,	Case No.
vs. Plaintiff, , Defendant.	CERTIFIED MAIL PROOF OF SERVICE
I,	by certified mail, to the party,
, as required by 1	
The return receipt for mailing to the party wa	s signed on
Postage \$	
Signature:	Date:
Street Address/P.O. Box:	
City/State/ZIP Code: Telephone Number:	
Email address:	
If completed by an attorney: Bar Number:	

ATTACH RETURN RECEIPT AND RETURN TO THE COURT