PO Box 61591
King of Prussia, PA 19406
Phone #: (800) 220-3200
Fax #: (510) 465-3652
www.recordtrak.com

CASE NAME: HOLLIFIELD, RICK v. KVAAS CONSTRUCTION COMPANY

RECORDS PERTAIN TO: RICK HOLLIFIELD

PL. COUNSEL: RICK HOLLIFIELD, PRO PER

DOCKET NO.: WCAB ADJ2940450

DOB: 01/22/1965 DOD: / /

ASB FILE NO.:

RECORDS FROM: WCAB - SAN DIEGO (ADJ2940450)
7575 METROPOLITIAN DRIVE
SUITE 202
SAN DIEGO, CA
(619) 767-2083

RECORD IDENTIFICATION:

WORKERS' COMPENSATION RECORDS

RECORDTRAK FILE NO.: 479288

RECORDTRAK TAG NO.: 1

MAGNA RECORDTRAK
A MAGNA LEGAL SERVICES COMPANY

1111 Broadway, Suite 300
[LoclhBox]
Oakland, CA 94607
Phone: (800) 355-5771
Fax: (610) 354-8946
Email: rcu@magnals.com
Online Portal www.recordtrak.com/portal

4792888.1

April 13, 2026

Re: RICK HOLLIFIELD

THE CHIEF COUNSEL
WCAB - SAN DIEGO
7575 METROPOLITIAN DRIVE
SUITE 202
SAN DIEGO CA 92108

SS #: ###-##--##-
DOB: 01/22/1965 DOD: / /
FILE #: 479288 TAG #: 1

Dear Record Custodian:

ATTACHED PLEASE FIND A REQUEST FOR THE RELEASE OF THE FOLLOWING RECORDS FOR THE ABOVE REFERENCED PLAINTIFF.

1 . ALL WORKERS COMPENSATION RECORDS IN YOUR POSSESSION PERTAINING TO ADJ2940450.

IMPORTANT:

- Contact **within 7 days of receipt** of this document with a page count and pricing for approval. **DO NOT COPY OR SEND PRIOR TO APPROVAL**.

Upload responses to www.recordtrak.com/portal

- **Responses will not be accepted without completed and signed certification page(s)**.
- If records can't be uploaded through our portal, please fax to the fax number listed above or mail paper copies to the address listed above.
- Include your Federal Tax ID number on all invoices.
- Refer to **File # 479288 and tag 1** on all correspondence.

Sincerely,

Records Representative
Phone: (800) 355-5771

Attestation Regarding a Requested Use or Disclosure of Protected Health Information Potentially Related to Reproductive Health Care

The entire form must be completed for the attestation to be valid.

Name of person(s) or specific identification of the class of persons to receive the requested PHI.
JON GOWER , through Magna Legal Services as his/her designated record retrieval agent.
Name or other specific identification of the person or class of persons from whom you are requesting the use or disclosure.
WCAB - SAN DIEGO
Description of specific PHI requested, including name(s) of individual(s), if practicable, or a description of the class of individuals, whose protected health information you are requesting.
ALL WORKERS COMPENSATION RECORDS IN YOUR POSSESSION PERTAINING TO ADJ2940450. PERTAINING TO: RICK HOLLIFIELD DOB: 01/22/1965

I attest that the use or disclosure of PHI that I am requesting is not for a purpose prohibited by the HIPAA Privacy Rule at 45 CFR 164.502(a)(5)(iii) because of one of the following (check one box):

☒ The purpose of the use or disclosure of protected health information is to investigate or impose liability on any person for the mere act of seeking, obtaining, providing, or facilitating reproductive health care or to identify any person for such purposes.

☐ The purpose of the use or disclosure of protected health information **is** to investigate or impose liability on any person for the mere act of seeking, obtaining, providing, or facilitating reproductive health care, or to identify any person for such purposes, but the reproductive health care at issue was **not lawful** under the circumstances in which it was provided.

I understand that I may be subject to criminal penalties pursuant to 42 U.S.C. 1320d-6 if I knowingly and in violation of HIPAA obtain individually identifiable health information relating to an individual or disclose individually identifiable health information to another person.

