

CERTIFICATE OF SERVICE

Form #1DC04

IN THE DISTRICT COURT OF THE FIRST CIRCUIT

DIVISION
STATE OF HAWAI‘I

Plaintiff(s)

Reserved for Court Use

Civil No.

Defendant(s)

Filing Party(ies)/Filing Party(ies)' Attorney (Name, Attorney Number, Firm Name (if applicable), Address, Telephone and Facsimile Numbers)

Name of Document Being Served and Filing Date:

CERTIFICATE OF SERVICE

I certify that a copy of the above described document was served at the last known address(es) of the Opposing Party(ies) or Opposing Party(ies)' attorney on _____ by Hand-delivery or Mail, Postage Prepaid, at the following address(es):

Date:

Signature of Filing Party(ies)/Filing Party(ies)' Attorney:

Print/Type Name:

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