

FILE NO. _____

STATE OF MINNESOTA

In Re Petition to Resign of
[Insert Name],
Registration No. [Insert Number].

**AFFIDAVIT OF SERVICE
BY MAIL**

STATE OF MINNESOTA)
) ss.
COUNTY OF _____)

On [Insert Date], [Insert Name] mailed a copy of the attached Petition to Resign to the Office of Lawyers Professional Responsibility, by placing a true and correct copy thereof in a sealed envelope, postage prepaid, addressed to the Office of Lawyers Professional Responsibility, at 445 Minnesota Street, Suite 2400, St. Paul, MN 55101-2139, and depositing said envelope into the United States mail at [Insert City, State].

I declare under penalty of perjury that everything I have stated in this document is true and correct.

[Insert Signature]_____

[Insert County and State Where Signing]