Signature of the person requesting the PHI
/s/ JON GOWER Date April 13, 2026

If you have signed as a representative of the person requesting PHI*, provide a description of your authority to act for that person.*

Magna Legal Services is authorized by the requesting attorney or insurance company, who has engaged us to submit this attestation as part of their record retrieval request.

This attestation document may be provided in electronic format, and electronically signed by the person requesting protected health information when the electronic signature is valid under applicable Federal and state law.

STATE OF CALIFORNIA
DEPARTMENT OF INDUSTRIAL RELATIONS
DIVISION OF WORKERS' COMPENSATION

WORKERS' COMPENSATION APPEALS BOARD

HOLLIFIELD, RICK

Claimant/Applicant,

vs.

KVAAS CONSTRUCTION COMPANY

Employer/Insurance Carrier/Defendant.

Case No. ADJ2940450

(IF APPLICATION HAS BEEN FILED, CASE NUMBER MUST BE INDICATED REGARDLESS OF DATE OF INJURY.)

SUBPOENA DUCES TECUM

(When records are mailed, identify them by using above case number or attaching a copy of the subpoena)

Where no application has been filed for injuries on or after January 1, 1990 and before January 1, 1994, subpoena will be valid without a case number, but subpoena must be served on claimant and employer and/or insurance carrier.

See instructions below.*

The People of the State of California Send Greetings to: WCAB - SAN DIEGO (ADJ2940450)

WE COMMAND YOU to produce records before RecordTrak, A Magna Legal Services Co

at 1111 Broadway, Suite 300 Oakland, CA 94607 or Mail To: P.O. Box 61591 King of Prussia, PA 19406

on the 8 day of May 2026, _____, at 10:00 o'clock A.M., to testify in the above-entitled matter and to bring with you and produce the following described documents, papers, books, and records:
See Attachment 1.

(Do not produce X-rays unless specifically mentioned above.)

For failure to attend as required, you may be deemed guilty of a contempt and liable to pay to the parties aggrieved all losses and damages sustained thereby and forfeit one hundred dollars in addition thereto.

This subpoena is issued at the request of the person making the declaration on the reverse hereof, or on the copy which is served herewith.

Date April 13, 2026

WORKERS' COMPENSATION APPEALS BOARD
OF THE STATE OF CALIFORNIA

Secretary, Assistant Secretary, Workers' Compensation Judge

***FOR INJURIES OCCURRING ON OR AFTER SEPTEMBER 1, 2014 AND BEFORE SEPTEMBER 9, 2019:**

If no Application for Adjudication of Claim has been filed, a declaration under penalty of perjury that the Employee's Claim for Workers' Compensation Benefits (Form DWC-1) has been filed pursuant to Labor Code Section 5401 must be executed properly.

SEE REVERSE SIDE
[SUBPOENA INVALID WITHOUT DECLARATION]

You may fully comply with this subpoena by mailing the records described (or authenticated copies, Evid. Code 1561) to the person and place stated above within ten (10) days of the date of service of this subpoena.

This subpoena does not apply to any member of the Highway Patrol, Sheriff's Office or city Police Department unless accompanied by notice from this Board that deposit of the witness fee has been made in accordance with Government Code 68097.2, et seq.

DWC WCAB FORM 32 (Side 1) (Rev. 06/18)

DECLARATION FOR SUBPOENA DUCES TECUM

Case No. ADJ2940450

STATE OF CALIFORNIA, County of Alameda

The undersigned states: RecordTrak, A Magna Legal Service. Co has been authorized by JON GOWER to obtain records.
That he/she is (one of) the attorney(s) of record/representative(s) for the applicant/defendant in the action captioned on the reverse hereof. That WCAB - SAN DIEGO (ADJ2940450) has in his/her possession or under his/her control the documents described on the reverse hereof. That said documents are material to the issues involved in the case for the following reasons:
Said records are relevant to the allegations and defenses by the parties in the prosecution of this matter, to provide an accurate history of the applicant's claim, to prove an injury and notice thereof, to provide the right to compensation, permanent and temporary disability, and any possible penalties.

Declaration for Injuries on or After September 1, 2014 and Before September 9, 2019

☐ That an Employee's Claim for Workers' Compensation Benefits (DWC Form 1) has been filed in accordance with Labor Code Section 5401 by the alleged injured worker whose records are sought, or if the worker is deceased, by the dependent(s) of the decedent, and that a true copy of the form filed is attached hereto. (*Check box if applicable and part of declaration below. See instructions on front of subpoena.*)

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

Executed on April 13, 2026 at Oakland, California.

