WORKERS' COMPENSATION INSURANCE PENALTY ASSESSMENT ORDER

	NT ORDER	Case Number: 35-CM-365823-1		nber: WC 50644:		
1. Date of Issue 05/10/2019	2. Time 3:12 PM	3. Day of Week Friday	4. License / Registration Num	4. License / Registration Number		
5. Legal Entity	1					
Leonardo Valencia, an	Individual; Orbit US	A, LLC, a Delaware limited liability	y company; Tesla Energy Opera	ations, Inc., a		
Delaware corporation,		rally liable				
6. Doing Business As (DBA						
Leo's Janitors Services	3					
7. Business Address		City	State	Zip		
510 N 1st St., #216		San Jose	CA	95112		
8. Name of Person Served		9. Title of Person		0 "		
Amanda Garcia, Vivian Imperial, Gladys Aguilera			Agents For Service of Process For Tesla Energy Operations,			
		Inc.				
10. Place Served, if different						
818 W 7th St., Los Ang	-	12 P (() P :	1 (1) 136 d			
 Date of Period of Violation 11.18 to 5/10/19 	on	5/11/16 to 5/11	od of Uninsured Months			
13. Location of Violation, if o	lifferent from item 7 above	3/11/10 to 3/11/	/18			
Various Locations in (
		for details on applicable L.C. and/or IWC Sec	tion)			
		lifornia Labor Code Section(s) (L.C.) and/or In		and Section(s).		
Violation of Labor Co	ode	Description	Civil Penalty Section	n Total Penalty		
or IWC Order Section	n(s)	Assessed				
A L.C. 3700	Egilyna ta aayan ar	1 '41 777 1 1 0 4'				
Calculation: An invest the period stated in ite	tigation revealed that you l m #12 above in violation of	mployees with Worker's Compensation had failed to cover your employees with V of Labor Code Section 3700. Labor Code to of the workers' compensation insurance	Workers' Compensation Insurance for Section 3722(b) provides for a	ſ		
Calculation: An invest the period stated in ite penalty which is the g the period you were un Penalty Calculation:	tigation revealed that you m #12 above in violation or reater of twice the amount ninsured; or \$1500 per end.	had failed to cover your employees with V of Labor Code Section 3700. Labor Code of the workers' compensation insurance in ployee (11) employed during the period y ployees 11 X \$1500 per employee which	Workers' Compensation Insurance for Section 3722(b) provides for a premium you would have paid during you were uninsured. equals \$16,500 OR current weekly	ſ		
Calculation: An invest the period stated in ite penalty which is the g the period you were un Penalty Calculation:	tigation revealed that you m #12 above in violation or reater of twice the amount ninsured; or \$1500 per end.	had failed to cover your employees with V of Labor Code Section 3700. Labor Code of the workers' compensation insurance imployee (11) employed during the period y ployees 11 X \$1500 per employee which is Employer was uninsured (104.14) X 2 v	Workers' Compensation Insurance for Section 3722(b) provides for a premium you would have paid during you were uninsured. equals \$16,500 OR current weekly which equals \$84,555.34.	5		
Calculation: An invest the period stated in ite penalty which is the g the period you were un Penalty Calculation:	tigation revealed that you m #12 above in violation of reater of twice the amount ninsured; or \$1500 per em Greater of: Number of Em 69561 X Number of Week You may appeal by	had failed to cover your employees with V of Labor Code Section 3700. Labor Code of the workers' compensation insurance puloyee (11) employed during the period y ployees 11 X \$1500 per employee which as Employer was uninsured (104.14) X 2 v Total or requesting in writing a hearing on this W	Workers' Compensation Insurance for Section 3722(b) provides for a premium you would have paid during you were uninsured. equals \$16,500 OR current weekly which equals \$84,555.34. Civil Penalty Amount Assessed	: \$84,555.3		
Calculation: An invest the period stated in ite penalty which is the g the period you were under the period you were the per	tigation revealed that you m #12 above in violation or reater of twice the amount ninsured; or \$1500 per em Greater of: Number of Em 69561 X Number of Week You may appeal by Order within the tire	had failed to cover your employees with V of Labor Code Section 3700. Labor Code to f the workers' compensation insurance puployee (11) employed during the period y ployees 11 X \$1500 per employee which as Employer was uninsured (104.14) X 2 v Total	Workers' Compensation Insurance for Section 3722(b) provides for a premium you would have paid during you were uninsured. equals \$16,500 OR current weekly which equals \$84,555.34. Civil Penalty Amount Assessed Torkers' Compensation Insurance Penalty Amount Penalty Pen	: \$84,555.3 alty Assessment		
Calculation: An invest the period stated in ite penalty which is the g the period you were use Penalty Calculation: WCI premium \$405.9	tigation revealed that you m #12 above in violation or reater of twice the amount minsured; or \$1500 per em Greater of: Number of Em 69561 X Number of Week You may appeal by Order within the tire. The civil penalty m	had failed to cover your employees with V of Labor Code Section 3700. Labor Code of the workers' compensation insurance imployee (11) employed during the period y ployees 11 X \$1500 per employee which is Employer was uninsured (104.14) X 2 v Total or requesting in writing a hearing on this W me limit as shown on the next page.	Workers' Compensation Insurance for Section 3722(b) provides for a premium you would have paid during you were uninsured. equals \$16,500 OR current weekly which equals \$84,555.34. Civil Penalty Amount Assessed Torkers' Compensation Insurance Penalty Amount Penalty Pen	: \$84,555.3 alty Assessment		
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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

