

STATE OF MICHIGAN    )  
                                  )  
COUNTY OF MACOMB    )

\_\_\_\_\_, being duly sworn, states that on \_\_\_\_\_, 200\_\_\_\_,  
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: