STATE OF MINNESOTA DISTRICT COURT JUDICIAL DISTRICT DIVISION: _____ COUNTY OF _____ **CASE TYPE:** _____ **AFFIDAVIT OF SERVICE** Plaintiff, UNDER MINN. R. CIV. P. 5 LASM Form No. Aff-1 (May 2000) v. Case No. Defendant. STATE OF MINNESOTA))ss. COUNTY OF) I, ______, being duly sworn, say that on ______, I served a copy of the attached documents: on ______, the opposing party or agent/attorney for the opposing party in this action, in the City of______, County of______, in the State of Minnesota, by (select one): 1. mailing a true and correct copy by United State Mail, postage prepaid addressed to: 2. transmitting a true and correct copy by facsimile (fax) machine to the LASM No. Aff-1 (May 2000) Affidavit of Service under Rule 5 1

	following person and fax number:
3.	delivering a true and correct copy by to the following person and address:
	;
4.	if no address is known, leaving a true and correct copy with the District
	Court Administrator.
	 Date
	and sworn to before me
	Notary Public