



May 18, 2026

VIA EMAIL ONLY

Shatter, LLC  
Andrew Horton, DRP/Owner  
andrew@andrewhorton.com  
admin@theshatterlounge.com

Thomas J. Bamber, Owner  
Shatter, LLC  
shatterretail@outlook.com

Yelena Katchko, Esq.  
Katchko, Vitiello & Karikomi, PC  
ykatchko@kvklawyers.com

Re: Shatter, LLC - Case No. DCC24-0000196-INV  
Order Adopting Stipulated Settlement and Order as Final Decision

Dear Messrs. Horton and Bamber, and Ms. Katchko:

Pursuant to section 11415.60 of the Government Code, attached please find a copy of the Department of Cannabis Control's Order Adopting Stipulated Settlement and Order as the Final Decision in the above-referenced matter involving Shatter, LLC.

The undersigned notes that the caption page and the signature page each contain an incorrect license number. The correct license number for Shatter, LLC is C10-0000**542**-LIC and not C10-0000524-LIC. The Department adopts this Stipulated Settlement and Order by clarifying that this Stipulated Settlement and Order applies to license number C10-0000542-LIC; a minor change which does not affect the factual or legal bases of the Stipulated Settlement and Order.

The Department's Order and Final Decision will be effective today, May 18, 2026. Pursuant to this Final Decision and its stipulated settlement, Shatter, LLC has waived any right to reconsideration or appeal in this matter and to receive a copy of the Decision and Order via certified, registered, or first-class mail.

Sincerely,

Douglas Smurr  
Assistant General Counsel

Enclosure

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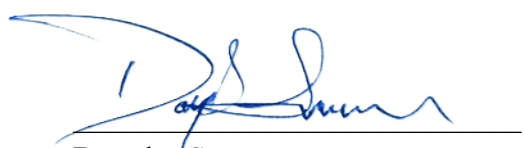
**BEFORE THE  
DEPARTMENT OF CANNABIS CONTROL  
OF THE STATE OF CALIFORNIA**

In the Matter of the Citation Against:	)	CASE NO. DCC24-0000196-INV
	)	
<b>SHATTER, LLC;</b>	)	<b>ORDER ADOPTING STIPULATED</b>
<b>ANDREW HORTON, DRP/OWNER;</b>	)	<b>SETTLEMENT AND ORDER AS</b>
<b>THOMAS J. BAMBER, OWNER</b>	)	<b>FINAL DECISION</b>
	)	
350 W 5th Street, Unit 101	)	
San Bernardino, CA 92401	)	
	)	
Cannabis Retailer License	)	
No. C10-0000542-LIC	)	
	)	
Respondent.	)	

Pursuant to Government Code section 11415.60, the Department of Cannabis Control hereby adopts the attached Stipulated Settlement and Order as its Final Decision in this matter.

This Order and Final Decision shall become effective on May 18, 2026.

IT IS SO ORDERED, May 18, 2026.

  
 \_\_\_\_\_  
 Douglas Smurr  
 Assistant General Counsel  
 FOR THE DEPARTMENT OF CANNABIS CONTROL

1 JOSHUA B. EISENBERG  
Deputy Director of Legal Affairs  
2 LINDSAY HERRICK CRUZ (State Bar No. 224986)  
Attorney IV  
3 DEPARTMENT OF CANNABIS CONTROL  
2920 Kilgore Road, Suite 228  
4 Rancho Cordova, California 95670  
Telephone: (916) 261-8039  
5 Facsimile: (916) 851-3636  
Email: Lindsay.Cruz@cannabis.ca.gov  
6

7 *Attorneys for Complainant*

8  
9 **BEFORE THE DEPARTMENT OF CANNABIS CONTROL**  
10 **OF THE STATE OF CALIFORNIA**  
11

12 In the Matter of the Citation Against:

AGENCY NO.: DCC24-0000196-INV

**STIPULATED SETTLEMENT OF  
CITATION AND ORDER**

14 **SHATTER, LLC,**  
15 **350 W 5 Street, Unit 101**  
16 **San Bernardino, CA 92401**

16 **Retailer License No. ~~C10-0000524-LIC~~**  
17 **C10-0000542-LIC**  
18 Respondent.

19  
20 IT IS HEREBY STIPULATED AND AGREED by and between the parties to the  
21 above-entitled proceedings that the following matters are true:

22 **PARTIES**

23 1. Jose Mendez (Complainant), Branch Chief of the Compliance Division of the  
24 Department of Cannabis Control (Department) brought the above-referenced action solely  
25 in his official capacity but has since left the Department. Evelyn Schaeffer is now the  
26 Deputy Director of the Compliance Division of the Department and now the Complainant  
27 in her official capacity in this matter, and is represented in this matter by Department  
28 counsel, Lindsay Herrick Cruz.



1 reconsideration and court review of an adverse decision; and all other rights accorded by  
2 the California Administrative Procedure Act and other applicable laws.

3 8. Respondent and its current owners of record and members is fully aware of its legal  
4 rights to receive a copy of the Decision and Order via certified, register, or first-class mail.  
5 Respondent agrees to receive a copy of the Decision and Order in this matter via email at  
6 the following email addresses: andrew@andrewhorton.com and shatterretail@outlook.com.

7 9. Respondent and its current owners of record and members voluntarily, knowingly,  
8 and intelligently waives and gives up each and every right set forth above.

9 **CULPABILITY**

10 10. Respondent understands and agrees that the findings in Citation No. DCC24-  
11 0000196-INV, if proven at hearing, constitute cause for imposing an administrative fine  
12 against Respondent.

13 11. For the purpose of resolving the Citation without the expense and uncertainty of  
14 further proceedings, Respondent agrees that, at hearing, Complainant could establish a  
15 factual basis for the findings in the Citation, and although Respondent may present a  
16 defense to those findings, the Respondent and its current owners of record and members  
17 hereby give up the right to contest those findings.

18 12. Respondent agrees that it is subject to fines and agrees to be  
19 bound by the Department's imposition of an administrative fine and terms as set forth in the  
20 Order below.

21 **CONTINGENCY**

22 13. This Stipulated Settlement of Citation and Order shall be subject to approval by the  
23 Department. Respondent understands and agrees that counsel for Complainant and the  
24 staff of the Department may communicate directly with the Department regarding this  
25 stipulation and settlement, without notice to or participation by Respondent or its counsel.  
26 By signing the stipulation, Respondent understands and agrees that it may not withdraw its  
27 agreement or seek to rescind the stipulation prior to the time the Department considers and  
28 acts upon it. If the Department fails to adopt this stipulation as its Decision and Order, the

1 Stipulated Settlement of Citation and Order shall be of no force or effect, except for this  
2 paragraph, it shall be inadmissible in any legal action between the parties, and the  
3 Department shall not be disqualified from further action by having considered this matter.

4 14. The parties understand and agree that Portable Document Format (PDF) and  
5 facsimile copies of this Stipulated Settlement of Citation and Order, including PDF and  
6 facsimile signatures thereto, shall have the same force and effect as the originals.

7 15. This Stipulated Settlement of Citation and Order may be signed in any number of  
8 counterparts, each of which is an original and all of which taken together form one single  
9 document.

10 16. This Stipulated Settlement of Citation and Order is intended by the parties to be an  
11 integrated writing representing the complete, final, and exclusive embodiment of their  
12 agreement. It supersedes any and all prior or contemporaneous agreements,  
13 understandings, discussions, negotiations, and commitments (written or oral). This  
14 Stipulated Settlement of Citation and Order may not be altered, amended, modified,  
15 supplemented, or otherwise changed except by a writing executed by an authorized  
16 representative of each of the parties.

17 17. In consideration of the foregoing admissions and stipulations, the parties agree that  
18 the Department may, without further notice or formal proceeding, issue and enter the  
19 following Order:

20 **ORDER**

21 1. **WITHDRAWAL OF APPEAL.** Respondent's appeal of Citation  
22 No. DCC24-0000196-INV and request for administrative hearing is deemed withdrawn and  
23 any further appeal is waived.

24 2. **PAYMENT OF FINES.** Respondent shall pay to the Department an administrative  
25 fine in the amount of three-thousand five-hundred dollars (\$3,500.00) within 30 days of the  
26 effective date of the Order.

27 3. The above-referenced payment, in the form of cashier's check, money order,  
28 personal or business check, shall be remitted by either of the following methods: (1) the

1 Department of Cannabis Control's cash payment procedures; or (2) mailed:

2 By U.S. Postal Service to:  
3 Department of Cannabis Control  
4 Attn: Cashiers  
5 P.O. Box 419106  
6 Ranch Cordova, CA 95741-9106

7 or

8 By FedEx or UPS to:  
9 Department of Cannabis Control  
10 Attn: Cashiers  
11 2920 Kilgore Road  
12 Rancho Cordova, CA 95670-9106

13 4. Failure to complete the payments or comply with the above terms of this Order shall  
14 result in an automatic forty-five (45) day summary suspension of Respondent's Retailer  
15 License No. ~~C10-0000524-LIC~~, and Respondent waives any right to appeal the summary  
16 C10-0000542-LIC suspension or request a hearing in the matter.

17 **ACCEPTANCE**

18 I have carefully read the above Stipulated Settlement of Citation and Order and have  
19 fully discussed it with my attorney, Yelena Katchko. I understand the stipulation and the  
20 effect it will have on my Retailer License. I enter into this Stipulated Settlement of Citation  
21 and Order voluntarily, knowingly, and intelligently, and agree to be bound by the Decision  
22 and Order of the Department of Cannabis Control.

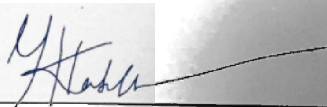
23 SHATTER, LLC  
24 Respondent

25 DATED: 09/02/2025

26 By:   
27 ANDREW HORTON, Owner/Primary Contact  
28 Authorized Representative

I have read and fully discussed with Respondent Shatter, LLC the terms and  
conditions and other matters contained in the above Stipulated Settlement of Citation and  
Order. I approve its form and content.

DATED: 9/4/25

By:   
YELENA KATCHKO, ESQ.  
Katchko, Vitiello, & Karikomi PC  
Attorneys for Respondent

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**ENDORSEMENT**

The foregoing Stipulated Settlement of Citation and Order is hereby respectfully submitted for consideration by the Department of Cannabis Control.

DATED: September 8, 2025 JOSHUA B. EISENBERG  
Deputy Director of Legal Affairs

By:   
LINDSAY HERRICK CRUZ, Attorney IV  
Attorneys for Complainant

**Exhibit A**

**Citation No. DCC24-0000196-INV**



**CITATION, FINE and ORDER OF ABATEMENT**  
**Business and Professions Code, § 26031.5**  
**California Code of Regulations, Title 4, §§ 17802-17804**

**Case Number: DCC24-0000196-INV**

<b>Date Issued</b>	January 30, 2024
<b>Issued To</b>	Thomas James Bamber – Owner
<b>Address of Service</b>	2058 N Mills Ave., Unit #353, Claremont, CA 91711
<b>Date and Method of Service</b>	January 30, 2024 – Via Certified mail - <b>Second Service Date 6/11/24</b>
<b>License Number</b>	C10-0000542-LIC

Business and Professions Code section 26031.5 provides the Department of Cannabis Control (Department) the statutory authority to issue a citation, including fines and orders of abatement, to a licensee or unlicensed person for any act or omission that violates or has violated any provision of the Medicinal and Adult-Use Cannabis Regulation and Safety Act (MAUCRSA) or any regulation adopted pursuant thereto. You are being issued this citation for the following violations of MAUCRSA (Bus. & Prof. Code (BPC), § 26000 et seq.) and the Department's regulations. (Cal. Code Regs. (CCR), tit. 4, § 15000 et seq.)

<b>VIOLATION</b>	<b>VIOLATION DATE(S)</b>	<b>AMOUNT OF FINE PER DAY</b>	<b>TOTAL AMOUNT OF FINE FOR VIOLATION</b>
1. Business and Professions Code section 26039.3; California Code of Regulations, title 4, section 17801.5, subdivision (g)	11/11/2023	\$10,000 per transaction	\$10,000

**Violation 1.**

CCR, title 4, section 17801.5, subdivision (g) prohibits a licensee or product owner from removing from embargo, selling, or disposing of any cannabis or cannabis products under embargo without written permission of the Department or a court. Each item removed, sold, or disposed of without written permission of the Department, or a court constitutes a separate violation of the MAUCRSA.

On November 9, 2023, the Department placed cannabis products under embargo pursuant to BPC section 26039.3. The basis for placing these items under embargo was that the Department found or had probable cause to believe the cannabis or cannabis products were adulterated or the sale of the embargoed items would violate the MAUCRSA.

