FORM D

[Rule 26]

CACR	

THE COURT OF APPEAL FOR SASKATCHEWAN

BETWEEN:			
AND:		Appellant	
		Respondent	
	CERTIFICATE OF SERVICE		
I,		, certify that a	
true copy of	, an original or true copy being part of the Court file, was served		
on	on	at	
	(date)	(time)	
DATED at	, Saskatchewan, on		
	(date)		
	(Signature)		
	Name:		
		Attorney General of	
	Address:		
	-		

TO: REGISTRAR

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