

FORM 2: CERTIFICATE OF SERVICE

CERTIFICATE OF SERVICE

I certify that I have this day served _____ (opposing party or attorney)
with a copy of this _____ (type of document being served) by **(choose one)**:

1. _____ Personal service:

(Full name and Complete address of party served)

2. _____ Through the U.S. mail with first class postage paid addressed to:

(Full name and Complete address of party served)

3. _____ By e-mail: I certify that there is a prior agreement with _____
(opposing party or attorney) to allow documents in a PDF format sent via email to suffice
for service to him/her at:

(Valid e-mail address)

(Provide e-mail address, Full name and complete mailing address of party served)

Served by me on this the _____ (Day) of _____ (Month), _____ (Year).

(Your Signature)

(Your name, mailing address, phone number and e-mail address)