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SHORT TITLE:	CASE NUMBER:

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:

Name of Person Served	Where Served	Time of Service
(If the person served is an attorney, the party or parties represented should also be stated.)	*(Provide business or residential address where service was made by personal service, mail, overnight delivery, or messenger service. For other means of service, provide fax number or electronic service address, as applicable.)*	*(Complete for service by fax transmission or electronic service.)*
		Time: _____
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