The Department issued an initial notice of embargo to Shatter LLC (Licensee) on November 9, 2023, by email indicating that "CRU CANNABIS – MAI TAI" Disposable Vape Pens from METRC Batch No. 1A40603000020EC000009978 were under embargo and could not be sold, disposed of, or removed without written permission from the Department or a court. On November 20, 2023, the Department sent to the Licensee a follow up email that informed the Licensee that embargoed cannabis products had been sold or adjusted and reiterated that the cannabis products placed under embargo may not be sold, disposed of, or removed without written permission of the Department or a court.

On January 26, 2024, Department staff conducted a review of Licensee's California Cannabis Track and Trace (CCTT) account, which reflected that Licensee had sold the embargoed product on November 11, 2023. The Department did not authorize or approve Licensee to sell or dispose of the embargoed items, nor to remove the embargoed items from embargo. As a result, the Licensee failed to comply with the Department's November 9, 2023, embargo and violated the requirements of BPC section 26039.3 and CCR, title 4, section 17801.5, subdivision (g).

**ADMINISTRATIVE FINE ASSESSED**

Pursuant to Business and Professions Code section 26031.5, the Department may assess a fine not to exceed five thousand dollars (\$5,000) per violation by a licensee or thirty thousand dollars (\$30,000) per violation by an unlicensed person. Each day of violation shall constitute a separate violation.

The full amount of the fine must be paid within thirty (30) days of the date of service of this citation, unless the citation is contested. To ensure the payment is credited, indicate on your payment the case number provided at the top of this citation. Payment made by check, money order or cashier's

check may be made payable to "DCC" or "California Department of Cannabis Control." Payment shall be made by one of the following methods:

**In person:** at one of our office locations with exact cash, cashier's check, money order, or a personal or business check

- To schedule an in-person payment appointment, email us:  
[payments@cannabis.ca.gov](mailto:payments@cannabis.ca.gov)
- Or call us at: 1-844-61-CA-DCC (1-844-612-2322)

**By mail:** cashier's check, money order, personal or business check

- U.S. Postal Service: PO Box 419106, Rancho Cordova, CA 95741
- FedEx or UPS: 2920 Kilgore Road, Rancho Cordova, CA 95670

Failure to pay the full amount of the administrative fine within thirty (30) days from the date of service of the citation, unless you appeal the citation, is a separate violation and may result in additional action by the Department. Licenses shall not be renewed or granted if fines are not paid, and unpaid fines will be added to license renewal fees.

In the instant matter, an administrative fine(s) in the total amount of \$10,000 is assessed against Shatter, LLC in accordance with Business and Professions Code section 26031.5.

#### ORDER OF ABATEMENT

Pursuant to Business and Professions Code section 26031.5, a citation may include an order of abatement and fix a reasonable time for abatement of the violation. You are ordered to:

1. Immediately cease and desist from violating California Code of Regulations, title 4, section 17801.5, subdivision (g). The Licensee shall comply with the Department's November 9, 2023, embargo by terminating any further sale or disposal of the embargoed items without prior Department approval.

You must abate the violation(s) and provide evidence of abatement to the Department no later than February 14, 2024. Failure to abate the violation(s) within the time allowed, unless the violation is being appealed, shall constitute a separate violation, and may result in denial of an application for licensure or renewal of a license, disciplinary action, or further administrative or civil proceedings. If you are unable to complete the correction within the time provided because of conditions beyond your control after the exercise of reasonable diligence, you may request an extension of time in

which to correct the violation. The request shall be made in writing and submitted to the Department, at [Julian.contreras@cannabis.ca.gov](mailto:Julian.contreras@cannabis.ca.gov) within the time set forth for abatement. The time to abate or correct may be extended for good cause.

### APPEALING THE CITATION

To appeal the citation, you may request an informal conference with the Department, or request a formal hearing to contest the citation before an Administrative Law Judge, or both. Requests must be submitted in writing in accordance with the timeframes specified below or the right to a hearing is waived. If a hearing is not requested, payment of a fine will not constitute an admission of the violation charged.

### INFORMAL CONFERENCE

You may request an informal conference with the Department regarding the acts or omissions found in the citation in accordance with California Code of Regulations, title 4, section 17803, subdivision (b). During an informal conference, you may present evidence supporting an adjustment to the citation and/or fine(s). The Department may affirm, modify, or dismiss the citation, including any fines assessed or orders of abatement issued. The informal conference may also resolve any matters relating to the citation through a settlement agreement.

To request an informal conference, your request must be in writing and submitted to the Department at [Julian.contreras@cannabis.ca.gov](mailto:Julian.contreras@cannabis.ca.gov) within 15 calendar days from service of this citation. The informal conference may be conducted by telephone, through a virtual platform, or in person, at the Department's Headquarters, located at 2920 Kilgore Road, Rancho Cordova, California 95670. The informal conference will be held within 15 calendar days from receipt of the written request by the Department.

Requesting an informal conference does not stay or toll the running of the 30-day period for you to request a formal hearing to contest the citation before an Administrative Law Judge. You should request an informal conference as soon as possible if you would like to allow time to hold the conference prior to the deadline for contesting the citation as the time to contest a citation does not stop if you request an informal conference.

At the conclusion of the informal conference, a written decision stating the reasons for the decision will be mailed to you within 15 calendar days from the date of the informal conference, which shall be deemed a final order. If the citation is dismissed, any request for a formal hearing shall be deemed withdrawn. If the citation is affirmed or modified, you may either withdraw the request for a



formal hearing or proceed with the hearing. If the citation is modified, the original citation shall be considered withdrawn and a new citation issued. A request for a formal hearing on the new citation must be submitted to the Department in writing within 30 calendar days of issuance of the new citation.

### CONTESTING THE CITATION

You have a right to contest the finding of a violation before an Administrative Law Judge by requesting a formal hearing. To request a formal hearing, your request must be in writing and submitted to the Department within 30 calendar days from service of the citation. If a request is not received by the Department within 30 calendar days, the right to a hearing is waived, and the citation becomes a final order of the Department and is not subject to review by any court. The hearing shall be held pursuant to the Administrative Procedure Act (Chapter 5 (commencing with Section 11500) of Part 1 of Division 3 of Title 2 of the Government Code). Written requests for a hearing to contest the finding of a violation must be emailed to [appeals@cannabis.ca.gov](mailto:appeals@cannabis.ca.gov) or submitted in hard copy by mail or delivery to:

U.S. Postal Service	FedEx or UPS
Department of Cannabis Control Legal Affairs Division PO Box 419106 Rancho Cordova, CA 95741	Department of Cannabis Control Legal Affairs Division 2920 Kilgore Road Rancho Cordova, CA 95670

The Department may seek recovery of the reasonable costs of investigation and enforcement pursuant to Business and Professions Code section 26031.1 at the formal hearing on the citation or as part of any stipulated settlement.

