

State of California  
Department of Industrial Relations  
**Labor Commissioner's Office**

**WORKERS' COMPENSATION INSURANCE  
PENALTY ASSESSMENT ORDER**

Case Number: 35-CM-365823-17

Citation Number: WC 506445

1. Date of Issue <b>05/10/2019</b>	2. Time <b>3:12 PM</b>	3. Day of Week <b>Friday</b>	4. License / Registration Number
5. Legal Entity <b>Leonardo Valencia, an Individual; Orbit USA, LLC, a Delaware limited liability company; Tesla Energy Operations, Inc., a Delaware corporation, each jointly and severally liable</b>			
6. Doing Business As (DBA) <b>Leo's Janitors Services</b>			
7. Business Address <b>510 N 1st St., #216</b>		City <b>San Jose</b>	State <b>CA</b>
		Zip <b>95112</b>	
8. Name of Person Served <b>Amanda Garcia, Vivian Imperial, Gladys Aguilera</b>		9. Title of Person Served <b>Agents For Service of Process For Tesla Energy Operations, Inc.</b>	
10. Place Served, if different from item 7 above <b>818 W 7th St., Los Angeles, 90017 CA</b>			
11. Date of Period of Violation <b>5/11/18 to 5/10/19</b>		12. Date(s) or Period of Uninsured Months <b>5/11/16 to 5/11/18</b>	
13. Location of Violation, if different from item 7 above <b>Various Locations in California, ,</b>			
14. <b>VIOLATION AND CIVIL PENALTY</b> (See attached for details on applicable L.C. and/or IWC Section) The investigation revealed the following violation(s) of California Labor Code Section(s) (L.C.) and/or Industrial Welfare Commission Order (IWC) and Section(s).			
Violation of Labor Code or IWC Order Section(s)	Description	Civil Penalty Section	Total Penalty Assessed
<b>A L.C. 3700</b>	<b>Failure to cover employees with Worker's Compensation Insurance</b>	<b>L.C. 3722(b)</b>	<b>\$84,555.34</b>
<p>Calculation: An investigation revealed that you had failed to cover your employees with Workers' Compensation Insurance for the period stated in item #12 above in violation of Labor Code Section 3700. Labor Code Section 3722(b) provides for a penalty which is the greater of twice the amount of the workers' compensation insurance premium you would have paid during the period you were uninsured; or \$1500 per employee (11) employed during the period you were uninsured.</p> <p>Penalty Calculation: Greater of: Number of Employees 11 X \$1500 per employee which equals \$16,500 OR current weekly WCI premium \$405.969561 X Number of Weeks Employer was uninsured (104.14) X 2 which equals \$84,555.34.</p>			
<b>Total Civil Penalty Amount Assessed:</b>			<b>\$84,555.34</b>
15. <b>APPEAL RIGHTS</b>	You may appeal by requesting in writing a hearing on this Workers' Compensation Insurance Penalty Assessment Order within the time limit as shown on the next page.		
16. <b>PAYMENT</b>	The civil penalty must be received by the office listed on the reverse side no later than 15 calendar days, unless appealed.		
17. Issued by (Name) <b>Brian Perez</b>		18. Title <b>Deputy Labor Commissioner</b> Authorized Delegee of the Director of Industrial Relations	
19. District Office Address <b>1515 Clay St, Ste 801, Oakland, CA 94612</b>			
20. Telephone <b>(510) 622-5036</b>		Fax Number <b>(510) 622-3257</b>	
21. Service <b>Personal Service</b> If <b>Substitute Service</b> Used: Signed copy left with person shown in item 8 above, and copy sent by first class mail, postage prepaid to the employer at the address shown above in item 7.			

