**COUNTY OF LAKE** Department of Animal **Care & Control** 4949 Helbush Drive Lakeport, CA 95453 Phone: (707) 263-0278 Fax: (707) 263-5067

William Davidson Animal Care & Control Director william.davidson@lakecountyca.gov

## **Animal Complaint Report**

2017-05-0006

Date:

5/1/2017

Reporting Person:

Karen Kennedy

Taken By:

Nancy Martin

Phone:

707-274-1274

**Complaint Details:** 

Type:

Loose Vicious Dog

Complaint:

4/30/17 (last night) R/P was walking her small terrier dog on a leash when

another dog from 2915 rancho vista dr Lucerne ran out of the property and attacked R/P's dog. R/P took dog to Wasson to seek medical attention.

Location:

2915 Rancho

Vista

Community: Lucerne

**Complaint Dispo** 

**Dispo Date:** 

5/2/2017

12:00:00 AM Notes:

Alicia

Brisker

Officer: Dispo:

**NOV Posted** 

Posted NOV 93597 for vicious at large. Collected witness statements and spoke with victim dog's owner. Attacking dog has history of vicious behavior.

Citation 16312 for vicious at large issued to Jack Lodge on 5/9/17. investigation into a vicious abatement being conducted. Dog (Manson)

impounded 5/3/17 for investigation into vicious abatement.

**Associated People** 

Association	First	Last	Phone	Address	City
Reporting Party	Karen	Kennedy	707-274-1274	2948 Bender dr	LUC
Animal Owner	Briana	Lodge	707-245-1480	2915 Rancho Vista Dr	LUC
Other	Sherri	Elder	707-274-8779	2915 Rancho Vista Drive	LUC
Other	Brandy	Lodge	707-413-8928	12444 The Plaza	CLO
Animal Owner	Jack	Lodge	707-274-8242	2915 Rancho Vista	LUC

#### **Associated Animals**

ID	Name	Breed	Sex	Color	
7422	Quarentine#5(Manson)	Pit Bull Terrier	М	Black	Brown



4949 Helbush Drive Lakeport, California 95453 Phone: (707) 263-0278 Fax: (707) 263-5067 William Davidson
Animal Care & Control Director
2017-05-006

#### WITNESS STATEMENT

INSTRUCTIONS: Please write your statement in your own words putting down all the facts, dates, and time relevant to the most recent incident. If it pertains to a barking dog(s) three or more separate individuals from different residences in the area are required to sign a compliant. When you have finished, sign your name and date the statement and return it to our office at: 4949 Helbush Drive Lakeport, CA 95453 or call (707) 263-0278.
NAME: Sharon M. Habina Date of Birth 8/20/50
STREET ADDRESS: 2965 Rancho Vista Dr. Lucerne CA
MAILING ADDRESS (if different) BOX 515 LUCEUR CA 98488
HOMEPHONE: 707 513 60 14 CELL PHONE: NA
CALIFORNIA DRIVER'S LICENSE NUMBER/ID NUMBER: CDA 2088/745
I Sharan he Stopen a declare under Penality of Persury THAT THE FOLLOWING STATEMENT'S TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE: The 2017  Around 6:30 pm an again 30 th 2017  According to the state of the state of the 2017  According to the state of
IGNARTURE: Sharling the DATE: 5-1-17



4949 Helbush Drive Lakeport, California 95453 Phone: (707) 263-0278 Fax: (707) 263-5067

NAME: Karen J. Kennedy

William Davidson
Animal Care & Control Director
2017 - 05 - 0866

DATE OF BIRTH 07-30-1945

#### WITNESS STATEMENT

INSTRUCTIONS: Please write your statement in your own words putting down all the facts, dates, and time relevant to the most recent incident. If it pertains to a barking dog(s) three or more separate individuals from different residences in the area are required to sign a compliant. When you have finished, sign your name and date the statement and return it to our office at: 4949 Helbush Drive Lakeport, CA 95453 or call (707) 263-0278.

