## West Allis Common Council Public Safety Committee City of West Allis

## Affidavit of Process Server

	Court/Appearance Date: 11/07/23 Case Number									
	City of	West Allis		Vs	-			LLC		
I the under	signed am an adult resident ed/or attempted to serve, (se	of the state of Wi	sconsin ar		otion I hazah					
NAME			tion)	not a party to the a	ction. Thereb	y swear that	on <u>Octob</u>	oer 31	2023 at11	1:35 a.m.
INVINE	Odd-E	's Pub LLC								
	[X] DEFENDANT [ ] PROPOSED W [ ] PLAINTIFF	ARD	[ ] [ ] [ ]	PETITIONER RESPONDENT WITNESS	[]	OTHER A	TTEMPTED DA	res		
By serving	Adi Sarkanjac Registered Agent Name Title/Palation his							21		
Home				Title/Relationship						
Business _	4666 S. 49 <sup>th</sup> St.			City of Greenfield						Wisco
X] ]	Personal Service Corporate Service: by servin After diligent search and inquestidence over the age of 14 Posting copies in a conspicu Copies of the documents we	and informed that	t person o	of the person/entity by	of. (See other	Attempt Date	es of the above d	apparent	tly in charge of the	ne office. ent occupant
	Copies of the documents we	re mailed by prep	aid, first-c	lass mail on:		DATE	- 912			OM
	ice: after due search, carefi the following reason(s):								r N	OW
	Occuments:								whereabouts un	
X] S ] N ] O	ELECTRONIC FILING NOTIC SUMMONS AND COMPLAIN IOTICE OF MOTION AND M PRDER AND NOTICE OF HE COVER LETTER	[ ] [ ] [ ]	ORDER TO SHOW CAUSE & AFFIDAVIT BLANK FINANCIAL DISCLOSURE STATEMENT ADMINISTRATIVE DISMISSAL DATE SUMMONS AND PETITION-DIVORCE CONFIDENTIAL PETITION ADDENDUM SUBPOENA DUCES TECUM							
the time of other) me	service, I placed upon it the ntioned and named therein.									
	NUMBER OF ATT SERVICE FEE					ES ATTEMP	TED (if more that	an one) _		
	FILING FEE	\$				ESS FEE	\$			
	TOTAL FEE					CH FEE	\$			
Server	1000 x 1000 to			0.00			\$	1 11		
CCIVEI	's Name	Cariton W. Man: (Print)	ske		Server	r's Signature		affai	- Main	lun
otary Public Commiss	and sworn to before me day of e-Waukesha Co., State o sion expires 02/24	Cariton W. Man. (Print)	PUE	ANSATRIAL NO.						