

Main Office:  
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Serving the Entire  
 Pacific Northwest of the  
 State of Washington

Solution for a Quality Service

**YOUR INFO**

FIRM NAME (REQUIRED)	PHONE (REQUIRED)	EMAIL	DATE
ADDRESS	CITY	STATE	ZIP
CASE NAME	DOCUMENTS TO SERVE		

**FILING**

COUNTY	COURT	RETURN CONFORMED DOCUMENT? YES <input type="checkbox"/> NO <input type="checkbox"/>	FILE ORIGINAL PROOF WITH COURT? YES <input type="checkbox"/> NO <input type="checkbox"/>

**PROCESS**

SERVE BY DATE	# OF SETS TO SERVE	# OF SETS TO POST	# OF SETS TO MAIL	HEARING DATE (OPTIONAL)
SERVICE TO A CORPORATION YES <input type="checkbox"/> NO <input type="checkbox"/>	INDIVIDUAL SERVICE ONLY HIM <input type="checkbox"/> ONLY HER <input type="checkbox"/>	ABODE SERVICE CO-RES OK YES <input type="checkbox"/> NO <input type="checkbox"/>	RUN A SKIP TRACE YES <input type="checkbox"/> NO <input type="checkbox"/>	WHEN SERVICE COMPLETE EMAIL <input type="checkbox"/> TEXT <input type="checkbox"/>

**SERVEE INFO**

SERVEE (S) NAME	BUSINESS NAME
ADDRESS	ADDRESS
DOB (OPTIONAL)	PHONE (OPTIONAL)
DRIVER'S LICENSE # (OPTIONAL)	
SPECIAL SERVICE INSTRUCTIONS/DESCRIPTION	

**SERVING**

	Date	Time	Field Notes
1			
2			
3			
4			
5			
6			