CERTIFICATE OF SERVICE

Form 9

In the Provincial Court of British Columbia Under the

REGISTRY FILE NUMBER	
REGISTRY LOCATION	

n the matter of the Smun'eem: Name(s)	Date(s) of Birth (mm/dd/yyyy)
he parent(s)/care provider(s) of the Smun'eer	m js/are·
Name(s)	
certify that I, Name	
Address	City Province
Served Name of person served	
on	
at Address/facsimile number/email address	
vith a copy of: (List each document served)	
by leaving with them personally;	
by mailing to them by registered mail. Attached and	I marked as an exhibit to this certificate is:
confirmation of delivery or a printout of their sign	gnature from Canada Post, marked Exhibit "", or
the unopened envelope returned by Canada P	ost, marked Exhibit " ",
by conding by amail to the amail address confirmed	d on ^{Date} . Attached and marked as Exhibit
	cluding the time delivered and confirming it was sent to
• •	the email address of Name
WHICH IS	ine email address or
\Box by sending the copy by facsimile transmission. Atta	ched and marked as Exhibit "" to this certificate is
a transmission report generated by the sending machin-	e, confirming transmission to Number
which is the facsimile number of Name	
	Dated