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JODI JERICH
Executive DirectorPATRICIA L. BARFIELD
Director
Corporations DivisionCOMMISSIONERS
BOB STUMP - Chairman
GARY PIERCE
BRENDA BURNS
BOB BURNS
SUSAN BITTER SMITH

ARIZONA CORPORATION COMMISSION

Date August 26, 2014

GROWERS MARKET, INC
1150 W. BASELINE RD
PHOENIX, AZ 85041

Dear Sir or Madam:

Enclosed is a copy of the following document(s) that were served upon the Arizona Corporation Commission on 08/20/2014 as agent for GROWERS MARKET, INC:

Case caption: COPPERPOINT MUTUAL INSURANCE COMPANY v. GROWERS MARKET, INC,
Case number: CV2014-009449 Court: MARICOPA COUNTY, SUPERIOR COURT

- ☒ Summons
- ☒ Complaint
- ☐ Subpoena
- ☐ Subpoena Duces Tecum
- ☐ Default Judgment
- ☐ Judgment
- ☐ Writ of Garnishment
- ☐ Motion For Summary Judgment
- ☐ Motion for
- ☒ Other CERTIFICATE OF COMPULSORY ARBITRATION

Sincerely,

Lynda B. Griffin
Custodian of RecordsInitials LBG
File number -0755496-2

COMMISSIONERS
BOB STUMP - Chairman
GARY PIERCE
BRENDA BURNS
BOB BURNS
SUSAN BITTERSMTIH



ARIZONA CORPORATION COMMISSION

JODI JERICH
Executive Director

PATRICIA L. BARFIELD
Director, Corporations Division

CERTIFICATE OF MAILING

Date: **AUGUST 26, 2014**

I, **LYNDA GRIFFIN** am an employee of the Arizona Corporation Commission ("ACC"). I hereby certify that on the **20TH** day of **AUGUST, 2014**, I received on behalf of the ACC service of the following documents upon the ACC as agent for **GROWERS MARKET, INC.**

Case caption: **COPPERPOINT MUTUAL INSURANCE COMPANY** v. **GROWERS MARKET, INC.**

Case number: **CV2014-009449**

Court: **MARICOPA COUNTY, SUPERIOR COURT**

- | | |
|--|--|
| <input checked="" type="checkbox"/> Summons | <input type="checkbox"/> Default Judgment |
| <input checked="" type="checkbox"/> Complaint | <input type="checkbox"/> Judgment |
| <input type="checkbox"/> Subpoena | <input type="checkbox"/> Writ of Garnishment |
| <input type="checkbox"/> Subpoena Duces Tecum | |
| <input type="checkbox"/> Motion For Summary Judgment | |
| <input type="checkbox"/> Motion for | |
| <input checked="" type="checkbox"/> Other CERTIFICATE OF COMPULSORY ARBITRATION | |

I hereby certify that on the **26TH** day of **AUGUST, 2014**, I placed a copy of the above listed documents in the United States Mail, postage prepaid, addressed to

GROWERS MARKET, INC

at its last known place of business as follows:

**1150 W. BASELINE RD
PHOENIX, AZ
85041**

OR

I hereby certify that I was unable to mail the above listed documents to

because that entity is not a registered corporation or limited liability company in the State of Arizona, and the Arizona Corporation Commission has no record of its known place of business.

I declare and certify under penalty of perjury that the foregoing is true and correct.

Executed on this date: **August 26, 2014**

(signature) _____

1 Stanley M. Hammerman, Esq., (#004048)
Jon R. Hultgren, Esq., (#010014)
2 HAMMERMAN & HULTGREN, P.C.
3 3101 North Central Avenue, Suite 500
Phoenix, Arizona 85012
Telephone: (602) 264-2566
4 Facsimile: (602) 266-3488
minute_entry@hammerman-hultgren.com
5

6 Attorneys for Plaintiff

7 IN THE SUPERIOR COURT OF THE STATE OF ARIZONA
8 IN AND FOR THE COUNTY OF MARICOPA
9

10 COPPERPOINT MUTUAL INSURANCE
11 COMPANY, an Arizona corporation,

NO.

CV2014-009449

12 Plaintiff,

S U M M O N S

13 vs.

