CERTIFICATE OF SERVICE

I certify that on the date indicated below, I served a copy of this FEB 11 2021 completed appeal statement upon all parties to the appeal as follows:

☐ By personally serving it upon him/her; or

By mailing it by first class mail with sufficient postage prepaid of the following addresss(es):

> 101 N Maine St. Fallon, NV 89406

DATED this 9th day of February

FEB 8 9 2021

Print Name of Moving Party

Address

City/State/Zip

304 0351

Telephone