STREET ADDRESS: 2948 Bender Dr. Lucerne ex 95458
MAILING ADDRESS (if different) SAME
HOMEPHONE: 707 274 1274 CELL PHONE: 707-972.7756
CALIFORNIA DRIVER'S LICENSE NUMBER/ID NUMBER: D 3072977
Kasaa II
THE FOLLOWING STATEMENT IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE
At 6:00 PM Synday 4/30/17 I was walking
2915 Rancho Vista in the street in front of
dog ran out from 2915 Rando Vista + attacked
was in the dogs mouth (a blocky, head with large rous)
both his hind legs, and a male pan over & pried the
sign mouth open. Willie you screening a neighbor
wasson memorial. He has a through + through deep
put weight on his Right leg. Many sutures +
This is a killer dog who liver in Ferndalox
USIS our all to 2915 Ranche Vista. This is
him up, He should the do not even the
fut down.
Va II
SIGNARTURE: KARON KONNEDY DATE: 5/1/17
. ()

OWNER: Karen Kennedy SPOUSE: ADDRESS: 2948 Bender Drive CITY: Lucerne CA 95458 HM PHONE #: 274-1274

WK #: 263-7725

CELL# 972-7756

PATIENT: WIIIIe SPECIES: canine

M/C #: 956000004209598

DOB: 10/26/15 AGE: 1 yr & 6 mo SEX: male neutered

(707)263-5380

CLIENT #: 22036 BREED: poodle COLOR: Black EMAIL:karenkenn@earthlink.net

DATE (-30-17 DOCTOR \ M.)		TECHNICIAN_	a-thin	TEMP	WEIG	SHT	18/87
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HEALTH SURVEY: YES NO	7				YEŞ	NO	7
a. Does he/she have a good appetite?			g. Any previous me	dical problems/			
b. Has pet eaten today?			surgery?				
c. Any vomiting or diamhea?			h. Any history of d	rug allergies or reactions?			
d. Any coughing or labored breathing?				on any medication?			
e. Excessive water intake / urination?			j. If intact female,				
f. Is pet taking heartworm Preventative?	_		k. Does pet have	, -			
			n. Does per nave	i microdilpr			
Cold A			- mest				
Explain Any Abnormal							
Answers		_	<del></del>			_	
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OWNER: Karen Kennedy SPOUSE: ADDRESS: 2948 Bender Drive

CITY: Lucerne CA 95458 HM PHONE#: 274-1274 WK#: 263-7725

COMMENTS:

CELL# 972-7756

PATIENT: Willie SPECIES: canine COLOR: Black

EMAIL:karenkenn@earthlink.net

M/C#: 956000004209598

(707) 263-5380

CLIENT #: 22036 BREED: poodle DOB: 10/26/15 AGE: 1 yr & 6 mo SEX: male neutered

(Month) (Year) (Location)	(Month) (Year) (Location)	(Month) (Year) (Location)
RABIES/	DHLPP	FVRCP
LAST RABIES GIVEN: 02/22/17	BORDETELLA / /	FELV/
NEXT RABIES DUE: 02/22/2020	RATTLE SNAKE//	

CODES: TC = TECH F = FOOD W = WATER L = LEASH BM = BOWEL MOVEMENT UR = URINE T = TEMP DR = DOCTOR DATE FEE Tech Food Water Loash BM 10-00 night, had BM- Seems to PE Some 20 mg o has

(707) 263-5380

OWNER: Karen Kennedy SPOUSE:

ADDRESS: 2948 Bender Drive CITY: Lucerne CA 95458 HM PHONE #: 274-1274

WK #: 263-7725

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LAST RABIES GIVEN: 02/22/17	BORDETELLA	1		FELV _	7	1
NEXT RABIES DUE: 02/22/2020	RATTLE SNAKE	7		FIV _		··/
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(707) 263-5380

in one spot on hip,

able to bull out sutings

100mg

wound, many need additional debridant

1 NORK

OWNER: Karen Kennedy SPOUSE: ADDRESS: 2948 Bender Drive CITY: Lucerne CA 95458

HM PHONE #: 274-1274 WK #: 263-7725

N

CELL# 972-7756

102

RX

PATIENT: Willle SPECIES: canine COLOR: Black M/C #: 956000004209598

EMAIL:karenkenn@earthlink.net

CLIENT #: 22036 BREED: poodle DOB: 10/26/15 AGE: 1 yr & 6 mo SEX: male neutered

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60-301

(Month) (Year) (Location)	(Month) (Year)	(Location)	(Month)	(Yaar) (Location)
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COMMENTS: TC = TECH CODES: W = WATER L=LEASH BM = BOWEL MOVEMENT UR = URINE T = TEMP F = FOOD DR = DOCTOR DATE FEE Tech Food Water Leash BM UR Temp SR >-13-