14 GROWERS MARKET, INC., an Arizona
15 corporation,

16 Defendant.

If you would like legal advice from a lawyer,
contact the Lawyer Referral Service at
602-257-4434

or

www.maricopalawyers.org

Sponsored by the
Maricopa County Bar Association

17
18 THE STATE OF ARIZONA TO THE DEFENDANT:

19 Growers Market, Inc.
c/o Neal A. Brooks, Statutory Agent
20 4844 E. Tomahawk Trail
Paradise Valley, AZ 85253
21

22 YOU ARE HEREBY SUMMONED and required to appear and defend, within the
times applicable in this action in this Court. If served within
23 Arizona, you shall appear and defend within 20 days after the service of
the Summons and Complaint upon you, exclusive of the day of service. If
24 served out of the State of Arizona - whether by direct service, by
registered mail or certified mail, or by publication - you shall appear
25 and defend within 30 days after the service of the Summons and Complaint
upon you is complete, exclusive of the day of service. Service by
26 registered or certified mail within the State of Arizona is complete 30
days after the date of filing the receipt and affidavit of service with
27 the Court. Service by publication is complete 30 days after the date of
first publication. Direct service is complete when made. A.R.C.P. 4.
28

1 YOU ARE HEREBY NOTIFIED that in case of your failure to appear and
2 defend within the time applicable, judgment by default may be rendered
against you for the relief demanded in the Complaint.

3 YOU ARE HEREBY NOTIFIED that requests for reasonable accommodation for
4 persons with disabilities must be made to the division assigned to the
case by parties at least 3 judicial days in advance of a scheduled court
5 proceeding.

6 YOU ARE CAUTIONED that in order to appear and defend, you must file an
Answer or proper response in writing with the Clerk of this Court,
7 accompanied by the necessary filing fee, within the time required, AND
YOU ARE REQUIRED TO SERVE A COPY OF ANY ANSWER OR RESPONSE UPON THE
8 PLAINTIFF'S ATTORNEY. A.R.C.P. 10(d); A.R.S. §12-311; A.R.C.P. 5.

9 SIGNED AND SEALED this date: _____

COPY

10
11
12 CLERK OF THE COURT



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JUN 18 2014
MICHAEL K. JEANES, CLERK
C. CARABAJAL
DEPUTY CLERK

COPY

JUL 16 2014



MICHAEL K. JEANES, CLERK
C. CARABAJAL
DEPUTY CLERK

Stanley M. Hammerman, Esq., (#004048)
Jon R. Hultgren, Esq., (#010014)
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Attorneys for Plaintiff

IN THE SUPERIOR COURT OF THE STATE OF ARIZONA

IN AND FOR THE COUNTY OF MARICOPA

COPPERPOINT MUTUAL INSURANCE
COMPANY, an Arizona corporation,

NO.

CV2014-009449

Plaintiff,

vs.

COMPLAINT
(Contract)

GROWERS MARKET, INC., an Arizona
corporation,

Defendant.

Plaintiff alleges as follows:

I.

Plaintiff is an Arizona corporation.

II.

Defendant is an Arizona corporation.

III.

Defendant executed an application with Plaintiff for Arizona
workers' compensation and employers' liability insurance. See Exhibit 1.

IV.

Defendant failed to pay appropriate charges when due. The last
payment was received on November 10, 2011.

1 V.

2 There is still due and owing from Defendant to Plaintiff the
3 principal sum of not less than Ten Thousand Seven Hundred Eight and
4 xx/100 Dollars (\$10,708.00), plus accruing interest at the legal rate of
5 10% per annum from and after November 10, 2011. See Exhibit 2.

6 VI.

7 Plaintiff made demand upon Defendant for such sums due and owing.
8 Defendant, however, failed and refused to pay.

9 VII.

10 Pursuant to contract and/or A.R.S. § 12-341.01, Plaintiff is
11 entitled to recover reasonable attorneys' fees arising from this
12 litigation, as well as costs incurred herein.

13 WHEREFORE, Plaintiff demands judgment against Defendant as follows:

14 1. For the principal sum of not less than Ten Thousand Seven
15 Hundred Eight and xx/100 Dollars (\$10,708.00), plus accruing interest at
16 the legal rate of 10% per annum from and after November 10, 2011;

17 2. For reasonable attorneys' fees in the amount of not less than
18 Three Thousand Five Hundred and xx/100 Dollars (\$3,500.00), if this
19 matter is contested;

20 3. For reasonable attorneys' fees in the amount of not less than
21 Three Thousand Five Hundred and xx/100 Dollars (\$3,500.00), if this
22 matter proceeds to judgment by default;

23 4. For court costs incurred herein; and
24
25
26
27
28

1 5. For such other and further relief as the Court may deem just
2 and proper.

3 DATED this 14th day of July, 2014.

4 HAMMERMAN & HULTGREN, P.C.

5
6 By  _____

7 Jon R. Hultgren
8 3101 North Central Avenue, Suite 500
9 Phoenix, Arizona 85012
10 Attorney for Plaintiff



SCF-8-MRS

APPLICATION FOR ARIZONA WORKERS'
COMPENSATION AND EMPLOYERS'
LIABILITY INSURANCE

324475
3/5/02

BUSINESS NAME

JUL 1 0 2002

DOC TYPE: POLAP

NAME UNDER WHICH BUSINESS IS PRINCIPALLY OPERATED GROWERS NURSERY	YEARS IN ARIZONA 10.0
--	--------------------------

MAILING ADDRESS

STREET, P.O. BOX 3761 F RIVER RD			
IN CARE OF (IF USED)	CITY TUCSON	STATE AZ	ZIP CODE 85718-6633

PHONE NUMBERS

BUSINESS PHONE NO. (520)400-3313	MOBILE / PAGER NO.	EMAIL ADDRESS	FAX PHONE NO. (520)577-4616
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GENERAL INFORMATION

