JUDICIAL DISTRICT  Case No
Case No
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## **CERTIFICATE OF SERVICE**

I certify that on	(date) the original of this document
was filed with the Clerk of District Court;	and, a true and accurate copy of this document
was served on the other party by Hand	Delivery OR Faxed to this number
	the United States mail, postage pre-paid, and
addressed to the following:	
(Insert Defendant/Defendant's Attorney's	Name and Address)
TO:	
	Your signature
	Print name
	5.11
Pursuant to Rule 102(a)(1)(B) of the W	Fill in, if applicable
Attorney's Name	
Attorney's Address/Telephone:	
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