If you have any questions regarding this citation or the appeals process, please contact Special Investigator Julian Contreras at [Julian.contreras@cannabis.ca.gov](mailto:Julian.contreras@cannabis.ca.gov).

Date: 1/29/2024

By: \_\_\_\_\_

  
Jose Mendez  
Branch Chief, Compliance Division  
Department of Cannabis Control



# Proof of Service

(Citation Assessing Fines and Order to Abate and Pay Costs, Bus. & Prof. Code (BPC) § 26000 et seq.)

I, the undersigned, declare that at the time of service I was at least 18 years of age and not a party to this action or matter. I am employed by the California Department of Cannabis Control, with headquarters located at 2920 Kilgore Road, Rancho Cordova, California 95670.

On the date listed below, I served the following document(s):

Citation Assessing Fines and Order to Abate and Pay Costs dated 6/11/24 to the person(s) listed below as follows:

Sundoc Filings, Agent on behalf of Shatter, LLC at 7801 Folsom Blvd., Ste. 202, Sacramento, CA 95826  
Certified mail: 7020-2450-0000-6585-0495

The documents were served by the following means:

BY UNITED STATES MAIL: I enclosed the documents in a sealed envelope or package, addressed to the person(s) as listed above and (*specify one*).

DIRECT DEPOSIT: I deposited it with the United States Postal Service, with postage fully prepaid.

CERTIFIED MAIL: I placed it for collection and mailing, return receipt requested, Certified Receipt Number: 7020-2450-0000-6585-0495 following the Department of Cannabis Controls' ordinary business practices.

I am a resident or employed in the county where the mailing occurred. The envelope or package was placed in the mail at 2920 Kilgore Road, Rancho Cordova, California 95670.

I declare under penalty of perjury under the laws of the State of California that the foregoing is true and correct. Executed on 6/11/24 in Rancho Cordova, California.

Norris,  
Katherine@Cannabis

Digitally signed by Norris,  
Katherine@Cannabis  
Date: 2024.06.11 15:04:51 -07'00'

AGPA

Compliance Division



# Proof of Service

(Citation Assessing Fines and Order to Abate and Pay Costs, Bus. & Prof. Code (BPC) § 26000 et seq.)

I, the undersigned, declare that at the time of service I was at least 18 years of age and not a party to this action or matter. I am employed by the California Department of Cannabis Control, with headquarters located at 2920 Kilgore Road, Rancho Cordova, California 95670.

On the date listed below, I served the following document(s):

Citation Assessing Fines and Order to Abate and Pay Costs dated 6/11/24 to the person(s) listed below as follows:

Naly Yang, Authorized Agent on behalf of Shatter, LLC at 7801 Folsom Blvd., Ste. 202, Sacramento, CA 95826  
Certified mail: 7020-2450-0000-6585-0730

The documents were served by the following means:

BY UNITED STATES MAIL: I enclosed the documents in a sealed envelope or package, addressed to the person(s) as listed above and (*specify one*).

DIRECT DEPOSIT: I deposited it with the United States Postal Service, with postage fully prepaid.

CERTIFIED MAIL: I placed it for collection and mailing, return receipt requested, Certified Receipt Number: 7020-2450-0000-6585-0730 following the Department of Cannabis Controls' ordinary business practices.

I am a resident or employed in the county where the mailing occurred. The envelope or package was placed in the mail at 2920 Kilgore Road, Rancho Cordova, California 95670.

I declare under penalty of perjury under the laws of the State of California that the foregoing is true and correct. Executed on 6/11/24 in Rancho Cordova, California.

Norris, Katherine@Cannabis	Digitally signed by Norris, Katherine@Cannabis Date: 2024.06.11 14:52:46 -07'00'
AGPA	
Compliance Division	



# Proof of Service

(Citation Assessing Fines and Order to Abate and Pay Costs, Bus. & Prof. Code (BPC) § 26000 et seq.)

I, the undersigned, declare that at the time of service I was at least 18 years of age and not a party to this action or matter. I am employed by the California Department of Cannabis Control, with headquarters located at 2920 Kilgore Road, Rancho Cordova, California 95670.

On the date listed below, I served the following document(s):

Citation Assessing Fines and Order to Abate and Pay Costs dated 6/11/24 to the person(s) listed below as follows:

Stanley Huser, Authorized Agent on behalf of Shatter, LLC at 7801 Folsom Blvd., Ste. 202, Sacramento, CA 95826  
Certified mail: 7020-2450-0000-6585-0747

The documents were served by the following means:

BY UNITED STATES MAIL: I enclosed the documents in a sealed envelope or package, addressed to the person(s) as listed above and (*specify one*).

DIRECT DEPOSIT: I deposited it with the United States Postal Service, with postage fully prepaid.

CERTIFIED MAIL: I placed it for collection and mailing, return receipt requested, Certified Receipt Number: 7020-2450-0000-6585-0747 following the Department of Cannabis Controls' ordinary business practices.

I am a resident or employed in the county where the mailing occurred. The envelope or package was placed in the mail at 2920 Kilgore Road, Rancho Cordova, California 95670.

I declare under penalty of perjury under the laws of the State of California that the foregoing is true and correct. Executed on 6/11/24 in Rancho Cordova, California.

Norris, Katherine@Cannabis	Digitally signed by Norris, Katherine@Cannabis Date: 2024.06.11 14:56:17 -07'00'
AGPA Compliance Division	



# Proof of Service

(Citation Assessing Fines and Order to Abate and Pay Costs, Bus. & Prof. Code (BPC) § 26000 et seq.)

I, the undersigned, declare that at the time of service I was at least 18 years of age and not a party to this action or matter. I am employed by the California Department of Cannabis Control, with headquarters located at 2920 Kilgore Road, Rancho Cordova, California 95670.

On the date listed below, I served the following document(s):

Citation Assessing Fines and Order to Abate and Pay Costs dated 6/11/24 to the person(s) listed below as follows:

Tressa White, Authorized Agent on behalf of Shatter, LLC at 7801 Folsom Blvd., Ste. 202, Sacramento, CA 95826  
Certified mail: 7020-2450-0000-6585-0525

The documents were served by the following means:

BY UNITED STATES MAIL: I enclosed the documents in a sealed envelope or package, addressed to the person(s) as listed above and (*specify one*).

