

IN DISTRICT COURT, _____ COUNTY, STATE OF NORTH DAKOTA

_____,
Plaintiff

CASE # _____

vs.

AFFIDAVIT OF SERVICE
BY MAIL

_____,
Defendant

STATE OF NORTH DAKOTA COUNTY OF _____

Name of Person who Mailed Papers:	Time Mailed(hr:mn): <input type="checkbox"/> A.M. <input type="checkbox"/> P.M.	Date Mailed:
Person to whom Papers were Mailed:	Street Address where Mailed:	
City:	State:	Zip Code:
Mailed at U.S. Post Office in the City of:	State of:	

I swear that I am at least 18 years of age; and that on the date shown above, I deposited a true copy of _____

_____ (Documents mailed)
in this case, securely enclosed in an envelope with CERTIFIED MAIL POSTAGE DULY PREPAID,
RETURN RECEIPT REQUESTED, DELIVER TO ADDRESSEE ONLY, FOR THE PERSON LISTED ABOVE.

Dated: _____

(Signature of Person Who Mailed Envelope)

Subscribed and sworn to before me this _____ day
of _____, 20_____.

(Clerk of Court or Notary Public)

_____ County, North Dakota

If Notary Public, my commission expires: _____