## IN THE DISTRICT COURT OF SPOKANE COUNTY WASHINGTON

Plaintiff(s), vs.  Defendant(s).	SMALL CLAIMS NO  CERTIFICATE OF SERVICE  **THIS DOCUMENT MUST BE FILED WITH COURT BEFORE THE HEARING DATE**	
I DECLARE that I am <u>not</u> the Plaintiff, Defendant or a over the age of 18 and a resident of the State of Washington □ NOTICE OF SMALL CLAIMS □ NOT		
PERSONAL SERVICE RCW 4.28.080(16)  I served the Notice by delivering a true copy to the Defe Washington, as follows:  Name of Defendant/Plaintiff:  Addre	endant, personally in SPOKANE County, State of ess Where Served:  Date of Service:	
SUBSTITUTE SERVICE RCW 4.28.080(16)  I served the Notice by delivering a true copy to the Defendant's <u>usual place of residence</u> in SPOKANE County, State of Washington, and leaving it with a person over 12 years of age residing there, as follows:  Name of Defendant/Plaintiff:  Address Where Served:  Date of Service:		
Name of Person Receiving Copy:		

SERVICE BY MAIL RCW 12.40.040; RCW 4.28.080(17) *MUST attach both the postal receipt AND the			
	I served the Notice by depositing in the United S		
	, a true copy of the Notice enclose		
having adequate postage and sent Certific	d Mail, Restricted Delivery, Return Receipt Requ	ested, as follows:	
Name of Defendant/Plaintiff:	Address Mailed:	Date Mailed:	
U.S. Postal Service™ CERTIFIED MAIL® RECEIPT	SENDER: COMPLETE THIS SECTION COMPLETE THIS SECTION ON DELIVERY		
Domestic Mail Only For delivery information, visit our website at www.u	Complete items 1, 2, and 3.  Print your name and address on the reverse so that we can return the card to you.  A. signature  X.   A.	ddressee	
Contined Mail Fee  Contined Mail Fee  S  Extra Services & Fees shock box, add fee as appropriate	Attach this card to the back of the mailpiece, or on the front if space permits.     Article Addressed to:     D. Is delivery address different from item 12	98	
Editor Services & Fees sheek box, add he as appropriate	If YES, enter delivery address below: N	0	
	SAMPLE		
Chair Speciage Profession Delivery \$	3. Service Type   Adult Signature   Priority Mail Ex-	press®	
	9590 9401 0000 5191 0000 12  2. Article Number (Transfer from service labele)  2. Article Number (Transfer from service labele)  3. Collect on Delivery (Restricted Delivery)  3. Significant Collect on Delivery (Restricted Delivery)  4. Article Number (Transfer from service labele)	il very very very very very very very very	
City, State, 284-48  PS Form \$800, April 2015 Pay 1750-05 0000047. See Roye	Insured Mail   Insured Mail   Restricted Delivery   Restricted Delivery   Gover 8500)   PS Form 3811, July 2020 PSN 7530-02-000-9053   Domestic Return	Receipt	
SERVICE ON A BUSINESS RCW 4.28			
I served the Notice by delivering a true	copy to the Registered Agent_as follows:		
	Address Mailed:	Date Mailed:	
Name of Registered Agent:	Address Maned:	Date Maneu.	
Manner Served:			
☐ Personal Service			
	ne postal receipt AND the return receipt signed by	the Registered Agent)	
	F organization	1128	
	of perjury that the foregoing is true and correct an		
	t of the State of Washington over the age of 18 ye	ears and not a party to	
the above-referenced claim.			
Comment Norman (Duinte 1)	Samuel Sianatan	Data	
Server's Name (Printed)	Server's Signature	Date	
Server's Phone No.	Server's Address City State	Zip Code	
SCIVELS PHONE INO			

\*\*If there is a Service Fee Cost, please attach the invoice/receipt.

When completed, return to: Spokane County District Court Civil & Small Claims PO Box 2352 Spokane WA 99210