DIRECT DEPOSIT: I deposited it with the United States Postal Service, with postage fully prepaid.

CERTIFIED MAIL: I placed it for collection and mailing, return receipt requested, Certified Receipt Number: 7020-2450-0000-6585-0525 following the Department of Cannabis Controls' ordinary business practices.

I am a resident or employed in the county where the mailing occurred. The envelope or package was placed in the mail at 2920 Kilgore Road, Rancho Cordova, California 95670.

I declare under penalty of perjury under the laws of the State of California that the foregoing is true and correct. Executed on 6/11/24 in Rancho Cordova, California.


Norris,  
Katherine@Cannabis

Digitally signed by Norris,  
Katherine@Cannabis  
Date: 2024.06.11 15:17:54 -07'00'


AGPA


Compliance Division



SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<ul style="list-style-type: none"> <li>Complete items 1, 2, and 3.</li> <li>Print your name and address on the reverse so that we can return the card to you.</li> <li>Attach this card to the back of the mailpiece, or on the front if space permits.</li> </ul>	<p>A. Signature  <input checked="" type="checkbox"/> Agent  <input type="checkbox"/> Addressee  <i>Tressa White</i></p> <p>B. Received by (Printed Name)  <i>Tressa White</i></p> <p>C. Date of Delivery  <i>6/14/24</i></p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes          If YES, enter delivery address below: <input type="checkbox"/> No</p>
<p>1. Article Addressed to:</p> <p>Sundoc Filings, Agent          On behalf of Shatter, LLC          7801 Folsom Blvd., Ste. 202          Sacramento, CA 95826</p>	<p>3. Service Type  <input checked="" type="checkbox"/> Adult Signature  <input type="checkbox"/> Adult Signature Restricted Delivery  <input checked="" type="checkbox"/> Certified Mail®  <input type="checkbox"/> Certified Mail Restricted Delivery  <input type="checkbox"/> Collect on Delivery  <input type="checkbox"/> Collect on Delivery Restricted Delivery  <input type="checkbox"/> Insured Mail  <input type="checkbox"/> Insured Mail Restricted Delivery (over \$500)</p> <p><input type="checkbox"/> Priority Mail Express®  <input type="checkbox"/> Registered Mail™  <input type="checkbox"/> Registered Mail Restricted Delivery  <input type="checkbox"/> Signature Confirmation™  <input type="checkbox"/> Signature Confirmation Restricted Delivery</p>
 9590 9402 7578 2098 0291 40	
<p>2. Article Number (Transfer from service label)  <b>7020 2450 0000 6585 0495</b></p>	
PS Form 3811, July 2020 PSN 7530-02-000-9053	Domestic Return Receipt

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<ul style="list-style-type: none"> <li>Complete items 1, 2, and 3.</li> <li>Print your name and address on the reverse so that we can return the card to you.</li> <li>Attach this card to the back of the mailpiece, or on the front if space permits.</li> </ul>	<p>A. Signature  <input checked="" type="checkbox"/> Agent  <input type="checkbox"/> Addressee  <i>Tressa White</i></p> <p>B. Received by (Printed Name)  <i>Tressa White</i></p> <p>C. Date of Delivery  <i>6/14/24</i></p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes          If YES, enter delivery address below: <input type="checkbox"/> No</p>
<p>1. Article Addressed to:</p> <p>Naly Yang          On behalf of Shatter, LLC          7801 Folsom Blvd., Ste. 202          Sacramento, CA 95826</p>	<p>3. Service Type  <input checked="" type="checkbox"/> Adult Signature  <input type="checkbox"/> Adult Signature Restricted Delivery  <input checked="" type="checkbox"/> Certified Mail®  <input type="checkbox"/> Certified Mail Restricted Delivery  <input type="checkbox"/> Collect on Delivery  <input type="checkbox"/> Collect on Delivery Restricted Delivery  <input type="checkbox"/> Insured Mail  <input type="checkbox"/> Insured Mail Restricted Delivery (over \$500)</p> <p><input type="checkbox"/> Priority Mail Express®  <input type="checkbox"/> Registered Mail™  <input type="checkbox"/> Registered Mail Restricted Delivery  <input type="checkbox"/> Signature Confirmation™  <input type="checkbox"/> Signature Confirmation Restricted Delivery</p>
 9590 9402 7578 2098 0291 88	
<p>2. Article Number (Transfer from service label)  <b>7020 2450 0000 6585 0730</b></p>	
PS Form 3811, July 2020 PSN 7530-02-000-9053	Domestic Return Receipt

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<ul style="list-style-type: none"> <li>Complete items 1, 2, and 3.</li> <li>Print your name and address on the reverse so that we can return the card to you.</li> <li>Attach this card to the back of the mailpiece, or on the front if space permits.</li> </ul>	<p>A. Signature  <input checked="" type="checkbox"/> Agent  <input type="checkbox"/> Addressee  <i>Tressa White</i></p> <p>B. Received by (Printed Name)  <i>Tressa White</i></p> <p>C. Date of Delivery  <i>6/14/24</i></p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes          If YES, enter delivery address below: <input type="checkbox"/> No</p>
<p>1. Article Addressed to:</p> <p>Stanley Huser          On behalf of Shatter, LLC          7801 Folsom Blvd., Ste. 202          Sacramento, CA 95826</p>	<p>3. Service Type  <input checked="" type="checkbox"/> Adult Signature  <input type="checkbox"/> Adult Signature Restricted Delivery  <input checked="" type="checkbox"/> Certified Mail®  <input type="checkbox"/> Certified Mail Restricted Delivery  <input type="checkbox"/> Collect on Delivery  <input type="checkbox"/> Collect on Delivery Restricted Delivery  <input type="checkbox"/> Insured Mail  <input type="checkbox"/> Insured Mail Restricted Delivery (over \$500)</p> <p><input type="checkbox"/> Priority Mail Express®  <input type="checkbox"/> Registered Mail™  <input type="checkbox"/> Registered Mail Restricted Delivery  <input type="checkbox"/> Signature Confirmation™  <input type="checkbox"/> Signature Confirmation Restricted Delivery</p>
 9590 9402 7578 2098 0291 71	
<p>2. Article Number (Transfer from service label)  <b>7020 2450 0000 6585 0747</b></p>	
PS Form 3811, July 2020 PSN 7530-02-000-9053	Domestic Return Receipt

