

NAME, ADDRESS AND TELEPHONE NUMBER OF ATTORNEY(S)

**UNITED STATES DISTRICT COURT
CENTRAL DISTRICT OF CALIFORNIA**

CASE NUMBER

PLAINTIFF(S),

v.

DEFENDANT(S).

**PROOF OF SERVICE - ACKNOWLEDGMENT
OF SERVICE**

I, the undersigned, certify and declare that I am over the age of 18 years, employed in the County of _____, State of California, and not a party to the above-entitled cause. On _____, 20_____, I served a true copy of

by personally delivering it to the person (s) indicated below in the manner as provided in FRCivP 5(b); by depositing it in the United States Mail in a sealed envelope with the postage thereon fully prepaid to the following: (list names and addresses for person(s) served. Attach additional pages if necessary.)

Place of Mailing: _____

Executed on _____, 20_____ at _____, California

Please check one of these boxes if service is made by mail:

- I hereby certify that I am a member of the Bar of the United States District Court, Central District of California.
- I hereby certify that I am employed in the office of a member of the Bar of this Court at whose direction the service was made.
- I hereby certify under the penalty of perjury that the foregoing is true and correct.

Signature of Person Making Service

ACKNOWLEDGEMENT OF SERVICE

I, _____, received a true copy of the within document on _____.

Signature

Party Served