

STATE OF MICHIGAN)
)
COUNTY OF MACOMB)

_____, being duly sworn, states that on _____, 20____,
s/he served a copy of the claim of lien recorded by _____ on _____, on
each of the following individuals by US certified mail and with postage fully
prepaid, with the certified number as indicated:

Addressee and address

Certified Number

Subscribed and sworn to before me on _____

Notary Public
Macomb County, Michigan
Acting in _____ County
My Commission Expires: