AFFIDAVIT OF SERVICE

[] Kenosha Co. [Milwaukee Co. [] Ozaukee Co. []	Racine Co. [] \	Washington Co.	[] Waukesha Co. []	County
MIL WALLEE COLLIES	a		Case No	
MILWAUNCE COUNTY } SS			Court Date しいいを	25 2m
Documents Attached: [] Summons [] Summons and Comple	aint [] Subpoens	a [] Subpoena D		
[] Order to Show Cause [] Check in the amount of \$	Travel or Witn	ness Eggs IVI OII	NOTICE ENOU	c 0= -40
Conclusions OF	LAW.	REGOV	MMENDATIO	S OF THE
			TOTAL TOTAL	<i>711</i>
PERSONAL SERVICE				
legal action of the attached document(s) which was/were served	, being duly s I personally upon t	sworn on oath, stat he below named p	te I am an adult resident of this State	e. I am not a party to the
Named Party I VO MAR DCU	Mann	Date 6	17-02 Time /	S O (10)(2).
Address 816 5 4th 5		City of Milwauk	kee or[]	ijam Mom
Description: [] Male [] Female Ht* Wt*Rac	e Hair	Age*	Notes:	
			· · · · · · · · · · · · · · · · · · ·	
SUBSTITUTED PERSONAL SERVICE & NOT SUCCESSFUL P	ERSONAL SERV	ICE ATTEMPTS F	PRIOR TO SUBSTITUTED PERSON	AL SERVICE**
l,	, being duly swice as annotated in ached documents	worn on oath, state this affidavit in ac on the below name	e I am an adult resident of this State. coordance with Wis. Stats. 801.11(1	I am not a party to the) (b) (1)m or (2), I did
Named Destri			Time	
at [] his [] her abode		I 1 City	of Mihveukee as 1.1] am [] pm
by leaving a true and correct copy with		[] Oity	or willwaukee or []	WI
amily at least 14 years of age who was informed of the contents	thereof or [] a	commetant adult -	[] a competent me	mber of [] his [] her
was informed of the contents thereof. Description of person ser		competent adult c	urrently residing in the abode of the	"Named Party" who
	HairAgo	e* Notes		
	····	·Notes_		*Estimated
*/[]am[]pm	**		[]am[]pm	
* <u>/ / []am[]pm</u>	**	<u> </u>	[]am[]pm	
*/[]am[]pm	** _		[]am[]pm	
*[]am[]pm	**		[]am[]pm	
	**_		[]am[]pm	
	**	1 1	<u></u>	
ESULTS/NOTES:	/ /			
10				
	PROCESS SERV	VICE, INC.	OF	AFFIDAVITS
ay of 2000			Fee for Service :	
otary Public	Agent		Fees: Mileage@ .30/ mile	
y Commission expires:	. 	· • • • • • • • • • • • • • • • • • • •	Fees: Hourly @ \$ 30./hr	`
OF WISCO		s	pecial Fees::	
State Process Service, Inc. 2001		T	OTAL FEES:	sllil