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<ul style="list-style-type: none"> <li>Complete items 1, 2, and 3.</li> <li>Print your name and address on the reverse so that we can return the card to you.</li> <li>Attach this card to the back of the mailpiece, or on the front if space permits.</li> </ul>	<p>A. Signature  <input checked="" type="checkbox"/> Agent  <input type="checkbox"/> Addressee  <i>Tressa White</i></p> <p>B. Received by (Printed Name)  <i>Tressa White</i></p> <p>C. Date of Delivery  <i>6/14/24</i></p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes          If YES, enter delivery address below: <input type="checkbox"/> No</p>
<p>1. Article Addressed to:</p> <p>Tressa White          On behalf of Shatter, LLC          7801 Folsom Blvd., Ste. 202          Sacramento, CA 95826</p>	<p>3. Service Type  <input checked="" type="checkbox"/> Adult Signature  <input type="checkbox"/> Adult Signature Restricted Delivery  <input checked="" type="checkbox"/> Certified Mail®  <input type="checkbox"/> Certified Mail Restricted Delivery  <input type="checkbox"/> Collect on Delivery  <input type="checkbox"/> Collect on Delivery Restricted Delivery  <input type="checkbox"/> Insured Mail  <input type="checkbox"/> Insured Mail Restricted Delivery (over \$500)</p> <p><input type="checkbox"/> Priority Mail Express®  <input type="checkbox"/> Registered Mail™  <input type="checkbox"/> Registered Mail Restricted Delivery  <input type="checkbox"/> Signature Confirmation™  <input type="checkbox"/> Signature Confirmation Restricted Delivery</p>
 9590 9402 7578 2098 0290 34	
<p>2. Article Number (Transfer from service label)  <b>7020 2450 0000 6585 0525</b></p>	
PS Form 3811, July 2020 PSN 7530-02-000-9053	Domestic Return Receipt

# Proof of Service

(Citation Assessing Fines and Order to Abate and Pay Costs, Bus. & Prof. Code (BPC) § 26000 et seq.)

I, the undersigned, declare that at the time of service I was at least 18 years of age and not a party to this action or matter. I am employed by the California Department of Cannabis Control, with headquarters located at 2920 Kilgore Road, Rancho Cordova, California 95670.

On the date listed below, I served the following document(s):

Citation Assessing Fines and Order to Abate and Pay Costs dated 6/11/24 to the person(s) listed below as follows:

Tiffiney Lomax, Authorized Agent on behalf of Shatter, LLC at 7801 Folsom Blvd., Ste. 202, Sacramento, CA 95826  
Certified mail: 7020-2450-0000-6585-0518

The documents were served by the following means:

BY UNITED STATES MAIL: I enclosed the documents in a sealed envelope or package, addressed to the person(s) as listed above and (*specify one*).

DIRECT DEPOSIT: I deposited it with the United States Postal Service, with postage fully prepaid.

CERTIFIED MAIL: I placed it for collection and mailing, return receipt requested, Certified Receipt Number: 7020-2450-0000-6585-0518 following the Department of Cannabis Controls' ordinary business practices.

I am a resident or employed in the county where the mailing occurred. The envelope or package was placed in the mail at 2920 Kilgore Road, Rancho Cordova, California 95670.

I declare under penalty of perjury under the laws of the State of California that the foregoing is true and correct. Executed on 6/11/24 in Rancho Cordova, California.

Norris,  
Katherine@Cannabis

Digitally signed by Norris,  
Katherine@Cannabis  
Date: 2024.06.11 15:13:36 -07'00'

AGPA

Compliance Division



Department of  
Cannabis Control  
CALIFORNIA

Proof of Service  
Form DCC-3101 | Revision Date: 09.13.2023

# Proof of Service

(Citation Assessing Fines and Order to Abate and Pay Costs, Bus. & Prof. Code (BPC) § 26000 et seq.)

I, the undersigned, declare that at the time of service I was at least 18 years of age and not a party to this action or matter. I am employed by the California Department of Cannabis Control, with headquarters located at 2920 Kilgore Road, Rancho Cordova, California 95670.

On the date listed below, I served the following document(s):

Citation Assessing Fines and Order to Abate and Pay Costs dated 6/11/24 to the person(s) listed below as follows:

Jennifer Lee, Authorized Agent on behalf of Shatter, LLC at 7801 Folsom Blvd.,  
Ste 202, Sacramento, CA 95826  
Certified mail: 7020-2450-0000-6585-0723

The documents were served by the following means:

BY UNITED STATES MAIL: I enclosed the documents in a sealed envelope or package, addressed to the person(s) as listed above and (*specify one*).

DIRECT DEPOSIT: I deposited it with the United States Postal Service, with postage fully prepaid.

CERTIFIED MAIL: I placed it for collection and mailing, return receipt requested, Certified Receipt Number: 7020-2450-0000-6585-0723 following the Department of Cannabis Controls' ordinary business practices.

I am a resident or employed in the county where the mailing occurred. The envelope or package was placed in the mail at 2920 Kilgore Road, Rancho Cordova, California 95670.

I declare under penalty of perjury under the laws of the State of California that the foregoing is true and correct. Executed on 6/11/24 in Rancho Cordova, California.

Norris,  
Katherine@Cannabis

Digitally signed by Norris,  
Katherine@Cannabis  
Date: 2024.06.11 14:51:08 -07'00'

AGPA

Compliance Division



# Proof of Service

(Citation Assessing Fines and Order to Abate and Pay Costs, Bus. & Prof. Code (BPC) § 26000 et seq.)

I, the undersigned, declare that at the time of service I was at least 18 years of age and not a party to this action or matter. I am employed by the California Department of Cannabis Control, with headquarters located at 2920 Kilgore Road, Rancho Cordova, California 95670.

On the date listed below, I served the following document(s):

Citation Assessing Fines and Order to Abate and Pay Costs dated 6/11/24 to the person(s) listed below as follows:

Sapphire Marquez, Authorized Agent on behalf of Shatter, LLC at 7801 Folsom Blvd., Ste. 202, Sacramento, CA 95826  
Certified mail: 7020-2450-0000-6585-0754

The documents were served by the following means:

BY UNITED STATES MAIL: I enclosed the documents in a sealed envelope or package, addressed to the person(s) as listed above and (*specify one*).

DIRECT DEPOSIT: I deposited it with the United States Postal Service, with postage fully prepaid.

CERTIFIED MAIL: I placed it for collection and mailing, return receipt requested, Certified Receipt Number: 7020-2450-0000-6585-0754 following the Department of Cannabis Controls' ordinary business practices.

I am a resident or employed in the county where the mailing occurred. The envelope or package was placed in the mail at 2920 Kilgore Road, Rancho Cordova, California 95670.

