

BEFORE THE HEARING EXAMINER
CITY OF SEATTLE

CERTIFICATE OF SERVICE

I certify under penalty of perjury under the laws of the State of Washington that on this date I sent true and correct copies of the attached **Motion to Dismiss** to each person listed below, or on the attached mailing list, in the matters of **Haris Hodzic**, Hearing Examiner Files: **MUP-22-010** in the manner indicated.

Party	Method of Service
Appellant Haris Hodzic 2657 NW 87 th St Seattle, WA 98117 (206) 414-9787 haris.hodzic@gmail.com	<input type="checkbox"/> U.S. First Class Mail, postage prepaid <input type="checkbox"/> Inter-office Mail <input checked="" type="checkbox"/> E-mail <input type="checkbox"/> Fax <input type="checkbox"/> Hand Delivery <input type="checkbox"/> Legal Messenger
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Hearing Examiner Hearing.Examiner@seattle.gov	<input type="checkbox"/> U.S. First Class Mail, postage prepaid <input type="checkbox"/> Inter-office Mail <input checked="" type="checkbox"/> E-mail <input type="checkbox"/> Fax <input type="checkbox"/> Hand Delivery <input type="checkbox"/> Legal Messenger
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Dated: November 10, 2022 ≈ 2:30 PM

Jim A Rockwell
Jim Rockwell
Applicant