UNITED STATES DISTRICT COURT SOUTHERN DISTRICT OF NEW YORK

(In the space above enter the full name(s) of the plaintiff(s	Civ () ()
- against -	AFFIRMATION OF SERVICE
(In the space above enter the full name(s) of the defendan	
I.	, declare under penalty of perjury that I have
(name)	, declare under penalty of perjury that I have
served a copy of the attached	(document you are serving)
upon	whose address is
upon(name of person served)	
·	you served document)
by(how you served document: For ex	cample - personal delivery, mail, overnight express, etc.)
Dated:,	
${(month)} {(day)}, \frac{20}{(year)}$	Signature Address
	City, State
	Zip Code
	Telephone Number

UNITED STATES DISTRICT COURT SOUTHERN DISTRICT OF NEW YORK

(In the space above enter th	e full name(s) of the plaintiff(s)/	/petitioner(s).) Civ () ()
- against -		AFFIRMATION OF SERVICE
	e full name(s) of the defendant(s	
		, declare under penalty of perjury that I have
served a copy of the	attached	(document you are serving)
upon(name c	f person served)	whose address is
	(where yo	ou served document)
by(how yo	u served document: For exa	mple - personal delivery, mail, overnight express, etc.)
Dated:,	Signature	
		Address City, State
		Zip Code Telephone Number
		1 organization 1 control of