State of Minnesota	District Court			
County of:		Judicial District:	_	
		Court File Numb	er: _	
		Case Type:		
VS		Proof of Service		
		Minn. Stat	. § 62	4.713, subd. 4
I,		(name of person who r	nailed	I the documents), state that
on (date), I served the	attached do	•		
Rights (FIR202), by mailing true a	nd correct of	copies to the parties checke	ed bel	ow at the addresses listed by
putting envelopes with sufficient p		•		
		e c.s. Man in the City of		· · · · · · · · · · · · · · · · · · ·
1 Attorney's Office County	2 Service	County Human	3	Sheriff's Office
				Attn: Records
(check box & use if related to your case)	(check	box & use if related to your case)		(check box & use if related to your case)
		MN Dept. of Human Services Attn: Licensing, Legal Division		MN Bureau of Criminal Apprehension
445 Minnesota Street St. Paul, MN 55101	P.O. B	ox 64242 il, MN 55164-0242		CJIS-CCH-Court Orders / Petitions 1430 Maryland Avenue East
(check box & use if related to your case)	(check	box & use if related to your case)		St. Paul, MN 55106
				(check box & use if related to your case)
7 MN Dept. of Natural Resources 500 Lafayette Road	8		9	
Box #47 St. Paul, MN 55155-4040				
(check box & use if related to your case)	(check	box & use if related to your case)		(check box & use if related to your case)
I declare under penalty of perju	•	rything I have stated in thi	s doci	ument is true and
correct. Minn. Stat. § 358.116	•			
D-4-		G: ( (		-14
Date		Signature (person who mailed the papers)		
County and State where signed		Printed Name:		
County and State where signed		Address: City/State/Zip:		
		Telephone:		