Your Address: Your City, State, Zip Code: Your Telephone Number: Attorney Bar Number (if applicable): Representing: Self (without legal counsel)	
	RT OF THE TOHONO O'ODHAM NATION HE STATE OF ARIZONA CIVIL DIVISION
Name of Plaintiff, vs.	
Name of Defendant.	,)
show that I have served the court paper Rules of Civil Procedure.	ntiff / Defendant in this action. I make this Proof of Service to ers on the other party pursuant to Rule 3 of the Tohono O'odham ition or complaint were served on the following persons by the ocumentation attached:
Method: Personal Service Name of Server:	
Date, Time, Loca	tion:
Signature of serve	ed person: vidual to be served, I affirm that the individual accepting service scretion age sixteen (16) or older.
Mail Delivery Ser	vice used:
Date mailed:	
Proof attached: Publication. Printed dates of publication a	return receipt mailing log mailing envelope copy of the publication and affidavit indicating the manner and attached
Name:	ittlefied.
Method: Personal Service Name of Server:	4:
Date, Time, Loca	uon:
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	Name of person accepting service: Signature of served person: If not the individual to be served, I affirm that the individual accepting service was of suitable discretion age sixteen (16) or older. Mail Address used:
Name: _	Mail Delivery Service used: Date mailed: Proof attached: return receipt mailing log mailing envelope Publication. Printed copy of the publication and affidavit indicating the manner and dates of publication attached.
Method:	Personal Service Name of Server: Date, Time, Location:
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	Mail Delivery Service used: Date mailed: Proof attached:

Signature	
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	, having been first duly swor
	, hereby state and affirm
is Proof of Service are	accurate to the best of my information
<u> </u>	
Signature	
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Notary Public	
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