I declare under penalty of perjury under the laws of the State of California that the foregoing is true and correct. Executed on 6/11/24 in Rancho Cordova, California.

Norris,  
Katherine@Cannabis

Digitally signed by Norris,  
Katherine@Cannabis  
Date: 2024.06.11 14:59:41 -07'00'

AGPA

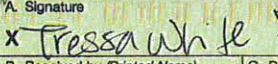

Compliance Division



Department of  
Cannabis Control  
CALIFORNIA

Proof of Service  
Form DCC-3101 | Revision Date: 09.13.2023

SENDER: COMPLETE THIS SECTION		COMPLETE THIS SECTION ON DELIVERY		SENDER: COMPLETE THIS SECTION		COMPLETE THIS SECTION ON DELIVERY	
<ul style="list-style-type: none"> <li>Complete items 1, 2, and 3.</li> <li>Print your name and address on the reverse so that we can return the card to you.</li> <li>Attach this card to the back of the mailpiece, or on the front if space permits.</li> </ul>		<p>A. Signature   <input checked="" type="checkbox"/> Agent  <input type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name)  Tressa White</p> <p>C. Date of Delivery  6/14/24</p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes  If YES, enter delivery address below: <input type="checkbox"/> No</p>		<ul style="list-style-type: none"> <li>Complete items 1, 2, and 3.</li> <li>Print your name and address on the reverse so that we can return the card to you.</li> <li>Attach this card to the back of the mailpiece, or on the front if space permits.</li> </ul>		<p>A. Signature  X  <input checked="" type="checkbox"/> Agent  <input type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name)  Tressa White</p> <p>C. Date of Delivery  6/14/24</p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes  If YES, enter delivery address below: <input type="checkbox"/> No</p>	
1. Article Addressed to:  Tiffiney Lomax On behalf of Shatter, LLC 7801 Folsom Blvd., Ste. 202 Sacramento, CA 95826				1. Article Addressed to:  Jennifer Lee On behalf of Shatter, LLC 7801 Folsom Blvd., Ste 202 Sacramento, CA 95826			
 9590 9402 7578 2098 0291 26		3. Service Type <input checked="" type="checkbox"/> Adult Signature <input type="checkbox"/> Adult Signature Restricted Delivery <input checked="" type="checkbox"/> Certified Mail® <input type="checkbox"/> Certified Mail Restricted Delivery <input type="checkbox"/> Collect on Delivery <input type="checkbox"/> Collect on Delivery Restricted Delivery <input type="checkbox"/> Insured Mail <input type="checkbox"/> Insured Mail Restricted Delivery (over \$500)		<input type="checkbox"/> Priority Mail Express® <input type="checkbox"/> Registered Mail™ <input type="checkbox"/> Registered Mail Restricted Delivery <input type="checkbox"/> Signature Confirmation™ <input type="checkbox"/> Signature Confirmation Restricted Delivery		 9590 9402 7578 2098 0291 95	
2. Article Number (Transfer from service label) 7020 2450 0000 6585 0518				2. Article Number (Transfer from service label) 7020 2450 0000 6585 0723			
PS Form 3811, July 2020 PSN 7530-02-000-9053		Domestic Return Receipt		PS Form 3811, July 2020 PSN 7530-02-000-9053		Domestic Return Receipt	

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<ul style="list-style-type: none"> <li>Complete items 1, 2, and 3.</li> <li>Print your name and address on the reverse so that we can return the card to you.</li> <li>Attach this card to the back of the mailpiece, or on the front if space permits.</li> </ul>		<p>A. Signature  X  <input checked="" type="checkbox"/> Agent  <input type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name)  Tressa White</p> <p>C. Date of Delivery  6/14/24</p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes  If YES, enter delivery address below: <input type="checkbox"/> No</p>			
1. Article Addressed to:  Sapphire Marquez On behalf of Shatter, LLC 7801 Folsom Blvd., Ste. 202 Sacramento, CA 95826					
 9590 9402 7578 2098 0291 64		3. Service Type <input checked="" type="checkbox"/> Adult Signature <input type="checkbox"/> Adult Signature Restricted Delivery <input checked="" type="checkbox"/> Certified Mail® <input type="checkbox"/> Certified Mail Restricted Delivery <input type="checkbox"/> Collect on Delivery <input type="checkbox"/> Collect on Delivery Restricted Delivery <input type="checkbox"/> Insured Mail <input type="checkbox"/> Insured Mail Restricted Delivery (over \$500)		<input type="checkbox"/> Priority Mail Express® <input type="checkbox"/> Registered Mail™ <input type="checkbox"/> Registered Mail Restricted Delivery <input type="checkbox"/> Signature Confirmation™ <input type="checkbox"/> Signature Confirmation Restricted Delivery	
2. Article Number (Transfer from service label) 7020 2450 0000 6585 0754					
PS Form 3811, July 2020 PSN 7530-02-000-9053		Domestic Return Receipt			

# Proof of Service

(Citation Assessing Fines and Order to Abate and Pay Costs, Bus. & Prof. Code (BPC) § 26000 et seq.)

I, the undersigned, declare that at the time of service I was at least 18 years of age and not a party to this action or matter. I am employed by the California Department of Cannabis Control, with headquarters located at 2920 Kilgore Road, Rancho Cordova, California 95670.

On the date listed below, I served the following document(s):

Citation Assessing Fines and Order to Abate and Pay Costs dated 6/11/24 to the person(s) listed below as follows:

Andrew Horton, Member on behalf of Crossword San Bernardino, LLC at 2245 Whisper Wind Lane, Encinitas, CA 92024  
Certified mail: 7020-2450-0000-6585-0709

The documents were served by the following means:

BY UNITED STATES MAIL: I enclosed the documents in a sealed envelope or package, addressed to the person(s) as listed above and (*specify one*).

DIRECT DEPOSIT: I deposited it with the United States Postal Service, with postage fully prepaid.

CERTIFIED MAIL: I placed it for collection and mailing, return receipt requested, Certified Receipt Number: 7020-2450-0000-6585-0709 following the Department of Cannabis Controls' ordinary business practices.

I am a resident or employed in the county where the mailing occurred. The envelope or package was placed in the mail at 2920 Kilgore Road, Rancho Cordova, California 95670.

I declare under penalty of perjury under the laws of the State of California that the foregoing is true and correct. Executed on 6/11/24 in Rancho Cordova, California.


