

**CERTIFICATE OF SERVICE**

**I certify that a copy of this document was mailed to:**

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*Name of Opposing Party's Attorney (or Opposing Party if there is no attorney)*

**by regular United States Mail to:**

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*Street Address*

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*City, State, Zip Code*

on \_\_\_\_\_.  
*Date*

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*Signature*

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*Print Name*

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*Street Address*

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*City, State, Zip code*

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*Telephone Number (Required)*