Name, Address & Phone Num. (If Attorney filing, type Name,		er)
Plaintiff, Pro Se Attorney for Plaintiff		
IN TH	IE FAMILY COU	RT OF THE SECOND CIRCUIT
	STATI	E OF HAWAI`I
) FC-D NO
	Plaintiff,) STATEMENT OF MAILING;) EXHIBITS "1" and "2")
vs.))))
	Respondent.	
	STATEMI	ENT OF MAILING
Summons to Answer Com	plaint; Motion for Ser	(1) certified copy each of the Complaint for Divorce; rvice by Mail and Affidavit; Order for Service by Mail; and, to be mailed by certified or
registered mail, return rece	erpt requested, restrict	ted delivery to.
	Defe	endant's Name
	Defer	ndant's Address
	City,	State, Zip Code
At the time of mail	ing, the receipt attach	ed hereto as Exhibit "1" was postmarked and dated.
Thereafter, the return rece	ipt attached hereto as	s Exhibit "2" was received.
DATE:		Plaintiff [] Attorney for Plaintiff
•		2F-P-382

RG-AC-508 (9/17)

EXHIBIT "1"

EXHIBIT "2"