ATTACHMENT "A": PROOF OF SERVICE FORM

STATE OF N	EW YORK)) ss.:			
COUNTY OF	WARREN)			
Ι,			, bein	g duly swo	rn does depose and say:
1.	I am not a party to the matter, am over 18 years of age and reside in				
County, New		•	•		
2.	On		, at approximatel	ly	_ a.m./p.m., I personally
served a copy	of				
upon the follo	wing County 6	employee(s):			, as
follows (initia	l each method	of service co	ompleted):		
	a. Personal delivery to the person at their place of County employment;				
	b. By re	gular mail. b	v mailing the same	in a sealed	envelope, by first class
	_		_		ial depository of the U.S.
		-			ast known addressee
below		i ine state of	new Tork, address	sed to the R	ast known addressee
below	•				
			(signature)		
			(printed)		
Sworn to befo	are me this				
		202			
aay o	f,2	202			
Notary Public	-State of New	 York			