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 Washingt □ NOTICE OF SMALL CLAIMS □ NOTICE	
□ NOTICE OF AMENDED SMALL CLAIMS	
INOTICE OF AMENDED SMALE CLAIMS	, by.
PERSONAL SERVICE RCW 4.28.080(16)	
I served the Notice by delivering a true copy to the <u>Defe</u> Washington, as follows:	endant, personally in SPOKANE County, State of
Name of Defendant/Plaintiff: Addre	ess Where Served: Date of Service:
SUBSTITUTE SERVICE RCW 4.28.080(16)	
I served the Notice by delivering a true copy to the Def State of Washington, and leaving it with a person over 12	fendant's <u>usual place of residence</u> in SPOKANE County, 2 years of age residing there, as follows:
Name of Defendant/Plaintiff: Addre	ess Where Served: Date of Service:
Name of Person Receiving Copy:	<u> </u>

SERVICE BY MAIL RCW 12.40.040	; RCW 4.28.080(17)_ <mark>*MU</mark>	IST attach both the	e postal receipt AND the	
return receipt signed by the defendan				
	· · ·	¥ •	nclosed in a sealed envelope	
having adequate postage and sent Certif	ied Mail, Restricted Deliver	ery, Return Receipt	Requested, as follows:	
Name of Defendant/Plaintiff:	Address I	Address Mailed:		
			_	
U.S. Postal Service™ CERTIFIED MAIL® RECEIF		ON COMPLETE THIS SECTION ON D	DELIVERY	
Domestic Mail Only For delivery information, visit our website at was	Complete items 1, 2, and 3. Print your name and address on the so that we can return the card to yet a card to y	ou.	☐ Agent ☐ Addressee	
For delivery information, visit our website at en	Attach this card to the back of the or on the front if space permits. 1. Article Addressed to:	D. Is delivery address different from	C. Date of Delivery	
Extra Services & Fees show how, add he an appropriate Control Mail Report Services Control Services Control Services Control Services Control Services Control Mail Resistant Online Control Mail Resistant Onl	Postmark	If YES, enter delivery address by	ellow: No	
	Hore S/	AIVIPLE		
	**************************************	3. Service Type Adult Signature Adult Signature	□ Priority Mail Express® □ Registered Mail™	
On the Springer Research College 5 Prolating on the Springer Research College 5 Total Postage and Fees Sant To Sincert and Air, No., or PO Bios No. The Springer Research College 5 Sont To Sincert Air, No., or PO Bios No.	9590 9401 0000 5191 (2. Article Number (Transfer from service la	Certified Mail Restricted Delivery Collect on Delivery Restricted Delivery Collect on Delivery Restricted Delivery	☐ Registered Mail Restricted Delivery ☐ Signature Confirmation ☐ Signature Confirmation	
Citi; State, 294-44 PS Form 3800, April 2015 Poin 20040 000 9941 See 1	PS Form 3811, July 2020 PSN 7530-0	Insured Mail Restricted Delivery (over \$500)	omestic Return Receipt	
SERVICE ON A BUSINESS RCW 4.28.080(9)				
I served the Notice by delivering a true	e copy to the Registered A	gent_as follows:		
Name of Registered Agent:	Address I	Mailed:	Date Mailed:	
M C I				
Manner Served:				
☐ Personal Service	the most of most int AND th		ad but the Decistored Asset)	
☐ Service by Mail (MUST attach both	the postal receipt AND th	e return receipt sign	ed by the Registered Agent)	
I, the undersigned, declare under penalty	y of perjury that the forego	oing is true and corre	ect and that I was at the time	
of service of the above notice(s) a reside		•		
the above-referenced claim.				
Server's Name (Printed)	Server's Signature		Date	
Server's Phone No.	Server's Address	City S	State Zip Code	

**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