REPERTING OF MASTING

WASHINGTON Secretary of State Corporations & Charities Division Corporations & Charities Division <u>Physical/Overnight address:</u>

801 Capitol Way S Olympia, WA 98501-1226 <u>Mailing address:</u> PO Box 40234 Olympia, WA 98504-0234 Tel: 360.725.0377 sos.wa.gov/corps

COVER SHEET FOR SERVICE OF PROCESS TO THE SECRETARY OF STATE'S OFFICE AS ATTORNEY-IN-FACT RCW 46.64.040

The below items are required to be provided to our office to be able to accept service.

- Summons and Complaint.
- Either the plaintiff's affidavit of compliance OR affidavit of the plaintiff's attorney which states:
- 1. That the plaintiff and/or attorney has with due diligence attempted to serve personal process upon the defendant at all addresses known to him or her of defendant.
- 2. The list of addresses at which he or she attempted to have process served.

OR

- 1. If process is forwarded by registered mail and defendant's endorsed receipt is received and entered as a part of the return of process then the foregoing affidavit of the plaintiff and/or plaintiff's attorney need only show that the defendant received personal delivery by mail.
- Name of the defendant(s) to be served.
- The full last known addresses of the defendant(s) that are to be served.

Additional names and/or addresses can be provided by attaching additional pages.

Attention:Address:		A			
		A			
City:		C i	ity:		
Zip:	State:	Zi	ip:	State:	
RETURN ADDRESS		ON OF SERVIC	CE:		
Attention:					
Email:					
Address:					
City:		State:	Zip:		
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Fee breakdown: \$50 per address; per marital community OR individual person. Examples:

1) \$50: serving one marital community OR an individual at one address.

- 2) \$100: serving one marital community OR an individual at two addresses.
- 3) \$200: serving two separate marital communities OR two separate individuals at two different addresses.