LIST ANY OTHER BUSINESS IN WHICH APPLICANT HAS OWNERSHIP IN ARIZONA, OR ANY OTHER STATE.						
BUSINESS NAME(S)	CITY, STATE	INSURED BY	ANNUAL PREMIUM	POLICY PERIOD	ARD	
GROWERS MULCH LLC	TUCSON AZ	SCF	0	0/00 0/00		

LIST WORKERS COMPENSATION INSURANCE COVERAGE INCLUDING ARIZONA STATE FUND IN LAST 5 YEARS									
POLICY PERIOD FROM TO	INSURED BY COMPANY NAME	POLICY #	STATE	ANNUAL PREMIUM	ARD	EXPER. MODIFIER	NO. OF CLAIM	CLAIMS COST INCL. RESERVES	
2/01 2/02	NORTH AM SPEC	AHW00028940	AZ	7,465	02	0.00	0	0	
2/00 2/01	HARTFORD	59WBCJC1629	AZ	0	02	0.00	0	0	
2/99 2/00	HARTFORD		AZ	0	02	0.00	0	0	
2/98 2/99	HARTFORD		AZ	0	02	0.00	0	0	
2/97 2/98	HARTFORD		AZ	0	02	0.00	0	0	

OWNERSHIP INFORMATION

TYPE OF OWNERSHIP CORP		NOTE: 1. INDIVIDUAL OWNER (SOLE PROPRIETOR) MAY APPLY FOR COVERAGE. 2. WORKING PARTNER(S) MAY APPLY FOR COVERAGE. 3. CORPORATE OFFICERS ARE AUTOMATICALLY COVERED IF ACTIVE IN THE BUSINESS. 4. MEMBERS OF LLC (AS PARTNERS/SINGLE MEMBER MAY ELECT - REQUESTS ATTACHMENT).							
FED. TAX ID / SSN 860804078									
NAME	TITLE	% OF OWNERSHIP	PRINCIPAL DUTIES	COVERAGE DESIRED	ANNUAL RACE	CLASS CODE			
Growers market Inc.	PRES	50	ADMIN	YES	70,000.	6810			
BROOKS, NEAL	VP/Treas	50	ADMIN	YES	20,000.	6810			
BROOKS, FELICE									

WORKPLACE LOCATIONS IN ARIZONA
DOC TYPE: POLAP

LOC N	STREET, CITY, STATE OR LOCATION DESCRIPTION	ZIP	MAIL/DEL	DATE
001	3761 E RIVER RD TUCSON AZ	85718		3/4/02
002	4545 W INA RD TUCSON AZ	85741		3/5/02

WORK CLASSIFICATIONS AND ESTIMATED ANNUAL WAGES BY CLASS

WORK CLASS DESCRIPTION	NUMBER OF EMPLOYEES	ESTIMATED TOTAL ANNUAL	WORK CLASS			RATE PER \$100 WAGES	ESTIMATED ANNUAL PREMIUM
			LOC	CLASS	SUB		
NURSERY EMPLOYEES - INCLUDING INCIDENTAL LANDSCAPE GARDENING	2	30,000	001	0005	05	1.82	846
NURSERIES: PLANT-STORE OPERATIONS	1	15,000	001	0042	05	4.74	711
SALESPERSONS, COLLECTORS OR MESSENGERS OUTSIDE	4	70,000	001	8001	10	1.87	1,309
CLERICAL OFFICE EMPLOYEES NOC	1	25,000	001	8742	05	0.34	85
	2	90,000	001	8810	05	0.27	243

