

**IN THE JUSTICE COURT OF THE STATE OF MONTANA
 IN AND FOR THE COUNTY OF CARTER
 BEFORE KATHLEEN "KATHY" ROSENCRANZ, JUSTICE OF THE PEACE
 214 PARK STREET, EKALAKA, MT 59324
 OFFICE 406-775-8754 FAX 406-775-8755**

<u>AllPlaintiffStart AllPlaintiffName</u> <u>AllPlaintiffEnd</u> <p style="text-align: center;">Plaintiff(s)</p> vs <u>AllCivilDefendantStart</u> <u>AllCivilDefendantName</u> <u>AllCivilDefendantEnd</u> <p style="text-align: center;">Defendant</p>	Case No. CaseNumber AFFIDAVIT OF SERVICE
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, being first duly sworn states as follows:

1. He/She is a bona-fide resident of the State of Montana and is of legal age.
2. That he/she is not a party to nor interested in this action.
3. He/She served the Complaint and Summons in this action on the Defendant by leaving with _____, this ____ day of _____, 20____, at ____:____.M.
4. That he/she knows the person served to be the person named in the papers served and it is the person intended to be served.

Date

AFFIANT

STATE OF MONTANA)
) ss:
 City / County of _____)

On this ____ day of _____, 20____, before me, a Notary Public for the State of Montana, personally appeared _____, known to me to be the person whose name is subscribed to the within instrument and acknowledged to me that he/she executed the same.

Notary Public for the State of Montana
 Residing at _____.
 My Commission expires _____.