State of California  
Department of Industrial Relations  
**Labor Commissioner's Office**

**APPEAL RIGHTS**

If an employer desires to contest a penalty assessment order, the employer shall file with the director a written request for a hearing **WITHIN 15 CALENDAR DAYS** after service of the order. Upon receipt of the request, the director shall set the matter for a hearing within 30 days thereafter and shall notify the employer of the time and place of the hearing by mail at least **10** days prior to the date of the hearing. The decision of the director shall consist of a notice of findings and findings which shall be served on all parties to the hearing by registered or certified mail within **15** days after the hearing. Any amount found due by the director as a result of a hearing shall become due and payable **45** days after notice of the findings and written findings have been mailed by registered or certified mail to the party assessed. A writ of mandate may be taken from these findings to the appropriate superior court upon the execution by the party assessed of a bond to the state in double the amount found due and ordered paid by the director, as long as the party agrees to pay any judgment and costs rendered against the party for the assessment. The writ shall be taken within 45 days after mailing the notice of findings and findings.

*(Section 3725, California Labor Code)*

**DIRECTOR'S DESIGNATED AGENT**

The State Labor Commissioner is the director's designated agent to enforce these laws, pursuant to California Labor Code Section 3710.

Any written request for hearing should be filed at the district office of the Labor Commissioner shown in item 20 on the front of this Penalty Assessment. **Postmark is insufficient.**

If you do not appeal within 15 calendar days for a penalty assessment, this penalty assessment may be filed and enforced as a judgment in a court of law.

**PAYMENT INSTRUCTION**

Payment or payment arrangements must be made within 15 calendar days of the issuance of the Penalty Assessment, unless appealed. All payments, along with a copy of this Penalty Assessment, must be sent to the State Labor Commissioner's office in Sacramento at:

**State of California  
Department of Industrial Relations  
Labor Commissioner's Office  
Bureau of Field Enforcement Cashiering Unit  
2031 Howe Ave., Suite 100  
Sacramento, CA 95825**

State of California  
 Department of Industrial Relations  
**Labor Commissioner's Office**

**WORKERS' COMPENSATION INSURANCE  
 PENALTY ASSESSMENT ORDER**

Case Number: 35-CM-365823-17

Citation Number: WC 506451

1. Date of Issue <b>05/10/2019</b>	2. Time <b>3:11 PM</b>	3. Day of Week <b>Friday</b>	4. License / Registration Number
5. Legal Entity <b>Orbit USA, LLC, a Delaware limited liability company; Tesla Energy Operations, Inc., a Delaware corporation; Leonardo Valencia, an Individual, each jointly and severally liable</b>			
6. Doing Business As (DBA)			
7. Business Address <b>1400 Coleman Ave.</b>		City <b>Santa Clara</b>	State <b>CA</b>
		Zip <b>95070</b>	
8. Name of Person Served <b>Roger Mason</b>		9. Title of Person Served <b>Attorney for Orbit USA, LLC</b>	
10. Place Served, if different from item 7 above: <b>983 University Ave., Ste. 104C, Los Gatos, CA 95032</b>			
11. Date of Period of Violation <b>5/11/18 to 5/10/19</b>		12. Date(s) or Period of Uninsured Months <b>5/11/16 to 5/11/18</b>	
13. Location of Violation, if different from item 7 above <b>Various Locations in California, ,</b>			
14. <b>VIOLATION AND CIVIL PENALTY</b> (See attached for details on applicable L.C. and/or IWC Section) The investigation revealed the following violation(s) of California Labor Code Section(s) (L.C.) and/or Industrial Welfare Commission Order (IWC) and Section(s).			
Violation of Labor Code or IWC Order Section(s)	Description	Civil Penalty Section	Total Penalty Assessed
<b>A L.C. 3700</b>	<b>Failure to cover employees with Worker's Compensation Insurance</b>	<b>L.C. 3722(b)</b>	<b>\$84,555.34</b>
Calculation: An investigation revealed that you had failed to cover your employees with Workers' Compensation Insurance for the period stated in item #12 above in violation of Labor Code Section 3700. Labor Code Section 3722(b) provides for a penalty which is the greater of twice the amount of the workers' compensation insurance premium you would have paid during the period you were uninsured; or \$1500 per employee (11) employed during the period you were uninsured.  Penalty Calculation: Greater of: Number of Employees 11 X \$1500 per employee which equals \$16,500 OR current weekly WCI premium \$405.969561 X Number of Weeks Employer was uninsured (104.14) X 2 which equals \$84,555.34.			
<b>Total Civil Penalty Amount Assessed:</b>			<b>\$84,555.34</b>
15. <b>APPEAL RIGHTS</b>	You may appeal by requesting in writing a hearing on this Workers' Compensation Insurance Penalty Assessment Order within the time limit as shown on the next page.		
16. <b>PAYMENT</b>	The civil penalty must be received by the office listed on the reverse side no later than 15 calendar days, unless appealed.		
17. Issued by (Name) <b>Brian Perez</b>		18. Title <b>Deputy Labor Commissioner</b> Authorized Delegee of the Director of Industrial Relations	
19. District Office Address <b>1515 Clay St, Ste 801, Oakland, CA 94612</b>			
20. Telephone <b>(510) 622-5036</b>		Fax Number <b>(510) 622-3257</b>	
21. Service <b>Personal Service</b> If <b>Substitute Service</b> Used: Signed copy left with person shown in item 8 above, and copy sent by first class mail, postage prepaid to the employer at the address shown above in item 7.			

