

SHORT TITLE: _____	CASE NUMBER: _____
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ATTACHMENT TO PROOF OF SERVICE—CIVIL (PERSONS SERVED)

(This Attachment is for use with form POS-040)

NAMES, ADDRESSES, AND OTHER APPLICABLE INFORMATION ABOUT PERSONS SERVED:

<u>Name of Person Served</u>	<u>Address (business or residential), Fax, or E-mail (as applicable) Where Served</u>	<u>Time of Service (for personal service)</u>
		Time: _____
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