Gabapentin

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SPOUSE: PATIENT: WIIII

OWNER: Karen Kennedy SPOUS ADDRESS: 2948 Bender Drive CITY: Lucerne CA 95458 HM PHONE #: 274-1274

WK #: 263-7725

CELL# 972-7756

PATIENT: Willie SPECIES: canine COLOR: Black WG #: 956000004209598

EMAIL:karenkenn@earthlink.net

(707) 263-5380

CLIENT#: 22036 BREED: poodle DOB: 10/26/15 AGE: 1 yr & 6 mo SEX: male neutered

(Month) (Year) (Location)  RABIES/  LAST RABIES GIVEN: 02/22/17	_ מילואמ	(Month)	(Year)	(Location)	FVRCP	(Month)	(Year)	(Location)
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COMMENTS:								***

CODES: TC = TECH F = FOOD W=WATER L = LEASH BM = BOWEL MOVEMENT UR = URINE T = TEMP DR = DOCTOR DATE Tech Food Water Leash BM FEE UR 10-008 Inv # 298284 5.20.1 Heartgard 0-25 100-274 Nex Coard 10-24 60-85 GPK Inv #298283 \$ 11010.10 Extremond leave ~ 2 con wound stood of staples re & Zule, soorer & any purulentable 10-009 101 # 2996KK 05.17 Trupanion requests medical records

Wasson Memorial Veterinary Clinic

3083 Hwy 175 • Lakeport, CA 95453-9720 • 707.263.5380 • 707.263.1525 Fax Carille Dog BAC Date 4-30-17 Pet's Name \_\_\_\_ Diagnosis \_\_\_\_ **DISCHARGE INSTRUCTIONS** EXERCISE Allow normal activity. Moderate exercise restriction (confine Indoors; leash walks; no running or jumping) for 14 days, ☐ Strict exercise restriction (no running, jumping or going up or down stairs): Cage or crate for small pets, carry or sling outside if needed, keep leashed when outside, \_\_\_\_\_ days. THIS IS VERY IMPORTANT! An indoor, carpeted small room or run for large pets, carry or sling outside if needed, keep leashed days. THIS IS VERY IMPORTANT! when outside, for Do not allow your dog to walk across slippery floors or up and down stairs. (Lawn, carpet and gravel are safest). Use a towel sling for support if necessary. DIET Feed regular diet. Recommend special dlet ( ) for ☐ Recommend special diet ( ) permanently. Feed bland diet for next days, then return to regular diet. Bland food include: dce, cottage cheese, plain pasta, baked and skinned chicken, hamburger with grease removed. Start with small, frequent meals and gradually increase the amount of food offered and the time between meals. Discontinue feeding and contact our office if more than one episode of vomiting occurs. Ceptelezin = AM tomorrow Melosofy 1 = p None required. **MEDICATIONS** Give as directed on label. Begin this morning, **INCISION** ☐ Examine incision daily for signs of swelling, redness, drainage or irritation. Apply warm compresses to the incision/wound 3 to 4 times daily and leave in place for 5 minutes per application. A warm compress is a washcloth or towel soaked in warm water. (Not too hot for your skin) wrung out and applied to the wound or incision for 5 minutes. BANDAGES ☐ Check daily for swelling, discharge or odor. If toes are exposed, check them for swelling each day. SPLINTS ☐ Check daily and call immediately if you notice skin sores developing due to constant rubbing by the edge of CASTS a cast/splint. ☐ Keep clean and DRY, applying a plastic bag temporarily when the animal goes outside to eliminate. DO **NOT LEAVE BAG ON!** Return for bandage/splint check as directed. CHEWING Keep the plastic Elizabethan Collar around neck at all times to prevent chewing/licking at the wound/incision/bandage. ☐ Should your pet chew or lick at the wound/incision, contact us immediately to obtain a protective collar. Should your pet persistently chew or lick at the bandage, contact us immediately since an underlying problem may exist. RECHECKS No follow up required unless problems occur. Schedule an appointment for drain removal in 3 days with Dr. 1842 D Your regular vet. ☐ Schedule an appointment for suture removal in \_\_\_\_\_\_ days with Dr. \_\_\_\_\_ ☐ Your regular vet. ☐ Schedule an appointment for bandage change In \_\_\_\_\_\_ days with Dr. \_\_\_\_\_ ☐ Your regular vet. ☐ Schedule an appointment for x-rays in \_\_\_\_\_\_ weeks with Dr. \_\_\_\_\_ ☐ Your regular vet. ☐ Schedule an appointment for a recheck in \_\_\_\_\_\_ days / weeks with Dr. \_\_\_\_\_ ☐ Your regular vet. SPECIAL INSTRUCTIONS:

NOTIFY US IF YOU NOTICE LOSS OF APPETITE, REFUSAL TO DRINK, SEVERE DEPRESSION, LETHARGY, PAIN, VOMITTING, DIARRHEA, SWELLING OR REDNESS OF AN INCISION, OR FEVER. NORMAL BODY TEMPERATURE IN CATS/DOGS TAKEN WITH A RECTAL THERMOMETER IS BETWEEN 100.0 AND 102.5 ..... PLEASE PHONE US FOR PROBLEMS OR QUESTIONS. (707) 263-5380.

# MISCELLANEOUS CASE REPORT

#### LAKE COUNTY ANIMAL CONTROL

4949 Helbush Drive, Lakeport, California 95453 (707) 263-0278

Classification: Lake County Code 4-5.2 (c) 3 Vicious At Large

Case No: 2017-05-0006

Date of Incident: 04/30/2017 Time of Incident: approximately 1800 hours

Day of Week: Sunday

Location of Incident: 2915 Rancho Vista Dr, Lucerne CA. 95458

Reporting Person: Karen Kennedy Home Phone: 707-274-1274

Residence Address: 2948 Bender Dr. Lucerne, CA. 95458

Mailing Address: Same

Drivers License: D3072977

Witness: Sharon Habina Home Phone: 707-513-6014

Residence Address: 2965 Rancho Vista Dr. Lucerne, CA. 95458

Mailing Address: PO Box 515, Lucerne CA. 95458

Drivers License: R0881745

Suspect: Jack Eugine Lodge Home Phone: 707-274-8242

Residence Address: 2915 Rancho Vista Dr. Lucerne, CA. 95458

Mailing Address: PO Box 1803, Nice, CA. 95464

Drivers License: U5093387 D.O.B: 05-22-1969

Hair: Bln Eyes: Blu Height: 5'9" Weight: 300

#### Narrative:

On Monday, May 1, 2017 Animal Control received a call explaining that while Karen Kennedy was walking her small terrier dog "Willy" on leash down Rancho Vista Drive in Lucerne a large dog ran into the street and bit down on Willy's back right leg and proceeded to shake him. The attacking dog let go of Willy after someone pried his jaws open. A neighbor drove Karen and Willy to Wasson Memorial Veterinary Clinic for medical treatment. "Willy" survived the attack but required multiple visits to the veterinarian for medical treatment.

Reporting Officer: Alicia Brisker Badge No: 285

Supervisor Approving: Nehemiah White Badge No: 281



William Davidson
Animal Care & Control Director

4949 Helbush Drive Lakeport, California 95453 Phone: (707) 263-0278 Fax: (707) 263-5067

## REQUEST FOR POST-SEIZURE HEARING

In order to receive a post-seizure hearing the owner or person authorized to keep the animal(s), or his/her agent, shall request the hearing by signing and returning this declaration of ownership or right to keep the animal(s) to the Animal Care & Control Officer providing the notice within ten (10) days, including weekends and holidays, of the date of the notice. The declaration may be returned by personal delivery or mail.

ا ماد	, 1
posted	3/14 Time 1445 County 2017-05-006
Date declaration mailed to Owner/Agent:	Time: 170 case#. 2011
Animal(s) seized for violation of codes: 4-3.	3/17 Time: 1445 case#: 2017-05-0006 2(c)3/Investigation Vicious Abateme
Address animal(s) seized from: 29/5	Rancho Vista Dr.
Lucein	e, CA, 95458
Animal(s) description: Musen 4	Male Neutereel
Black (Dayle Brow	m) pit bull typedus
54Bold.	
· ·	**
Owner/Agent of above described animal(s):	
Owner/riginit of accordance and analysis.	Print Name
	Signature
	020:15 05/1/6/

By signing and returning this declaration, I am declaring that I am the Owner/Agent of the above-described animal(s) and that I am requesting a Post-Seizure Hearing in the matter described above. This hearing is to be conducted within 48 hours of receipt of this request, excluding weekends/holidays.