Norris,  
Katherine@Cannabis

Digitally signed by Norris,  
Katherine@Cannabis  
Date: 2024.06.11 14:43:02 -07'00'

AGPA

Compliance Division



SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY																	
<ul style="list-style-type: none"> <li>■ Complete items 1, 2, and 3.</li> <li>■ Print your name and address on the reverse so that we can return the card to you.</li> <li>■ Attach this card to the back of the mailpiece, or on the front if space permits.</li> </ul>	A. Signature <input checked="" type="checkbox"/> <i>SWL</i> <div style="float: right;"> <input type="checkbox"/> Agent  <input type="checkbox"/> Addressee         </div>																	
1. Article Addressed to:  Andrew Horton On behalf of Crossword San Bernardino, LLC 2245 Whisper Wind Lane Encinitas, CA 92024	B. Received by (Printed Name) <i>DL</i>	C. Date of Delivery <i>7/8/20</i>																
 9590 9402 7578 2098 0292 18	D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No																	
2. Article Number (Transfer from service label) <b>7020 2450 0000 6585 0709</b>	3. Service Type <table border="0" style="width: 100%;"> <tr> <td><input checked="" type="checkbox"/> Adult Signature</td> <td><input type="checkbox"/> Priority Mail Express®</td> </tr> <tr> <td><input type="checkbox"/> Adult Signature Restricted Delivery</td> <td><input type="checkbox"/> Registered Mail™</td> </tr> <tr> <td><input checked="" type="checkbox"/> Certified Mail®</td> <td><input type="checkbox"/> Registered Mail Restricted Delivery</td> </tr> <tr> <td><input type="checkbox"/> Certified Mail Restricted Delivery</td> <td><input type="checkbox"/> Signature Confirmation™</td> </tr> <tr> <td><input type="checkbox"/> Collect on Delivery</td> <td><input type="checkbox"/> Signature Confirmation Restricted Delivery</td> </tr> <tr> <td><input type="checkbox"/> Collect on Delivery Restricted Delivery</td> <td></td> </tr> <tr> <td><input type="checkbox"/> Insured Mail</td> <td></td> </tr> <tr> <td><input type="checkbox"/> Insured Mail Restricted Delivery (over \$500)</td> <td></td> </tr> </table>		<input checked="" type="checkbox"/> Adult Signature	<input type="checkbox"/> Priority Mail Express®	<input type="checkbox"/> Adult Signature Restricted Delivery	<input type="checkbox"/> Registered Mail™	<input checked="" type="checkbox"/> Certified Mail®	<input type="checkbox"/> Registered Mail Restricted Delivery	<input type="checkbox"/> Certified Mail Restricted Delivery	<input type="checkbox"/> Signature Confirmation™	<input type="checkbox"/> Collect on Delivery	<input type="checkbox"/> Signature Confirmation Restricted Delivery	<input type="checkbox"/> Collect on Delivery Restricted Delivery		<input type="checkbox"/> Insured Mail		<input type="checkbox"/> Insured Mail Restricted Delivery (over \$500)	
<input checked="" type="checkbox"/> Adult Signature	<input type="checkbox"/> Priority Mail Express®																	
<input type="checkbox"/> Adult Signature Restricted Delivery	<input type="checkbox"/> Registered Mail™																	
<input checked="" type="checkbox"/> Certified Mail®	<input type="checkbox"/> Registered Mail Restricted Delivery																	
<input type="checkbox"/> Certified Mail Restricted Delivery	<input type="checkbox"/> Signature Confirmation™																	
<input type="checkbox"/> Collect on Delivery	<input type="checkbox"/> Signature Confirmation Restricted Delivery																	
<input type="checkbox"/> Collect on Delivery Restricted Delivery																		
<input type="checkbox"/> Insured Mail																		
<input type="checkbox"/> Insured Mail Restricted Delivery (over \$500)																		
PS Form 3811, July 2020 PSN 7530-02-000-9053		Domestic Return Receipt																

USPS TRACKING #

SAN DIEGO CA 920

9 JUL 2024 PM 2 L



First-Class Mail  
Postage & Fees Paid  
USPS  
Permit No. G-10

9590 9402 7578 2098 0292 18

United States  
Postal Service

• Sender: Please print your name, address, and ZIP+4® in this box\*

Department of Cannabis Control  
Compliance Division  
2920 Kilgore Road  
Rancho Cordova, CA 95670

POST OFFICE  
SAN DIEGO CA 92101  
JUL 15 2024



## PROOF OF SERVICE

Case Name: In the Matter of the Citation Against: Shatter, LLC  
DCC Case No. DCC24-0000196-INV  
License No. C10-0000542-LIC, Retailer

I am a resident of the State of California, over the age of eighteen years, and not a party to the within action. My business address is Department of Cannabis Control, 2920 Kilgore Road, Rancho Cordova, CA 95670. On May 18, 2026, I served the within documents:

### ORDER ADOPTING STIPULATED SETTLEMENT AND ORDER AS FINAL DECISION

- VIA ELECTRONIC TRANSMISSION. Pursuant to CCP § 1010.6, I caused the document(s) to be sent to the person(s) at the Email address(es) listed below. I did not receive, within a reasonable time after the transmission, any electronic message or other indication that the transmission was unsuccessful.
- VIA CERTIFIED MAIL by placing the envelope for collection and mailing following our ordinary business practices for collecting and transmitting mail through the United States Postal Service to the individual(s) or entity(ies) listed below.
- Service via certified mail to be completed upon the following business day.

Shatter, LLC  
Andrew Horton, DRP/Owner  
andrew@andrewhorton.com  
admin@theshatterlounge.com

Evelyn Schaeffer  
Deputy Director  
Compliance Division  
Department of Cannabis Control  
Evelyn.Schaeffer@cannabis.ca.gov

Thomas J. Bamber, Owner  
Shatter, LLC  
shatterretail@outlook.com

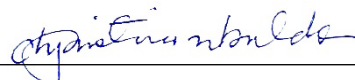
Lindsay Herrick Cruz  
Attorney IV  
Legal Affairs Division  
Department of Cannabis Control  
Lindsay.Cruz@cannabis.ca.gov

Yelena Katchko, Esq.  
Katchko, Vitiello & Karikomi, PC  
ykatchko@kvklawyers.com

I am familiar with the Department's business practices for collecting and transmitting mail through the United States Postal Service. In accordance with those practices, correspondence placed in the Department's internal mail collection system is, in the ordinary course of business, deposited in the United States Postal Service, with postage paid, on the same day.

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

Executed on May 18, 2026, at Rancho Cordova, California.



Christina C. Ubaldo