PART TWO - EMPLOYERS' LIABILITY INSURANCE

EMPLOYERS' LIABILITY INSURANCE PROVIDERS COVERAGE AGAINST LAWSUITS BROUGHT BY A COVERED EMPLOYEE AGAINST HIS EMPLOYER FOR ON-THE-JOB INJURIES		TOTAL ESTIMATED ANNUAL PREMIUM		3,194
<input type="checkbox"/> STANDARD LIMITS		<input checked="" type="checkbox"/> INCREASED LIMITS		
Bodily Injury by Accident \$100,000 each Accident	500,000	each Accident	X INCREASED FACTOR 1.000 = 50	3,244
Bodily Injury by Disease \$100,000 each Employee	500,000	each Employee	X EMOD FACTOR 1.400 =	4,542
Bodily Injury by Disease \$500,000 Policy Limit	500,000	Policy Limit	X FACTOR OF 0.835 =	3,792
INCREASED LIMITS AVAILABLE FOR NOMINAL ADDITIONAL PREMIUM			X DISCOUNT FACTOR 0.000 =	0
EFFECTIVE DATE OF INSURANCE			ESTIMATED ANNUAL PREM	3,792
DESIRED EFFECTIVE DATE OF INSURANCE 02/26/2002	POLICY WILL BE ISSUED ONLY UPON RECEIPT OF COMPLETED APPLICATION AND REQUIRED DEPOSIT PREMIUM PAYMENT AND CONFIRMATION AND APPROVAL BY SOF.		X DEPOSIT OF 30 % = 1,138	
ACTUAL EFFECTIVE DATE OF INSURANCE AT 1201 A.M. ARIZONA TIME 3/5/02		+ PRE-PAY = 0		
		+ EXPENSE CONSTANT = 120		120
		MIN. PREM.	TOTAL DUE	TOTAL E.A.P.
		219	1,258	3,912

AUTHORIZED SIGNATURE (REQUIRED TO ISSUE POLICY)

TITLE AND NAME (PLEASE PRINT OR TYPE) George M. Braxton	SIGNATURE [Signature]
--	--------------------------

FOR STATE FUND USE ONLY

DOC TYPE: POLAR

BUSINESS NAME GROWERS NURSERY					BINDER/POLICY NUMBER 324475		
Poster Location				Forms Location 3/5/02			
District Tucson	Bill Plan QTR	Team Leader Initials	LC	Territory 23	Sale Cr. BA	Process Date 2/26/2002	
Request Received MO Day Year 2/13/2002		Binder Effective MO Day Year 03/5/02		State Fund Representative <i>Merilee Tanner</i> MERILEE TANNER		Assigned Mkt. Zip Code 85718	SVC DSK 02B
Policy Class GEN	Special ARD 02	Special Pol. Pd. Expir. MO Day Yr 01/31/03	Owner Code CORP	Origin Date MO Day Yr 3/5/02	Emod Factor 1.40	Emod From MO Day Yr 2/26/2002	Emod Thru MO Day Yr 1/31/2003
Emod Source 11	Prem. Disc. Fact 0.000	Prem. Disc. From MO Day Yr —	Excess Limit Code 07	Special Factor 0.835	Previous Carrier Code 729	SVC DSK 02B	
Group Number 25617		Group Policy Numbers					
Endorsements						Risk ID Number 020483792	
ALERTS							
<input type="checkbox"/> CERTIFICATE(S) OF INSURANCE ISSUED							
<input type="checkbox"/> POSTER VERIFICATION TO FOLLOW							
<input type="checkbox"/> SOLE PROP. APPLICATION TO FOLLOW							
<input type="checkbox"/> REJECTION FORMS TO FOLLOW							
<input type="checkbox"/> A PARTNERSHIP APPLICATION TO FOLLOW							
<input type="checkbox"/> CERTIFICATES AND WAIVERS DISCUSSED							
<input type="checkbox"/> NOTIFICATION OF OWNERSHIP TO FOLLOW							
<input type="checkbox"/> OUT-OF-STATE LETTER TO FOLLOW							

(ANSWER EACH QUESTION - Explain "YES" answers below)

324475
3/5/02

DOC TYPE:POLAP

1	Any prior State Fund policies not listed on page 1? (Give policy number)	N
2	Any prior coverage declined or non-renewed within the last three years? (List reason)	Y NORTH AM SPEC IS NON-RENEWING DUE TO LOSSES
3	Have there been any changes in operations, ownership, or type of entity (including bankruptcy) within the last five years? (If yes, complete and sign ERM.)	N
4	Are subcontractors and/or independent contractors used? (List specific trades.)	N
5	Are sole proprietor waivers used?	N
6	Will Arizona-hired employees temporarily work or travel out of state?	N
7	Will employees from another state work in Arizona or travel out of state?	N
8	Are any current employers rejectors? (If yes, attach rejection form copies)	N
9	Does applicant own/operate/lease an aircraft in his business?	N
10	Is applicant a member of any AZ trade association? (List name.)	N
11	Any exposure to flammables/explosives/caustics/fumes or radioactive materials?	N
12	Does applicant's business have any other location in other states?	N
13	Do any of applicant's employees reside in other states?	N
14	Does applicant have a written Drug Testing and Alcohol Impairment Policy which is certified with ICA?	N
15	Does applicant lease any employees from a labor contractor?	N

NATURE OF BUSINESS/DESCRIPTION OF OPERATION

1. MANUFACTURING: PRINCIPAL MATERIAL USED, PRINCIPAL MACHINES USED, PRINCIPAL PRODUCTS MADE, INSTALLATION.
2. STORE/WHOLESALE/RETAIL, PRINCIPAL MERCHANDISE SOLD, INSTALLATION OR REPAIR.
3. CONSTRUCTION: TYPE OF WORK, MATERIALS USED, TOOLS/EQUIPMENT USED, SUBCONTRACTS.
4. FARMING: ACREAGE FARMED, MACHINERY USED, CROPS GROWN, ANIMALS RAISED, HARVESTING, SUBCONTRACTS.
5. SERVICE: TYPE OF SERVICE, FOR WHOM PERFORMED.
6. OTHER

