.ca.gov](mailto:sacfilings@dgs.ca.gov)

Franchise Tax Board  
Legal Division  
P. O. Box 1720, MS: A-260  
Rancho Cordova, CA 95741-1720

- BY OVERNIGHT DELIVERY: I caused such envelope(s) to be delivered to the above address(es) within 24 hours by overnight delivery service.
- BY ELECTRONIC TRANSMISSION: I caused such document(s) to be sent to the addressee(es) at the electronic notification address(es) above. I did not receive within a reasonable time of transmission, any electronic message, or other indication that the transmission was unsuccessful.

Executed on March 21, 2017, at Sacramento, California.

I declare under penalty of perjury under the laws of the State of California that the above is true and correct.

Laura Avina  
\_\_\_\_\_  
NAME

  
\_\_\_\_\_  
SIGNATURE