WORKERS' COMPENSATION INSURANCE PENALTY ASSESSMENT ORDER

PENALTY ASSESSMEN	ΓORDER	Case Number:	35-CM-365823-17			er: WC 506451
1. Date of Issue 05/10/2019	2. Time 3:11 PM	3. Day of Week Friday		4. Lie	cense / Registration Number	•
5. Legal Entity Orbit USA, LLC, a Dela Leonardo Valencia, an 6. Doing Business As (DBA)	•	- •	-	e., a De	laware corporation;	
7. Business Address			City		State	Zip
1400 Coleman Ave.			Santa Clara		CA	95070
8. Name of Person Served Roger Mason			9. Title of Person Served Attorney for Orbit U	J SA, L	LC	
10. Place Served, if different fr 983 University Ave., Ste		. 95032				
11. Date of Period of Violation 5/11/18 to 5/10/19			12. Date(s) or Period of Ur 5/11/16 to 5/11/18	ninsured	Months	
13. Location of Violation, if di Various Locations in Ca						
14. VIOLATION AND CIVI				*** 10	a	10 1 ()
The investigation revealed the following Violation of Labor Cool or IWC Order Section(le	Descriptio		Welfare	Civil Penalty Section	Total Penalty Assessed
A L.C. 3700	Failure to cover em	ployees with Worke	r's Compensation Insura	nce	L.C. 3722(b)	\$84,555.34
the period stated in iten penalty which is the gre the period you were uni Penalty Calculation: G	n #12 above in violation of eater of twice the amount of nsured; or \$1500 per emp	Labor Code Section f the workers' composition of the workers' composition (11) employed oyees 11 X \$1500 pe	ar employees with Workers 3700. Labor Code Section ensation insurance premiud during the period you were employee which equals ared (104.14) X 2 which e	n 3722(l m you v re unins \$16,50	o) provides for a would have paid during ured. O OR current weekly	
			Total Civil	Penalty	y Amount Assessed:	\$84,555.34
15. APPEAL RIGHTS	You may appeal by r Order within the time		a hearing on this Workers' ne next page.	Compe	ensation Insurance Penalt	y Assessment
16. PAYMENT	The civil penalty musappealed.	st be received by the	office listed on the reverse	e side no	o later than 15 calendar d	ays, unless
17. Issued by (Name)			18. Title	• • •		
Brian Perez			Deputy Labor Comm		er virector of Industrial Re	elations
19. District Office Address 1515 Clay St, Ste 801, C	akland, CA 94612		Tradionized Belegee o	T the B	nector of medicalar is	
20. Telephone (510) 622-5036	,		Number 0) 622-3257			
21. Service Personal Service If Substitute Service Used: Signabove in item 7.	ned copy left with person sho	wn in item 8 above, and	d copy sent by first class mail	, postage	prepaid to the employer at	the address shown

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

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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