THE BUSINESS OF THIS EMPLOYER IS:

RETAIL

PROSPECT # 0

DESCRIBE BUSINESS FULLY:

THE INSURED OPERATES A RETAIL NURSERY SELLING PLANTS, FLOWERS, TREES, SHRUBS AND VARIOUS GARDENING MATERIALS TO THE WALK IN PUBLIC. THE INSURED EMPLOYS 1 LANDSCAPE PERSON WHO PLANTS TREES AWAY FROM THE INSURED'S PREMISES AND 2 EMPLOYEES THAT WORK IN THE NURSERY/FARM GROWING AND PROPAGATING OF NURSERY STOCK TO BE SOLD BY THE RETAIL STORE. THIS ENTITY QUALIFIES FOR THE STORE CODE AS THE OTHER BASIC CODE COVERS A FARMING OPERATION AND THE TWO UNDERTAKINGS MAINTAIN A PHYSICAL SEPARATION. THE INSURED ALSO EMPLOYS AN OUTSIDE SALES PERSON WHO MAKES NO DELIVERIES AND SPENDS 94% OF THEIR TIME AWAY FROM THE INSURED'S PREMISES. THE TWO CORP OFFICERS MAINTAIN PHYSICAL SEPARATION FROM THE PRIMARY BUSINESS AND THEIR DUTIES ARE ENTIRELY CLERICAL IN NATURE. THERE IS NO INTERCHANGE OF LABOR BETWEEN THE STORE EMPLOYEES AND THE NURSERY EMPLOYEES.

DOES APPLICANT PROVIDE LODGING OR APARTMENT?	NO	
DO ANY EMPLOYERS WORK IN MORE THAN ONE OPERATION OF THE BUSINESS?	NO	
DOES APPLICANT EMPLOY ANY CLERICAL OR OUTSIDE SALES PEOPLE?	YES (IF YES, PLEASE EXPLAIN)	SEE ABOVE