/s/ JON GOWER	c/o RecordTrak 1111 Broadway, Suite 300 Oakland, CA 94607	510-465-3200
Signature	Address	Telephone

DECLARATION OF SERVICE

STATE OF CALIFORNIA, County of _____

I, the undersigned, state that I served the foregoing subpoena by showing the original and delivering a true copy thereof, together with a copy of the Declaration in support thereof, to each of the following named persons, personally, at the date and place set forth opposite each name.

Place	Date	Name of Person Served
WCAB - SAN DIEGO (ADJ2940450) (619) 767-2083 7575 METROPOLITIAN DRIVE SUITE 202 SAN DIEGO, CA 92108		

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

Executed on _____, _____, at _____, California.

_____
Signature

JON GOWER
MISA STEFEN KOLLER WARD, LLP
13950 MILTON AVE
STE 200A
WESTMINSTER, CA 92683-2939
(714) 625-8566
Representative for Defendant

WORKERS' COMPENSATION APPEALS BOARD

HOLLIFIELD, RICK Claimant/Applicant ***vs.*** KVAAS CONSTRUCTION COMPANY Employer/Insurance Carrier/Defendant	CASE NUMBER: **ADJ2940450** **NOTICE TO CONSUMER(S) THAT PERSONAL RECORDS ARE BEING SOUGHT**

TO CONSUMER(S) RICK HOLLIFIELD

AND/OR THEIR ATTORNEY(S) OF RECORD:

Notice is hereby given that personal records relating to the consumer are being sought from the witness named in the subpoena.

If you object to the witness(es) furnishing the records you must file papers with the court pursuant to C.C.P. Section 1985.3(e)(2). If the party seeking the records will not agree in writing to cancel or limit the subpoena, you should consult an attorney about your interest in protecting your right to privacy.

Dated this April 13, 2026, at Oakland, California

By: RecordTrak, A Magna Legal Services Company
MISA STEFEN KOLLER WARD, LLP

479288.1

ATTACHMENT 3

RECORDS PERTAIN TO: RICK HOLLIFIELD DOB: 01/22/1965

RT: 479288; **TAG:** 1

Case Name: HOLLIFIELD, RICK vs. KVAAS CONSTRUCTION COMPANY
Case Number: ADJ2940450
Location: WCAB - SAN DIEGO

1 . ALL WORKERS COMPENSATION RECORDS IN YOUR POSSESSION PERTAINING TO ADJ2940450.

PROOF OF SERVICE

RE: HOLLIFIELD, RICK

vs.

KVAAS CONSTRUCTION COMPANY

WCAB Case No.: ADJ2940450

I am employed in the County of Alameda, State of California. I am over the age of 18 and not a party to the within action. My business address is: RecordTrak, 1111 Broadway Suite 300, Oakland, California, 94607.

On April 13, 2026 I served copies of the following documents described as: **SUBPOENA DUCES TECUM**, on all parties of record in this action, by USPS mail, postage prepaid, facsimile or by e-mail to the following address/fax number or e-mail address as follows:

RICK HOLLIFIELD, PRO PER
ATTN: RICK HOLLIFIELD
313 QUAIL RIDGE RD
JACKSONVILLE, NC 28546

I declare under penalty of perjury under the laws of the State of California that the above is true and correct.

Executed on April 13, 2026 at Oakland, California.

/s/ Dorothy Mays
Dorothy Mays

RecordTrak, A Magna Legal Services Company

DECLARATION FOR SUBPOENA DUCES TECUM

Case No. ADJ2940450

STATE OF CALIFORNIA, County of Alameda

The undersigned states: RecordTrak, A Magna Legal Service. Co has been authorized by JON GOWER to obtain records.
That he/she is (one of) the attorney(s) of record/representative(s) for the applicant/defendant in the action captioned on the reverse hereof. That WCAB - SAN DIEGO (ADJ2940450)
has in his/her possession or under his/her control the documents described on the reverse hereof. That said documents are material to the issues involved in the case for the following reasons:
Said records are relevant to the allegations and defenses by the parties in the prosecution of this matter, to provide an accurate history of the applicant's claim, to prove an injury and notice thereof, to provide the right to compensation, permanent and temporary disability, and any possible penalties.

Declaration for Injuries on or After September 1, 2014 and Before September 9, 2019

☐ That an Employee's Claim for Workers' Compensation Benefits (DWC Form 1) has been filed in accordance with Labor Code Section 5401 by the alleged injured worker whose records are sought, or if the worker is deceased, by the dependent(s) of the decedent, and that a true copy of the form filed is attached hereto. (*Check box if applicable and part of declaration below. See instructions on front of subpoena.*)

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

Executed on April 13, 2026 at Oakland, California.

/s/ JON GOWER	c/o RecodTrak 1111 Broadway, Suite 300 Oakland, CA 94607	510-465-3200
Signature	Address	Telephone

DECLARATION OF SERVICE

STATE OF CALIFORNIA, County of ALAMEDA

I, the undersigned, state that I served the foregoing subpoena by showing the original and delivering a true copy thereof, together with a copy of the Declaration in support thereof, to each of the following named persons, personally, at the date and place set forth opposite each name.

Place	Date	Name of Person Served
WCAB - SAN DIEGO (ADJ2940450) (619) 767-2083 7575 METROPOLITIAN DRIVE SUITE 202 SAN DIEGO, CA 92108	4-16-2026	JANDUE

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

Executed on 4-16-2026, ____, at OAKLAND, California.

Signature

DWC WCAB 32 (Side 2) (REV. 06/94)

479288.1

PLAINTIFF/PETITIONER: HOLLIFIELD, RICK DEFENDANT/RESPONDENT: KVAAS CONSTRUCTION COMPANY	CASE NUMBER: ADJ2940450

(479288- 1)

AFFIDAVIT OF CUSTODIAN OF RECORDS
(California Evidence Code § 1561)

Records Produced by: WCAB - SAN DIEGO
Records Pertaining to: RICK HOLLIFIELD
Date of Birth: 01/22/1965 **Social Security #:** ###-##--##-

I hereby declare, under penalty of perjury, that the following statements are true and correct to the best of my knowledge. I, the undersigned, am the duly authorized Custodian of Records (or other qualified witness) for the above referenced records provider.

These records were originally prepared / created via: (Please check all that apply to the **original mode of preparation**)

□ **Handwritten notes** □ **Transcription** □ **Computer generated forms** □ **Data entry**
□ **Other** _____

The enclosed records are comprised of the following: (Please check all that apply)

□ **Medical** □ **Billing** □ **Films/X-Rays** □ **Insurance** □ **Employment / Payroll**
□ **Scholastic** □ **Other** _____

☐To the best of my knowledge, all of the records referred to above were prepared or compiled by the personnel of the above named business, in the ordinary course of business, at or near the time of the acts, conditions or events recorded. I have the authority to certify that the records produced herewith are a true and correct copy of **ALL** of the records under my custody and control pertaining to the above named individual as described in the Subpoena or Authorization served with this affidavit. I have delivered all of the records / items requested to the requesting party.

☐A thorough search of our files, carried out under my direction revealed no documents, records or other materials requested under the Subpoena or Authorization for the following reason:
___All records for the time period in question have been destroyed in accordance with our document retention policy.
___Records do exist, but none within the time limits set forth in the request.
___A thorough search has been performed and no such records were found.
___(other)_____

_____ _____
Print Name Signature

_____ _____
Date Contact phone and email address

Certification of Professional Photocopier

I, the undersigned, declare under penalty of perjury that the foregoing is true and correct and that the attached copy of records was transmitted or distributed to the authorized person(s) or entities. I further declare that I made true and accurate copies of all records produced to me by the Custodian of Records of the above named records provider and will maintain the confidentiality of the information contained within.

