STATE OF WYOMING	)		IN THE CIRCUIT COURT
COUNTY OF	) ss )		JUDICIAL DISTRICT
Plaintiff:(Person or Entity Asserting a leave.  vs.  Defendant:(Person or Entity Alleged to	Owe Mon	ey)	) ) ) )
			vill fill out this document.  Fidavit must be attached to this document.
A	FFIDA	VIT OF	SERVICE
STATE OF WYOMING ) so COUNTY OF)			BY A PERSON OTHER THAN HERIFF, UNDER SHERIFF, OR DEPUTY
upon: Name: Location to serve: a. Business A	Address:	copy of the	Phone #
I,together with a copy of the Sn	AFTER:, donall Clain	hereby c	
		By:	
Service Fees:			
Subscribed and sworn to before i	me this	day of	
			Notarial Officer
My Commission Expires:			Notarial Officer Title (and Rank)

SC Form 04 Small Claims Affidavit of Service Revision Date: November 2024