Policy Financial Reconciliation

Policy Number: 324475

Insured Name: GROWERS MARKET INC

Insurance Company: SCF Arizona

Date	Policy Number	Description	Period	Debit	Credit	Balance
07/19/05	4333318	Balance Forward				
08/24/05	3220731	Payment Received		(\$1,627.00)		(\$1,627.00)
09/21/05	4055762	Payment Received		(\$45.00)		(\$1,712.00)
09/21/05	4055864	Payroll Report/Adjustment		(\$2,600.00)		(\$4,312.00)
11/09/05	4124360	Payment Received			\$4,294.00	(\$18.00)
11/21/05	4144548	Payroll Report/Adjustment		(\$1,908.00)		(\$1,926.00)
02/11/06	5244912	Initial Deposit			\$1,927.00	\$1.00
04/08/06	5775349	Dividend			\$3,319.00	\$3,320.00
05/03/06	5815422	Payment Received		(\$978.29)		\$2,341.71
05/05/06	5826684	Deposit Adjustment		(\$1,177.17)		\$1,164.54
05/05/06	5826695	Payroll Report/Adjustment		(\$117.00)		\$1,047.54
08/17/06	5970452	Payment Received	02/01/06 - 04/01/06		\$1,184.00	\$2,231.54
08/22/06	6003281	Payroll Report/Adjustment		(\$1,475.57)		\$755.97
09/19/06	6037176	Payment Received	04/01/06 - 07/01/06		\$1,483.00	\$2,238.97
11/23/06	6165049	Payment Received		(\$2,231.54)		\$7.43
11/21/06	6166090	Payment Received		(\$1,487.30)		(\$1,489.87)
11/29/06	6173204	Payroll Report/Adjustment		(\$1,483.00)		(\$2,972.87)
01/07/07	6216630	Dividend	07/01/06 - 10/01/06		\$1,810.00	(\$1,162.87)
01/07/07	6223110	Dividend Payment		(\$1,734.68)		(\$2,897.55)
01/24/07	6248583	Initial Deposit			\$1,734.68	(\$1,162.87)
03/05/07	6336820	Deposit Adjustment			\$2,187.00	\$1,024.13
03/22/07	6364480	Payment Received		(\$232.00)		\$792.13
03/22/07	6365309	Payroll Report/Adjustment		(\$1,507.77)		(\$715.64)
04/05/07	6383911	Audit Adjustment	10/01/06 - 01/01/07		\$1,503.00	\$787.36
04/05/07	6383917	Audit Adjustment		(\$3,082.00)		(\$2,294.64)
05/07/07	6459297	Payroll Report/Adjustment		(\$90.00)		(\$2,384.64)
08/09/07	6624944	Payment Received	02/01/07 - 04/01/07		\$1,467.00	(\$917.64)
08/09/07	6626291	Payroll Report/Adjustment		(\$488.55)		(\$1,816.19)
01/13/08	6897441	Dividend	04/01/07 - 07/01/07		\$1,031.00	(\$785.19)
01/14/08	6905076	Payment Received		(\$226.79)		(\$1,011.98)
01/14/08	6906261	Payroll Report/Adjustment		(\$3,283.85)		(\$4,295.83)
01/22/08	6916385	Initial Deposit	10/01/07 - 01/01/08		\$3,284.00	(\$1,011.83)
04/30/08	7049116	Payment Received			\$3,214.00	\$2,202.17
06/04/08	7109177	Audit Adjustment		(\$2,202.17)		\$0.00
06/06/08	7113118	Payment Received			\$7,072.00	\$7,072.00
06/07/08	7113603	Payroll Report/Adjustment		(\$2,338.31)		\$4,733.69
07/18/08	7164363	Payment Received	02/01/08 - 04/01/08		\$2,361.00	\$7,094.69
08/28/08	7268607	Payment Received		(\$7,094.69)		\$0.00
08/28/08	7269242	Payroll Report/Adjustment		(\$9,512.61)		(\$9,512.61)
10/01/08	7315970	Payment Received	04/01/08 - 07/01/08		\$9,607.00	\$94.39
12/08/08	7429002	Payment Received		(\$94.39)		\$0.00
12/08/08	7429783	Payroll Report/Adjustment		(\$4,536.11)		(\$4,536.11)
01/09/09	7461032	Payment Received	07/01/08 - 10/01/08		\$4,581.00	\$44.89
01/18/09	7475984	Dividend		(\$44.89)		\$0.00
01/19/09	7483480	Initial Deposit		(\$43.75)		(\$43.75)
01/27/09	7496720	Deposit Adjustment			\$8,570.00	\$8,526.25
02/10/09	7533170	Payment Received			\$1,125.00	\$9,651.25
02/10/09	7533259	Payroll Report/Adjustment		(\$2,610.61)		\$7,040.64
04/08/09	7589394	Payment Received	10/01/08 - 01/01/09		\$2,683.00	\$9,723.64
06/12/09	7675720	Payroll Report/Adjustment		(\$9,723.64)		\$0.00
07/13/09	7700787	Audit Adjustment	02/01/09 - 04/01/09		\$1,998.00	\$1,998.00
08/24/09	7785995	Payment Received		(\$2,401.00)		(\$406.00)
08/24/09	7785995	Payment Received		(\$1,074.00)		(\$1,480.00)
08/24/09	7785995	Payment Received	04/01/09 - 07/01/09		\$3,484.00	\$2,004.00
11/16/09	8045493	Payment Received		(\$2,004.00)		\$0.00
11/20/09	8053518	Payment Received		(\$4,156.00)		(\$4,156.00)
11/20/09	8053987	Payroll Report/Adjustment			\$4,198.00	\$42.00
01/18/10	8115404	Dividend	07/01/09 - 10/01/09			
01/20/10	8127208	Initial Deposit		(\$313.84)		(\$271.64)
03/12/10	8193878	Payment Received			\$4,706.00	\$4,434.16
				(\$2,467.76)		\$1,966.40

