	, Nevada
	Telephone No.: (702)
<u>CERTIFIED M</u>	AIL/RETURN RECEIPT REQUESTED
Date:	
	, Nevada
Dear	:
This lette	r is a demand for payment in the amount of \$
I believe circumstances:	I am owed this amount as a result of the following facts and
circumstances.	
pay the demande this matter. In the to file an action is	dereby informed that you have ten (10) days from the date of this letter to amount or to make a satisfactory arrangement with me to fully resolve event this matter is not resolved to my satisfaction, then it is my intensity in Small Claims Court where I will also request that you pay the costs of ith having the matter heard by the court. Please guide yourself
Sincerely,	
Signed:	
Print:	