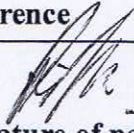


1AB. Notice of change of address for service (r.22B)

**FILED**  
 22 SEP 2017  
 REGISTRY OFFICE  
 DISTRICT COURT  
 BUNBURY

District Court of Western Australia Held at Bunbury		Appeal No/Action No: 1 of 2017
		<b>NOTICE OF CHANGE OF ADDRESS FOR SERVICE</b>
Parties		Andrew Laughton *Appellant/Plaintiff  Sharyl Marsh AND JAMES MARSH *Respondent/Defendant  *delete inapplicable and/or add full party details
Party filing document	*Appellant/Respondent/Plaintiff/Defendant  *delete inapplicable or add party designation	
Date of filing	22-09-2017	
<b>NEW SERVICE AND CONTACT DETAILS</b>		
Geographical address of party (Must be provided unless otherwise ordered by the Court: see <i>Rules of the Supreme Court 1971</i> Order 71A rule 2 and <i>District Court Rules 2005</i> rule 22C)	2 Zoe St, Bunbury WA 6230	
Name of lawyer (If one has been appointed)	Max Owens	
Postal address for service of documents (Must be provided)	2 Zoe St, Bunbury WA 6230	
Email address (Optional — if provided, may be used for service of documents)	Laughton.andrew@gmail.com	
Fax number (Optional — if provided, may be used for service of documents)		
Telephone number	0409 931 559	
Reference		
 Signature of party or lawyer	Andrew Laughton Party/lawyer	22-09-2017 Date of signing

Note to Form 1AB —

1. If not held at Perth, state the location of the relevant registry.

**MAGISTRATES COURT of WESTERN AUSTRALIA  
(CIVIL JURISDICTION)  
NOTICE OF CHANGE OF ADDRESS FOR SERVICE  
FORM 54**

Registry: 3 Stephen street Bunbury, WA, 6230

Case number:  
BUN/GCLM/316/2015

Claimant                      **Andrew Laughton**

Defendant                    **Sharyl Marsh and James Marsh**

(\* Select applicable)

Take notice that the address for service of the \*claimant shall from now until further notice be:

Address:

Andrew Laughton, care of Max Owens, 2 Zoe St, Bunbury WA 6230

In addition to address for service the following information is provided:

Email: laughton.andrew@gmail.com

Fax:

Date: 22 September 2017      Claimant/~~defendant~~/third party/lawyer: *AL*.....

To:



Tick [✓] appropriate box

Lodged by	<input checked="" type="checkbox"/> Claimant or claimant's lawyer <input type="checkbox"/> Defendant or defendant's lawyer <input type="checkbox"/> Other		
Contact details	Telephone: 0409 931 559		Lawyer's ref: