Full Name of Party Filing Document	
Mailing Address (Street or Post Office Box)	
City, State and Zip Code	
Telephone	
Email Address (if any)	
IN THE DISTRICT COURT FOR THE	JUDICIAL DISTRICT
FOR THE STATE OF IDAHO, IN AND FOR T	THE COUNTY OF
SMALL CLAIMS	DEPARTMENT
	Case No.
Plaintiff(s), vs.	AFFIDAVIT OF COMPLIANCE
, Defendant(s).	
and conditions of the Memorandum of Agreeme	that I/We have complied fully with the terms ent, and this case should be dismissed in ten
days from the date this is filed.	
CERTIFICATION UNDER	
I certify under penalty of perjury pursuant to th	e law of the State of Idaho that the foregoing
is true and correct.	
Date:	
Typed/printed name Sig	gnature
Notice o	f Filing

NOTICE TO PLAINTIFF(S): This case will be dismissed within ten days UNLESS you file an AFFIDAVIT OF NON-COMPLIANCE with the Court.