State of California  
Department of Industrial Relations  
**Labor Commissioner's Office**

**APPEAL RIGHTS**

If an employer desires to contest a penalty assessment order, the employer shall file with the director a written request for a hearing **WITHIN 15 CALENDAR DAYS** after service of the order. Upon receipt of the request, the director shall set the matter for a hearing within 30 days thereafter and shall notify the employer of the time and place of the hearing by mail at least **10** days prior to the date of the hearing. The decision of the director shall consist of a notice of findings and findings which shall be served on all parties to the hearing by registered or certified mail within **15** days after the hearing. Any amount found due by the director as a result of a hearing shall become due and payable **45** days after notice of the findings and written findings have been mailed by registered or certified mail to the party assessed. A writ of mandate may be taken from these findings to the appropriate superior court upon the execution by the party assessed of a bond to the state in double the amount found due and ordered paid by the director, as long as the party agrees to pay any judgment and costs rendered against the party for the assessment. The writ shall be taken within 45 days after mailing the notice of findings and findings.

*(Section 3725, California Labor Code)*

**DIRECTOR'S DESIGNATED AGENT**

The State Labor Commissioner is the director's designated agent to enforce these laws, pursuant to California Labor Code Section 3710.

Any written request for hearing should be filed at the district office of the Labor Commissioner shown in item 20 on the front of this Penalty Assessment. **Postmark is insufficient.**

If you do not appeal within 15 calendar days for a penalty assessment, this penalty assessment may be filed and enforced as a judgment in a court of law.

**PAYMENT INSTRUCTION**

Payment or payment arrangements must be made within 15 calendar days of the issuance of the Penalty Assessment, unless appealed. All payments, along with a copy of this Penalty Assessment, must be sent to the State Labor Commissioner's office in Sacramento at:

**State of California  
Department of Industrial Relations  
Labor Commissioner's Office  
Bureau of Field Enforcement Cashiering Unit  
2031 Howe Ave., Suite 100  
Sacramento, CA 95825**

State of California  
Department of Industrial Relations  
**Labor Commissioner's Office**

