



A copy of this designation has been sent to each party.

Dated: \_\_\_\_\_

\_\_\_\_\_  
Appellant's Attorney                      WSBA #

\_\_\_\_\_  
Appellant

\_\_\_\_\_  
Address

\_\_\_\_\_  
Address

\_\_\_\_\_  
City                      State                      Zip

\_\_\_\_\_  
City                      State                      Zip

\_\_\_\_\_  
E-mail Address/Phone Number

\_\_\_\_\_  
E-mail Address/Phone Number