WORKERS' COMPENSATION INSURANCE PENALTY ASSESSMENT ORDER

15/10/2019 12:35 PM Friday 12:35 PM Friday 15. Legal Entity 15. Legal Entit	PENALTY ASSESSMEN		Case Number:	35-CM-365823-17	Citation Numb	er: WC 506320	
Leonardo Valencia, an Individual; Orbit USA, LLC, a Delaware limited liability company; Tesla Energy Operations, Inc., a Delaware corporation, each jointly and severally liable	1. Date of Issue 05/10/2019		Time 3. Day of Week 4			License / Registration Number	
Delaware corporation, each jointly and severally liable So Doing Business As (DBA)			<u> </u>		_		
Solution Business As (DBA) Leck's Janiftors Services San Jose CA 95112				e limited liability comp	oany; Tesla Energy Operat	ions, Inc., a	
Leo's Janitors Services San Jose Ca State Zip	<u> </u>	<u> </u>	illy hable				
San Jose CA 95112							
Sin N Ist St., #216 San Jose CA 95112				City	State	7in	
Name of Person Served Downer				-			
10. Place Served, if different from item 7 above 12. Date(s) or Period of Uninsured Months 5/11/16 to 5/11/18 12. Date(s) or Period of Uninsured Months 5/11/16 to 5/11/18 13. Location of Violation, if different from item 7 above 14. VIOLATION AND CUIL PENALTY (See attached for details on applicable L.C. and/or IWC Section) 14. VIOLATION AND CUIL PENALTY (See attached for details on applicable L.C. and/or IMC Section) 15. Violation of Labor Code 15. Violation 15. Violation 15. Violation of Labor Code 15. Violation 15. Violation 15. Violation of Labor Code 15. Violation	8. Name of Person Served				-		
12. Date(s) or Period of Uninsured Months	Leonardo Valencia			_			
3.1. Location of Violation, if different from item 7 above Various Locations in California,	10. Place Served, if different fr	om item 7 above					
3. Location of Violation, if different from item 7 above	11. Date of Period of Violation	1		12. Date(s) or Period of Un	insured Months		
Various Locations in California, 14. VIOLATION AND CIVIL PENALTY (See attached for details on applicable L.C. and/or IWC Section) The investigation revealed the following violation(s) of California Labor Code or IWC Order Section(s) Description Description Civil Penalty Section Total Penalt Assessed	5/11/18 to 5/10/19			5/11/16 to 5/11/18			
VIOLATION AND CIVIL PENALTY (See attached for details on applicable L.C. and/or IWC Sections) 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 Description Civil Penalty Section Total Penalty Assessed	13. Location of Violation, if di	fferent from item 7 above		•			
The investigation revealed the following violation(s) of California Labor Code Violation of Labor Code or IWC Order Section(s) Violation of Labor Code or IWC Order Section(s) A L.C. 3700 Failure to cover employees with Worker's Compensation Insurance L.C. 3722(b) Say, 555. Calculation: An investigation revealed that you had failed to cover your employees with Worker's 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 worker's 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. Total Civil Penalty Amount Assessed: \$84,555. APPEAL RIGHTS 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. The civil penalty must be received by the office listed on the reverse side no later than 15 calendar days, unless appealed. The civil penalty must be received by the office listed on the reverse side no later than 15 calendar days, unless appealed. The civil penalty must be received by the office listed on the reverse side no later than 15 calendar days, unless appealed. The civil penalty must be received by the office listed on the reverse side no later than 15 calendar days, unless appealed. The civil penalty must be received by the office listed on the reverse side no later than 15 calendar days, unless appealed. The civil penalty appeal of the Director of Industrial Relations of the penalty of	Various Locations in Ca	alifornia, ,					
Violation of Labor Code or IWC Order Section(s) Description Description Civil Penalty Section A L.C. 3702 S84,555. A L.C. 3708 Failure to cover employees with Worker's Compensation Insurance L.C. 3722(b) \$84,555. 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. Total Civil Penalty Amount Assessed:							
A L.C. 3700 Failure to cover employees with Worker's Compensation Insurance L.C. 3722(b) \$84,555. 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) employee 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. Total Civil Penalty Amount Assessed: \$84,555. SAPPEAL RIGHTS 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. The civil penalty must be received by the office listed on the reverse side no later than 15 calendar days, unless appealed. The civil penalty must be received by the office listed on the reverse side no later than 15 calendar days, unless appealed. The civil penalty must be received by the office listed on the reverse side no later than 15 calendar days, unless appealed. The civil penalty must be received by the office listed on the reverse side no later than 15 calendar days, unless appealed. The civil penalty must be received by the office listed on the reverse side no later than 15 calendar days, unless appealed. The civil penalty must be received by the office listed on the reverse side no later than 15 calendar days, unless appealed. The civil penalty must be received by the office listed on the reverse side no later than 15 calendar days, unless appealed. The civil penalty must be received by the office listed on the reverse side no later than 15 calendar days, unless appeared to office Address (51	-						
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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