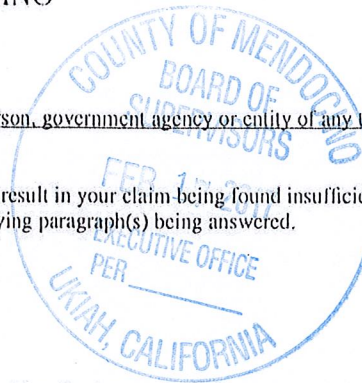


NOTICE OF CLAIM  
AGAINST THE COUNTY OF MENDOCINO  
(Government Code Section 910 et seq.)

INSTRUCTIONS (Please read carefully):

- \* Claims related to injury to person, damage to personal property, or employee claims, by any person, government agency or entity of any type, must be presented to the County within (6) months from the date of loss.
- \* Claims related to any other loss must be presented not later than (1) year from the date of loss.
- \* Answer all items fully and to the best of your knowledge and information. Failure to do so may result in your claim being found insufficient.
- \* If more space is needed to provide requested information, please attach additional pages identifying paragraph(s) being answered.
- \* Legal advice concerning your claim should be obtained from your own lawyer.



MAIL COMPLETED FORM TO:

Mendocino County Board of Supervisors  
Attn: Clerk of the Board  
501 Low Gap Road, Room 1010  
Ukiah, CA 95482

2/17/17  
Date Received by BOS

1. Claimant's Name: see attached Daytime Phone: (\_\_\_\_) \_\_\_\_\_
2. Claimant's Mailing Address: \_\_\_\_\_
3. Home Phone: (\_\_\_\_) \_\_\_\_\_ Date of Loss: \_\_\_\_\_ Time of Loss: \_\_\_\_\_
4. Location of Loss (Specify in as much detail as possible, example: corner of State and Perkins):  
\_\_\_\_\_  
\_\_\_\_\_
5. Description of incident/accident which caused you to make this claim: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
6. What specific injury, damages or other losses did you incur? \_\_\_\_\_  
\_\_\_\_\_
7. What amount of money are you seeking to recover? (check one of the boxes below)  
☐ The amount claimed is less than \$2,000. Enter the amount claimed here: \$ \_\_\_\_\_  
☐ The amount claimed is more than \$2,000. Enter the amount claimed here: \$ \_\_\_\_\_  
Please attach any and all itemized bills, repair estimates, receipts, etc.
8. What are the name(s) of the County employee(s) whom you allege caused your injury, damage or loss, if known? \_\_\_\_\_
9. All notices and communications with regard to this claim will be directed to the Claimant shown in lines 1 and 2 above.

I/WE, the undersigned, declare under penalty of perjury that I/WE have read the foregoing claim for damages and know the contents thereof; that the same is true of my/our own knowledge and belief, save and except as to those matters wherein stated on information and belief, and as to them, I/WE believe to be true.

Ryan Thomas  
Claimant Printed Name

Ryan Thomas,  
Claimant Signature

2/16/2017  
Date Signed

PLEASE SEE REVERSE SIDE FOR WARNING.

Attorney for  
Willistonline LLC  
2/17/17. cc: Colo; Risk; Risk Mgmt

1, 2, 3. Claimants Name and Contact Information:

WillitsOnline LLC



Date of Loss: August 2017 and continuing.

4. Location of Loss: A physical location of the loss cannot be ascertained at this time.

5. Description of Incident: WillitsOnline was awarded a contract for provision of network and internet services for the Mendocino County library branches subject to approval of an e-rate request for funding. County of Mendocino has deprived WillitsOnline the benefits of that contract.

6. Damages Incurred: Loss of business to WillitsOnline; inappropriate expenditure of Measure A tax revenue.

7. Pursuant to Government Code section 910(f), because the claim is for an amount exceeding \$10,000, the amount sought is not to be specified. The amount claimed exceeds the jurisdictional limit of an unlimited civil case.

8. County Employees Causing Injury: Various members of County staff, including members of IT and library staff; Cody Snyder