Cost of caring for and treating any animal properly seized under this section is a lien on the animal. Any animal seized shall not be returned to the owner until the charges are paid, and that failure to request or to attend a scheduled hearing shall result in a conclusive determination that the animal(s) have been properly seized and that the owner shall be liable for the charges.



4949 Helbush Drive Lakeport, California 95453 Phone: (707) 263-0278 Fax: (707) 263-5067 William Davidson
Interim Animal Care & Control
Director

CASE: 2017.05-0006

## NOTICE OF IMPOUNDMENT/REQUEST FOR PAYMENT, SERVICES AND CHARGES

In accordance with California agriculture code, section 31254, you are hereby notified to pay current fees and charges in connection with impounding and keeping your animal. Pursuant to Lake County Ordinance Code, section 4, Animal Control has the authority to charge responsible parties for costs incurred by the Lake County Animal Care Department and their agents. The fee's are as follows:

Dog Redemption Fee Unaltered DogsCats Redemption Fee License Fee Vaccination Fée Quarantine Board Fee Quarantine Fee (waived if animal is currently vaccinated) Cats, Rabbits, Birds, etc Redemption Fee Large Livestock over 100 lbs. Redemption Fee (horses, mules, cows, etc) Small Livestock under 100 lbs. Redemption Fee (sheep, goats, swine, etc) Board Fee (small animals: dogs, cats, rabbits, birds, etc) Board Fee (large animals: all livestock) Round Up or Call Out Fee Contract Hauling Fees Live Animal Surrender Fee Home Pick Up Fee Mileage for Animal Control Vehicles

\$40 1st, \$75 2nd, \$100 3rd per animal \$35 1st, \$50 2nd, \$100 3rd per animal \$20 \$50 \$75 \$10/\$15 \$20 per day/per animal \$50 one time charge \$20 per animal \$80 per animal \$50 per animal \$12 per day, per animal \$25 per day, per animal \$25 per hour/per officer Vary per contractor \$50 dog \$40 cat (per animal) \$30 \$.55 per mile

Be advised that the following charges have been incurred or requested and are due and payable immediately upon receipt. You will forfeit ownership of the animal(s) if your bill has not been paid and they have not be redeemed by: 5/15/17

Date of animal impoundment: 5/3/17

Animal impounded from: 2915 Rancho Vista, Luceine CA

Animal(s) description: "Manson" Male Newtered Black (Dark Brown) pitbull type dog Syrs. Old.

Name: Dog Owner Address 1: 2915 Rancho Visto City: Luceine

Zip Code: 95458

Phone:

Issuing Officer: BRISTON Alicia Badge: 285 Date: 5/5/17

\*Please contact our office immediately for information regarding the animal's return.

Please be advised that this is an attempt to collect a legally incurred debt and all information given will be used for this purpose. If you do not wish to redeem your animal(s), please contact the Lake County Animal Care & Control Department to release the animal for disposal or adoption.

Dog Owner MUST CONTACT Officer Brisker to proceed

# 5/17/17

Sown The property

AT 2915 RAMCHO VISTA LUCERN

A b solutly Donot

WANT The Dog MAME d

MAN SON BACK ON THE

ProperTY At 2915 RANCHO

Vista Lucerne

PS Porany other Dag!

Albert Zuker 16332 Pueblo Trail Clear Lake Oaks 95423

707-998-3475



William Davidson
Animal Care & Control Director

4949 Helbush Drive Lakeport, California 95453 Phone: (707) 263-0278 Fax: (707) 263-5067

Date:

05/18/2016

To:

Jack Lodges/Briana Lodges 2915 Rancho Vista Drive Lucerne, CA 95458

From:

William Davidson

Director, Lake County Animal Care & Control

Subject:

Vicious Abatement Order on your dog "Manson"

Dear Jack and Briana,

As the property owner of 2915 Rancho Vista Drive in Lucerne, Mr. Al Zuker, will not allow "Manson" to return to the property, we have few limited options left.

