EXHIBIT 50

EMPLOYMENT DEVELOPMENT DEPT
UI CENTER LOS ANGELES
PO BOX 5007
BUENA PARK CA 90622-5007

Copies send

Employment Development Department
EDD
State of California

NOTICE OF DETERMINATION

DATE MAILED 02/12/21
BENEFIT YEAR BEGAN 01/05/20

L CAJAS [redacted] 1210
BUENA PARK CA [redacted]

EDD TELEPHONE NUMBERS:

ENGLISH	1-800-300-5616
SPANISH	1-800-326-8937
CANTONESE	1-800-547-3506
MANDARIN	1-866-303-0706
VIETNAMESE	1-800-547-2058
TTY	1-800-815-9387

SSA NUMBER Redacted - PII

YOU ARE NOT ELIGIBLE TO RECEIVE BENEFITS UNDER CALIFORNIA UNEMPLOYMENT INSURANCE CODE SECTION 1253A BEGINNING 01/05/20 AND ENDING WHEN THE DISQUALIFYING CONDITIONS NO LONGER EXIST, AND YOU CONTACT THE ABOVE OFFICE TO REOPEN YOUR CLAIM.

YOU FAILED TO SUBMIT AN ADDITIONAL IDENTITY VERIFICATION DOCUMENT TO CONFIRM YOUR IDENTITY AS REQUIRED BY REGULATIONS. UNTIL A COPY OF ONE ADDITIONAL IDENTITY VERIFICATION DOCUMENT WHICH CONTAINS EITHER YOUR EMPLOYMENT DATA VERIFICATION, ADDRESS VERIFICATION, SOCIAL SECURITY NUMBER VERIFICATION, OR DATE OF BIRTH VERIFICATION IS RECEIVED, THE DEPARTMENT FINDS THAT YOU DO NOT MEET THE LEGAL REQUIREMENTS FOR PAYMENT OF BENEFITS. SECTION 1253A PROVIDES - AN INDIVIDUAL IS ELIGIBLE FOR BENEFITS IN A WEEK ONLY IF THE DEPARTMENT FINDS HE FILED A CLAIM ACCORDING TO REGULATIONS.

SEE NOTICE OF OVERPAYMENT ATTACHED.

APPEAL:

YOU HAVE THE RIGHT TO FILE AN APPEAL IF YOU DO NOT AGREE WITH ALL OR PART OF THIS DECISION.

TO APPEAL, YOU MUST DO ALL OF THE FOLLOWING:

A. COMPLETE THE ENCLOSED APPEAL FORM (DE 1000M) OR WRITE A LETTER STATING THAT YOU WANT TO APPEAL THIS DECISION. IF YOU WRITE A LETTER TO APPEAL, EXPLAIN THE REASON WHY YOU DO NOT AGREE WITH THE DEPARTMENT'S DECISION. WRITE YOUR SOCIAL SECURITY NUMBER ON EACH DOCUMENT YOU SUBMIT TO THE DEPARTMENT. (TITLE 22, CALIFORNIA CODE OF REGULATIONS (CCR), SECTION 5008).

B. MAIL THE DE 1000M OR YOUR LETTER TO THE ADDRESS OF THE OFFICE LISTED ON