

CERTIFICATE OF SERVICE

I declare under penalty of perjury under the laws of the State of Washington that on this date, I sent true and correct copies of the attached _____ to each person listed below, in the manner indicated.

Party	Method of Service
Name Address Used For Service	<input type="checkbox"/> U.S. First Class Mail, postage prepaid <input type="checkbox"/> E-mail <input type="checkbox"/> Fax <input type="checkbox"/> Hand Delivery <input type="checkbox"/> Legal Messenger
Name Address Used For Service	<input type="checkbox"/> U.S. First Class Mail, postage prepaid <input type="checkbox"/> E-mail <input type="checkbox"/> Fax <input type="checkbox"/> Hand Delivery <input type="checkbox"/> Legal Messenger
Name Address Used For Service	<input type="checkbox"/> U.S. First Class Mail, postage prepaid <input type="checkbox"/> E-mail <input type="checkbox"/> Fax <input type="checkbox"/> Hand Delivery <input type="checkbox"/> Legal Messenger

Dated: _____

 Name:
 Title: