AFFIDAVIT OF SERVICE BY CERTIFIED MAIL

STATE OF MINNESOTA)
) ss
COUNTY OF CASS)

I, _____, being first duly sworn, depose and state that on the _____ day of _____, 20___, I served the DEMAND FOR PAYMENT OF DISHONORED CHECK upon _____for a check(s) date _____, 20___, drawn on the _____ Bank of the City of _____, in the amount(s) of $_____ bearing the signature of _____. A true and correct copy of said Demand was mailed by Certified United State Mail, in the City of _____ Minnesota, to him/her at _____, the address printed on the check.

_____
(Affiant Signature)

Subscribed and sworn to before me
This ___day of _____, 20___.

_____

Notary Public