

FILE NO. _____

STATE OF MINNESOTA

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

**DECLARATION OF SERVICE
BY MAIL**

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 Minnesota Judicial Center, Suite 105, 25 Rev. Dr. Martin Luther King Jr. Blvd., St. Paul, MN 55155, 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]