

5. **Person Served by Mail:**

Name of Person Served: _____

Mailing Address: _____

City, State, Zip Code: _____

6. I declare, under penalty of perjury under the law of North Dakota, that everything I stated in this Declaration of Service by Mail is true and correct.

Signed on _____ (date) in _____ (city),
_____ County, _____ (state), _____ (country).

(Signature of Person who Mailed Documents)

(Printed Name of Person who Mailed Documents)

(Address of Person who Mailed Documents) (City, State, Zip Code)

(Telephone Number) (Email)