## **Attachment 11 - Certificate of Service**

## **CERTIFICATE OF SERVICE**

|                                | I,          |              |            |        |         |                  |             |          | , Plaintiff p  | ro se  |
|--------------------------------|-------------|--------------|------------|--------|---------|------------------|-------------|----------|----------------|--------|
| do here by certify that on the |             |              |            |        |         | Day of           |             |          |                |        |
|                                |             |              |            |        |         | foregoing        |             |          |                |        |
| , the                          | attorney    | for (Def     | endant)    | by     | (Sta    | te the manner    | of delivery | y - eg.  | U.S. Mail;     | Hanc   |
| Deliv                          | ery; Cert   | tified Ma    | <u>il)</u> | at the | followi | ng address:      | (give ado   | dress of | f Attorney for | or the |
| <u>Defer</u>                   | ndant)      | <del>.</del> |            |        |         |                  |             |          |                |        |
|                                |             |              |            |        |         |                  |             |          |                |        |
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| Dated                          | 1.          |              |            |        |         |                  |             |          |                |        |
| Daice                          | ı. <u> </u> |              |            |        |         |                  |             |          |                |        |
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|                                |             |              |            |        |         |                  |             |          |                |        |
|                                |             |              |            |        | S       | Signature of Pla | aintiff     |          |                |        |