

STATE OF \_\_\_\_\_ )  
(Name of State) )  
COUNTY OF \_\_\_\_\_ )  
(Name of County) )

CERTIFICATE OF SERVICE

I \_\_\_\_\_, Claimant, affirm, certify or on oath state, that I  
(Name)  
served notice of the Wage Claim Complaint filed against

\_\_\_\_\_ or their agents appointed to receive service of process  
(Name of Individual/ Company/Agent)

by attaching/enclosing a copy of the Wage Claim Complaint and any

additional documentation and sending by electronic mail (email) with a "read"

confirmation or in an envelope addressed to \_\_\_\_\_ at \_\_\_\_\_  
(Name of Respondent) (Address)

\_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_ having mailed the envelope to be served  
(City) (State) (Zip Code)

by U.S. mail/private courier, with postage prepaid at \_\_\_\_\_,  
(Circle One) (Address of Post Office or Courier)

\_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_ on the \_\_\_\_\_, 20\_\_\_\_ prior to 4:30 p.m.  
(City) (State) (Zip Code) (Date and Month)

\_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Printed Name)