**WORKERS' COMPENSATION INSURANCE  
PENALTY ASSESSMENT ORDER**

Case Number: 35-CM-365823-17

Citation Number: WC 506320

1. Date of Issue <b>05/10/2019</b>	2. Time <b>12:35 PM</b>	3. Day of Week <b>Friday</b>	4. License / Registration Number
5. Legal Entity <b>Leonardo Valencia, an Individual; Orbit USA, LLC, a Delaware limited liability company; Tesla Energy Operations, Inc., a Delaware corporation, each jointly and severally liable</b>			
6. Doing Business As (DBA) <b>Leo's Janitors Services</b>			
7. Business Address <b>510 N 1st St., #216</b>		City <b>San Jose</b>	State <b>CA</b>
		Zip <b>95112</b>	
8. Name of Person Served <b>Leonardo Valencia</b>		9. Title of Person Served <b>Owner</b>	
10. Place Served, if different from item 7 above			
11. Date of Period of Violation <b>5/11/18 to 5/10/19</b>		12. Date(s) or Period of Uninsured Months <b>5/11/16 to 5/11/18</b>	
13. Location of Violation, if different from item 7 above <b>Various Locations in California, ,</b>			
14. <b>VIOLATION AND CIVIL PENALTY</b> (See attached for details on applicable L.C. and/or IWC Section) The investigation revealed the following violation(s) of California Labor Code Section(s) (L.C.) and/or Industrial Welfare Commission Order (IWC) and Section(s).			
Violation of Labor Code or IWC Order Section(s)	Description	Civil Penalty Section	Total Penalty Assessed
<b>A L.C. 3700</b>	<b>Failure to cover employees with Worker's Compensation Insurance</b>	<b>L.C. 3722(b)</b>	<b>\$84,555.34</b>
<p>Calculation: An investigation revealed that you had failed to cover your employees with Workers' Compensation Insurance for the period stated in item #12 above in violation of Labor Code Section 3700. Labor Code Section 3722(b) provides for a penalty which is the greater of twice the amount of the workers' compensation insurance premium you would have paid during the period you were uninsured; or \$1500 per employee (11) employed during the period you were uninsured.</p> <p>Penalty Calculation: Greater of: Number of Employees 11 X \$1500 per employee which equals \$16,500 OR current weekly WCI premium \$405.969561 X Number of Weeks Employer was uninsured (104.14) X 2 which equals \$84,555.34.</p>			
<b>Total Civil Penalty Amount Assessed:</b>			<b>\$84,555.34</b>
15. <b>APPEAL RIGHTS</b>	You may appeal by requesting in writing a hearing on this Workers' Compensation Insurance Penalty Assessment Order within the time limit as shown on the next page.		
16. <b>PAYMENT</b>	The civil penalty must be received by the office listed on the reverse side no later than 15 calendar days, unless appealed.		
17. Issued by (Name) <b>Brian Perez</b>		18. Title <b>Deputy Labor Commissioner</b> Authorized Delegee of the Director of Industrial Relations	
19. District Office Address <b>1515 Clay St, Ste 801, Oakland, CA 94612</b>			
20. Telephone <b>(510) 622-5036</b>		Fax Number <b>(510) 622-3257</b>	
21. Service <b>Personal Service</b> If <b>Substitute Service</b> Used: Signed copy left with person shown in item 8 above, and copy sent by first class mail, postage prepaid to the employer at the address shown above in item 7.			

State of California  
Department of Industrial Relations  
**Labor Commissioner's Office**

**APPEAL RIGHTS**

If an employer desires to contest a penalty assessment order, the employer shall file with the director a written request for a hearing **WITHIN 15 CALENDAR DAYS** after service of the order. Upon receipt of the request, the director shall set the matter for a hearing within 30 days thereafter and shall notify the employer of the time and place of the hearing by mail at least **10** days prior to the date of the hearing. The decision of the director shall consist of a notice of findings and findings which shall be served on all parties to the hearing by registered or certified mail within **15** days after the hearing. Any amount found due by the director as a result of a hearing shall become due and payable **45** days after notice of the findings and written findings have been mailed by registered or certified mail to the party assessed. A writ of mandate may be taken from these findings to the appropriate superior court upon the execution by the party assessed of a bond to the state in double the amount found due and ordered paid by the director, as long as the party agrees to pay any judgment and costs rendered against the party for the assessment. The writ shall be taken within 45 days after mailing the notice of findings and findings.

*(Section 3725, California Labor Code)*

**DIRECTOR'S DESIGNATED AGENT**

The State Labor Commissioner is the director's designated agent to enforce these laws, pursuant to California Labor Code Section 3710.

Any written request for hearing should be filed at the district office of the Labor Commissioner shown in item 20 on the front of this Penalty Assessment. **Postmark is insufficient.**

If you do not appeal within 15 calendar days for a penalty assessment, this penalty assessment may be filed and enforced as a judgment in a court of law.

**PAYMENT INSTRUCTION**

Payment or payment arrangements must be made within 15 calendar days of the issuance of the Penalty Assessment, unless appealed. All payments, along with a copy of this Penalty Assessment, must be sent to the State Labor Commissioner's office in Sacramento at:

**State of California  
Department of Industrial Relations  
Labor Commissioner's Office  
Bureau of Field Enforcement Cashiering Unit  
2031 Howe Ave., Suite 100  
Sacramento, CA 95825**