The dog may only be returned to Jack or Briana, no one else, and the location where the dog will be kept must be verified by the property owner. As per my conversation with Briana yesterday, she lives in an apartment and will not be able to keep the dog. If Jack wishes to try and maintain ownership, he will need to find a new suitable location for the dog before May 24<sup>th</sup>, 2017. This is when the Vicious Abatement Order is over. If you haven't filed an appeal with the Board of Supervisors or found a new acceptable location for the dog by then, you will forfeit ownership of the dog.

Again, you have until 5pm on May 24<sup>th</sup>, 2017 to resolve this issue or you will forfeit ownership of the dog.

Null Tall

Sincerely,

William Davidson

## **Property Detail**

Lake, CA RICHARD FORD, ASSESSOR

Parcel # (APN):

034-373-570-000

Use Description: RESIDENTIAL

Parcel Status:

**ACTIVE** 

Owner Name:

**LOVRIN MARTIN E & PENNY A** 

Mailing Address: 5860 E HIGHWAY 20 #19 LUCERNE CA 95458

Situs Address:

6726 STATE BLVD LUCERNE CA 95458

Legal

Description:

**ASSESSMENT** 

Total Value: \$19,701

Use Code:

6665

Zoning:

Land Value: \$8,566

Tax Rate Area: 061004

2016

Census Tract:

5.01/

Impr Value: \$11,135

Year Assd:

\$678.52

Improve Type:

Other Value:

Property Tax:

Delinquent Yr

Price/SqFt:

% Improved 56% Exempt Amt: \$7,000

HO Exempt?: Y

SALES HISTORY

Sale 1

10/23/1984

Sale 2

Sale 3

Transfer

Recording Date:

10/23/1984

Recorded Doc #:

1984R1244620

1984R1244620

Recorded Doc Type:

Transfer Amount:

\$25,000

Sale 1 Seller (Grantor):

**CAMARA, GEORGE & AUDREY** 

1st Trst Dd Amt:

Code1:

2nd Trst Dd Amt:

Code2:

## PROPERTY CHARACTERISTICS

Lot Acres:

Year Built:

Fireplace:

Lot SqFt:

Effective Yr:

A/C:

Bldg/Liv Area:

Heating:

Units:

Total Rooms:

Pool:

Buildings:

Bedrooms:

Stories:

Baths (Full):

Park Type:

Style:

Baths (Half):

Spaces:

Construct:

Site Inflnce:

Garage SqFt:

Quality:

**Building Class:** 

Timber Preserve:

Condition:

Ag Preserve:

Other Rooms:

<sup>\*\*\*</sup> The information provided here is deemed reliable, but is not guaranteed.

## REQUEST FOR HEARING APPEAL OF AN ADMINISTRATIVE CITATION ORDINANCE 2976

**CLERK OF THE BOARD** 

TO:

	OFFICE OF THE BOARD OF SUPERVISORS  255 N. FORBES ST., COURTHOUSE  LAKEPORT, CA 95453  Date & Time Filed with Clerk of the Board
	[County Use Only]
APPE	LLANT HEREBY PRESENTS THE FOLLOWING INFORMATION:
1. =	Appellant's Name Jack E. Lodop  Date of Birth: 5/22/19/09 Driver's License or ID# V5093387
2.	Appellant's Address: DOBOX 1803 MAILING WICE, Ca. COALOA
3.	Appellant's Telephone No: (707) AB 8928
4.	Date of Incident.
5.	Reason for appeal (attach additional pages if necessary). <u>Manson</u> is not vicious
	towards people or children. Its not right to ranke
	an animal to a kendel without being othe to leave the
	property. Manson smould be able to ap with me
	wherever I go as long as he is muzzled and leasted.
	the mas never mad problems in the passed foot being
	walked in the neighborhood while on a leash. Markon
	is used to being wilked at least once aday.
6.	All notices and communications with regard to this claim should be directed to (only to be completed if different than Claimant's address and phone number at Questions 2 and 3 above):
	Name: 67 96 STATE BLOM AR-14
	Address: 6725 Stole Blo LougeN 95 458
	Daytime Telephone No ·
7.	DATED: 5/80/201 SIGNED. Julk & Jolge
If addit	ional space is needed to provide requested information, please attach sheets identifying paragraph(s) being answered.