_____ _____
Date Signature

STATE OF CALIFORNIA GAVIN NEWSOM, *Governor*

DEPARTMENT OF INDUSTRIAL RELATIONS
DIVISION OF WORKERS' COMPENSATION
7575 Metropolitan Drive, Suite 202
San Diego, CA 92108-4424
Tel (510) 286-7100
dwcsubpoena@dir.ca.gov

ORDER NO.: **479288 Tag 1**
EAMS CASE NO: **ADJ2940450 SDO0222978**
CASE NAME: **Rick Hollifield vs. KVAAS Construction Company**
CASE NO.: **N/A**

DECLARATION OF CUSTODIAN OF RECORDS
(California Evidence Code Section 1561)

I, the undersigned, declare:

☒ **CERTIFICATION OF RECORDS COPIED** ADJ2940450

I am a duly authorized custodian of records of the DIVISION OF WORKERS' COMPENSATION and have the authority to certify the records.

The electronic copies attached hereto are true copies of records on file with the DIVISION OF WORKERS' COMPENSATION described in the subpoena.

The records were prepared by the personnel of the DIVISION OF WORKERS' COMPENSATION in the ordinary course of business at or near the time of the act, condition, or event.

☒ **CERTIFICATION OF NO RECORDS**

☐ No records.

☐ No records exist for the dates requested.

☒ Of the records requested, the following legacy file(s) SDO0222978 with the DIVISION OF WORKERS' COMPENSATION described in the subpoena has/have been destroyed in accordance with Labor Code 135 and Section 10208.7(e) of Title 8 of the California Code of Regulations provide that the Division of Workers' Compensation following a period of twenty (20) years after the filing of an Application for Adjudication for Claim, may destroy the official Workers' Compensation case file without any micro-photographic or other reproduction.

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

Executed on 5/7/2026 in **San Diego**, California.

Arielle Vega
Print

Arielle Vega
Signature

DOCUMENT SEPARATOR SHEET

Product Delivery Unit: ADJ

Document Type: LEGAL DOCS

Document Title: CHANGE OF ADDRESS

Document Date: 08/07/2025
MM/DD/YYYY

Author: RICK HOLLIFIELD

Office Use Only

Received Date
MM/DD/YYYY

SAN DIEGO DIR Received AUG 22 2025 DEU DWC/WCAB

State of California
Department of Industrial Relations
Worker's Compensation Appeals Board
7575 Metropolitan Drive Suite 202
San Diego, CA 92108-4402

CHANGE OF ADDRESS FORM

Please list all WCAB File Numbers involved, use one form for multiple files for same injured. Thank You.

Please change the following address:

Current Information:

WCAB File Number(s): ADJ2940450

Name: Rick Hollifield

Address: [redacted]

New Address Information:

Name: Rick Hollifield

Address: [redacted]

Applicant/Defendant Attorney Information:

Name: _____

Address: _____

_____

SAN DIEGO DIR Received AUG 22 2025 DEU DWC/WCAB

August 2013

Proof of Service by Mail

I declare that:

I am (resident of / employed in) the county of Onslow, North Carolina, ~~California.~~

I am over the age of eighteen years, my (business / residence) address is:

[redacted]

On x 08/14/2025, I served the attached Change of Address

on the parties listed below in said case, by placing a true copy thereof enclosed in a sealed envelope with postage thereon fully paid, in the United States mail at Jacksonville, NC addressed as follows:

WCAB 7575 Metropolitan Drive, #202 San Diego, CA 92108
Argo Group P.O. Box 469010 San Antonio, TX 78246-9010

SAN DIEGO DIR
Received
AUG 22 2025
DEU
DWC/WCAB

I declare under penalty of perjury under the laws of the State of California that the foregoing is true and correct, and that this declaration was executed on

(date) x 08/14/2025, at Jacksonville, North Carolina, ~~California~~.

Type or print name Rick Hollifield

Signature x Rick Hollifield

Marine FCU Notary Attachment

Onslow, North Carolina
County, State

I, Aaron J. Suggs a Notary Public for the said County and State, do hereby certify that the following person(s) Rick Arnold Hollifield personally appeared before me this day, and ((I have personal knowledge of the identity of the principal(s)) (A credible witness has sworn to the identity of the principal(s)) (I have seen satisfactory evidence of the principal's identity, by a current state or federal identification with the principal's photograph in the form of a NCDL)); acknowledged to me that he or she voluntarily signed the foregoing document for the purposes stated therein and in the capacity indicated.

