☐ Cascade Division
415 E Burke
Arlington, WA 98223
(360) 435-7700
Fax: (360) 435-0873

☐ Everett Division
3000 Rockefeller M/S 508
Everett, WA 98201
(425) 388-3331
Fax: (425) 388-3596

☐ Evergreen Division
14414-179th Ave SE
Monroe, WA 98272
(360) 805-5709
Fax: (360) 805-6755

X South Division
20520-68th Ave W
Lynnwood, WA 98036
(425) 774-8803
Fax: (425) 744-6820

STATE OF WASHINGTON
COUNTY OF SNOHOMISH,

INFRACTION:
RETURN OF SERVICE

Plaintiff

_____ Defendant.

STATE OF WASHINGTON)
) ss.
COUNTY OF SNOHOMISH)

I, _____, state that:

(1) I am a United States citizen over 18 years of age.

(2) I served: _____

with the following documents: _____
_____

(3) Date and Time of Service: _____ at _____am/pm

Address of Service: _____

_____

(4) Service was made pursuant to JTIR 3.1, as indicated below:
[ ] By delivery to the person named above.
[ ] By exhibiting and reading it to the person named above.
[ ] By leaving a copy at the residence of the person named above.

DATE: _____

_____
Affiant Signature

_____
Affiant Handwritten/Typed name