## **CERTIFICATE OF SERVICE**

| State of West     | Virginia                  |                     |                              |    |
|-------------------|---------------------------|---------------------|------------------------------|----|
| County of         |                           |                     |                              |    |
| I,                | (Print your name.)        | , mailed            | (List the items you mailed.) | _  |
|                   |                           |                     | , by first class mail, to:   |    |
| (Print name and a | address of person you mai | iled the items to.) | ; an                         | d  |
| (Print name and a | address of person you mai | iled the items to.) |                              | ., |
| on the da         | ay of                     | ,                   |                              |    |
|                   |                           |                     |                              |    |
| Signature         |                           | Date                |                              |    |