

**BIRNBERG & ASSOCIATES**

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**VIA FIRST CLASS U.S. MAIL**

District Director  
Office of Workers' Compensation Programs  
P.O. Box 193770  
San Francisco, CA 94119-3770

Re:  
Date of Injury:  
Employer:

To Whom It May Concern:

Please be advised that Birnberg & Associates have been retained to represent the above-named claimant in reference to his/her State of California Workers' Compensation case entitlements arising from an injury in the course of his employment with the above-named employer. Please note that our offices wish to be added to the official mailing list for this claim.

Sincerely yours,  
BIRNBERG & ASSOCIATES

Cory A. Birnberg

Date: \_\_\_\_\_

\_\_\_\_\_  
Claimant

CAB:jd  
cc: Claimant, Employer