

CERTIFICATE OF SERVICE

I hereby certify that on September 4, 2015, a true and correct copy of the Affidavit of Earnings was mailed first-class, postage prepaid to:

Claimant’s Name

Address

City, State Zip Code

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Claims Technician