03/12/10	8194239	Payroll Report/Adjustment	10/01/09 - 01/01/10		\$2,621.00	\$4,587.40
04/20/10	8227288	Payment Received		(\$4,587.40)		\$0.00
04/30/10	8243089	Unproductive Premium			\$19,595.00	\$19,595.00
04/30/10	8243090	Write-off to Unproductive Premium		(\$19,595.00)		\$0.00
04/30/10	8243091	Unproductive Deposit		(\$9,695.00)		(\$9,695.00)
04/30/10	8243092	Write-off to Absorb Deposit			\$9,695.00	\$0.00
05/28/10	8283566	Reverse Write-off to Absorb Deposit		(\$9,695.00)		(\$9,695.00)
05/28/10	8283567	Reverse Unproductive Deposit			\$9,695.00	\$0.00
05/28/10	8283568	Reverse Write-off to Unproductive Premium			\$19,595.00	\$19,595.00
05/28/10	8283569	Reverse Unproductive Premium		(\$19,595.00)		\$0.00
05/28/10	8283575	Audit Adjustment				
06/01/10	8287722	Payment Received		(\$6,293.00)		(\$6,293.00)
06/01/10	8289146	Deposit Adjustment		(\$3,735.00)		(\$10,028.00)
06/01/10	8289147	Payroll Report/Adjustment	02/01/10 - 04/01/10			
09/13/10	8426223	Payroll Report/Adjustment	02/01/10 - 04/01/10		\$3,773.00	\$6,297.00
10/01/10	8446489	Payroll Report/Adjustment	04/01/10 - 07/01/10		\$120.00	(\$6,177.00)
10/01/10	8446491	Payroll Report/Adjustment	04/01/10 - 07/01/10		\$6,457.00	\$280.00
12/03/10	8533069	Payroll Report/Adjustment	07/01/10 - 10/01/10	(\$330.00)		(\$40.00)
12/06/10	8536282	Payment Received			\$7,628.00	\$7,588.00
01/15/11	8576307	Dividend		(\$7,528.00)		(\$40.00)
01/20/11	8598190	Initial Deposit		(\$321.45)		(\$361.45)
01/21/11	8598475	Deposit Adjustment			\$7,754.00	\$7,392.55
01/27/11	8598713	Payroll Report/Adjustment	10/01/10 - 01/01/11	(\$288.00)		\$7,104.55
03/02/11	8632753	Payment Received			\$6,811.00	\$13,915.55
04/18/11	8673683	Payment Received		(\$6,811.00)		\$7,104.55
05/10/11	8702696	Payroll Report/Adjustment	02/01/11 - 04/01/11	(\$7,104.55)		\$0.00
05/11/11	8704132	Payment Received			\$4,568.00	\$4,568.00
05/26/11	8716789	Unproductive Deposit		(\$4,568.00)		\$0.00
05/26/11	8716790	Write-off to Absorb Deposit		(\$4,664.00)		(\$4,664.00)
06/17/11	8733656	Reverse Write-off to Absorb Deposit			\$4,664.00	\$0.00
06/17/11	8733657	Reverse Unproductive Deposit		(\$4,664.00)		(\$4,664.00)
06/30/11	8743157	Unproductive Deposit			\$4,664.00	\$0.00
06/30/11	8743158	Write-off to Absorb Deposit		(\$4,664.00)		(\$4,664.00)
07/01/11	8745572	Reverse Write-off to Absorb Deposit			\$4,664.00	\$0.00
07/01/11	8745573	Reverse Unproductive Deposit		(\$4,664.00)		(\$4,664.00)
07/15/11	8756203	Audit Adjustment			\$11,625.00	\$11,625.00
08/15/11	8805606	Payroll Report/Adjustment	04/01/11 - 07/01/11		\$3,890.00	\$15,515.00
08/23/11	8811780	Payment Received				\$11,625.00
10/03/11	8842367	Payment Received		(\$3,890.00)		\$0.00
11/03/11	8891605	Payroll Report/Adjustment	07/01/11 - 10/01/11	(\$11,625.00)		\$0.00
11/10/11	8896615	Payment Received			\$12,852.00	\$12,852.00
01/19/12	8951818	Dividend		(\$12,852.00)		\$0.00
01/19/12	8954834	Dividend Payment		(\$1,377.71)		(\$1,377.71)
05/31/12	9079160	Unproductive Premium			\$1,377.71	\$0.00
05/31/12	9079361	Write-off to Unproductive Premium			\$3,155.00	\$3,155.00
05/31/12	9079362	Unproductive Deposit		(\$3,155.00)		\$0.00
05/31/12	9079363	Write-off to Absorb Deposit		(\$7,466.00)		(\$7,466.00)
01/11/13	9263176	Dividend			\$7,466.00	\$0.00
03/14/13	9310289	Reverse Write-off to Absorb Deposit			\$0.00	\$0.00
03/14/13	9310290	Reverse Unproductive Deposit		(\$7,466.00)		(\$7,466.00)
03/14/13	9310291	Reverse Write-off to Unproductive Premium			\$7,466.00	\$0.00
03/14/13	9310292	Reverse Unproductive Premium			\$3,155.00	\$3,155.00
03/14/13	9310293	Audit Adjustment		(\$3,155.00)		\$0.00
03/14/13	9310293	Audit Adjustment			\$10,708.00	\$10,708.00

COPY

JUL 16 2014



MICHAEL K. JEANES, CLERK
C. CARABAJAL
DEPUTY CLERK

Stanley M. Hammerman, Esq., (#004048)
Jon R. Hultgren, Esq., (#010014)
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Attorneys for Plaintiff

IN THE SUPERIOR COURT OF THE STATE OF ARIZONA

IN AND FOR THE COUNTY OF MARICOPA

COPPERPOINT MUTUAL INSURANCE
COMPANY, an Arizona corporation,

NO.

CV2014-009449

Plaintiff,

**CERTIFICATE OF COMPULSORY
ARBITRATION**

vs.

GROWERS MARKET, INC., an Arizona
corporation,

Defendant.

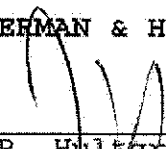
Plaintiff, pursuant to Maricopa County Superior Court Local Rules and Rule 72(b), Ariz.R.Civ.P., submits the following Certificate of Compulsory Arbitration.