Witness my hand and official seal, this 14th day of August, 2025.
Month, Year

(Official Seal)

AARON J SUGGS
Notary Public, North Carolina
Onslow County
My Commission Expires
March 16, 2026

Notary Public

My commission expires: 03/16/2026

COMPLIANCE WITH LABOR CODE §4906(h)

Applicant: RICK HOLLIFIELD

Employer: KVAAS CONSTRUCTION COMPANY

Case No.: ADJ2940450

Pursuant to the requirements set forth in Labor Code §4906, I declare as follows:

I have no violated Labor Code §139.3.

I have not offered, delivered, received, or accepted any rebate, refund, commission, preference, patronage, dividend, discount, or other consideration, whether in the form of money or otherwise, as compensation or inducement for any referred examination or evaluation.

A photostatic copy of this declaration shall be valid as the original.

I declare under penalty of perjury of the laws of State of California that the foregoing is true and correct to the best of my knowledge, information, and belief.

Dated: March 19, 2026

_____
Signature of Declarant

By: Jon Gower
MISA STEFEN KOLLER WARD, LLP
13950 Milton Ave., Suite 200A
Westminster, CA 92683
(714) 625-8566

Jon Gower | SBN: 272785
Misa Stefen Koller Ward, LLP
13950 Milton Ave., Ste. 200A
Westminster, CA 92683
Telephone: (714) 625-8566
Fax: (714) 855-1241

Attorneys for Defendants, KVAAS CONSTRUCTION COMPANY; ADMINISTERED BY ARGONAUT FRESNO

STATE OF CALIFORNIA
WORKERS' COMPENSATION APPEALS BOARD

RICK HOLLIFIELD,

Applicant,

v.

KVAAS CONSTRUCTION COMPANY,

Defendants.
_____/

EAMS No.: ADJ2940450

NOTICE OF REPRESENTATION

PLEASE TAKE NOTICE that this office has been retained to represent the interests of defendant, Kvaas Construction Company, administered by ARGONAUT FRESNO. The attorney of record for Defendant is as follows:

MSKW WESTMINSTER
EAMS ID No. 11447821
servicereceipt@mskwlaw.com
13950 Milton Ave., Ste 200A
Westminster, CA 92683
(714) 625-8566

Dated: March 19, 2026

Respectfully submitted,

_____
Jon Gower
Attorney for Defendants

MSKW WESTMINSTER
EAMS Administrator: Lisa Lucio
Phone Number: (714) 625-8566
Email: llucio@mskwlaw.com

PROOF OF SERVICE BY MAIL

RE: Hollifield, Rick v. Kvaas Construction Company
Case No. : ADJ2940450
[redacted]

I, Lisa Ginsberg, am employed in the County of Orange. I am over 18 years of age, and I am not a party to the within action. My business address is Misa Stefen Koller Ward, LLP, 13950 Milton Avenue, Suite 200A, Westminster, CA 92683. On March 19, 2026, I served the within:

- **NOTICE OF REPRESENTATION;**
- **DECLARATION OF COMPLIANCE WITH LABOR CODE 4906(h)**

on the parties listed below in said action by placing a true and correct copy thereof in a sealed envelope with the required postage therein, fully prepaid, for collection and mailing on the date and at the place shown below following ordinary business practices. I am readily familiar with this business' practice for collecting and processing correspondence for mailing. On the same day that this correspondence was placed for collection and mailing, it was deposited in the ordinary course of business in a sealed envelope with postage fully prepaid and deposited in the United States mail at Westminster, California addressed as follows:

[E-Filed]
Workers' Compensation Appeals Board
7575 Metropolitan Drive, Suite 202
San Diego, CA 92108-4424

[PRO PER]
Mr. Rick Hollifield
[redacted]

Testan Law San Diego
4550 E Thousand Oaks Blvd, Ste 200
Westlake Village, CA 91362

[Via Email Only]
Ms. Rene Cristobal
Argo Group
PO Box 469010
San Antonio, TX 78246

Kvaas Construction Company
PO Box 121533
San Diego, CA 92112

Melissa Hollifield
255 Avocado Ave, Apt D
El Cajon, CA 92020

William Burnell
222 W Madison Ave
El Cajon, CA 92020

Mary Clark
275 E Douglas Ave, Ste 104
El Cajon, CA 92020

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

Executed on March 19, 2026 at Westminster, California.

Lisa Ginsberg