

STATE OF _____)
(Name of State))
COUNTY OF _____)
(Name of County))

CERTIFICATE OF SERVICE

I _____, Respondent, affirm, certify or on oath state, that I
(Name)
served notice of all documents intended to be used by Respondent for
purposes of the Illinois Department of Labor investigation for wage claim
_____ upon Claimant or his/her agents appointed to receive service
(Wage Claim Number)
of process by attaching/enclosing a copy of the documentation and sending by
electronic mail (email) with a "read" confirmation or in an envelope addressed to
_____ at _____,
(Name of Claimant) (Address) (City)
_____ having mailed the envelope to be served by
(State) (Zip Code)
U.S. mail/private courier, with postage/delivery charges prepaid at
(Circle One)

_____ on this _____ of
(Address of Post Office or Courier) (City) (State) (Zip Code) (Day)
_____, 20____ prior to 4:30 p.m.
(Month) (Year)

(Signature)

(Printed Name)