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CERTIFICATE OF SERVICE

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STATE OF WEST VIRGINIA

COUNTY OF \_\_\_\_\_

I, \_\_\_\_\_, mailed (List the items you mailed below.)  
(Print Your Name)

\_\_\_\_\_  
\_\_\_\_\_

by first class mail, to:

\_\_\_\_\_; and  
(Print name and address of person to whom you mailed the items.)

\_\_\_\_\_,  
(Print name and address of person to whom you mailed the items.)

on the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date