The undersigned certifies that the largest award sought by the complaint, including punitive damages, but excluding interest, attorneys' fees, and costs does not exceed the limits set by Local Rule for compulsory arbitration. This case is subject to the Uniform Rules of Procedure for Arbitration.

DATED this 14th day of July, 2014.

HAMMERMAN & HULTGREN, P.C.

By


Jon R. Hultgren
3101 North Central Avenue, Suite 500
Phoenix, Arizona 85012
Attorney for Plaintiff

Tag Messenger
1027 E Washington St. Suite 100
Phoenix, AZ 85034
Ph: (602)254-3900

Maricopa County Superior Court
201 W. Jefferson , Phoenix, AZ 85003

COPPERPOINT MUTUAL INSURANCE COMPANY, an Arizona
corporation, dba SCF Arizona

Plaintiff,

NO. CV 2014-009449

vs.

CERTIFICATE OF NON - SERVICE

Growers Market, Inc., an Arizona corporation

Defendant,



277306

The undersigned certifies under penalty of perjury:

I received: Summons, Complaint and Certificate of Compulsory Arbitration from Hammerman & Hultgren P.C.
and have been unable to effect service upon

Grower's Market, Inc

The following attempts at service were made:

Date/Time - License Plates	Address	Remarks
Tuesday 07/22/2014-10:57 AM Geostamp: Tuesday 07/22/2014-10:57 AM, Longitude: -111.9785084, Latitude: 33.5858118	4844 E. Tomahawk Trail Paradise Valley, AZ 85253	No answer at this POA. The POA is situated at the end of the street in a cul de sac. removed from neighbors. Neighbors walls and fences face the gront of the home. Nop answer at the two closest neighbors, unable to get through gates.
Thursday 07/24/2014- 9:30 PM	4844 E. Tomahawk Trail Paradise Valley, AZ 85253	This home is dark, no answer at the POA. No answer at either neighbors.
Sunday 07/27/2014- 2:30 PM AZ BGF2435	4844 E. Tomahawk Trail Paradise Valley, AZ 85253	No answer again at this POA. Spoke to the maid, who verifies that Neal Brooks lives here. She tells me they are not home at this time. There is a truck in the drive. No answer at neighbors.
Wednesday 07/30/2014- 9:14 AM Geostamp: Wednesday 07/30/2014- 9:14 AM, Longitude: -111.9752104, Latitude: 33.5647449	4844 E. Tomahawk Trail Paradise Valley, AZ 85253	No answer at this POA. Spoke to the maid again who tells me that the owners are not home, they are away today.

Comments/Prev. Attempts: Verified POA for the Statutory Agent/Neal Brooks; Maid confirmed Agent does reside but was not home on several attempts;

Geostamp: Wednesday 07/30/2014- 7:39 PM - Longitude: -111.5380479 - Latitude: 33.4640096

Location Type: POA

I declare under penalty of perjury that the foregoing is true and correct.

X Cathy Smith
Cathy Smith

Fees:
Service of Process \$55.00
TOTAL: \$55.00

Maricopa County - MC-8440

Date Of Last Attempt: 07/30/2014

Court Case#: CV 2014-009449

Client/Atty File#: 114545

Corporate Maintenance

08/20/2014

State of Arizona Public Access System

10:48 AM

File Number: -0755496-2

Corp. Name: GROWERS MARKET, INC.

Domestic Address

1150 W. BASELINE RD

PHOENIX, AZ 85041

Second Address

Agent: NEAL A BROOKS

Status: APPOINTED 10/29/2008

Mailing Address:

4844 E TOMAHAWK TRL

PARADISE VALLEY, AZ 85253

Agent Last Updated: 11/12/2008

Business Type: AGRICULTURE

Domicile: ARIZONA

County: MARICOPA

Corporation Type: PROFIT

Life Period: PERPETUAL

Incorporation Date: 10/04/1995

Approval Date: 10/04/1995

Last A/R Received: 11 / 2013

Date A/R Entered: 02/26/2014

Next Report Due: 11/04/2014

EITHER FILE NUMBER OR CORPORATION NAME IS REQUIRED, PLEASE ENTER. (A059)

PAUL Cont.

CORPORATIONS DIVISION
RECORDS SECTION
1300 West Washington
Phoenix, Arizona 85007-2929

User Id: LGRIFFIN
Invoice No.: 4560976

Check Batch:
Invoice Date: 08/20/2014
Date Received: 08/20/2014
Customer No.:

ATTN:
(CASH CUSTOMER)

Quantity Description

Amount

1 SERVICE OF PROCESS
-0755496-2 GROWERS MARKET, INC.

\$25.00

Total Documents: \$ 25.00

CHECK 8089
PAYMENT

\$25.00

Balance Due: \$ 0.00

