Full Name of Party Filing This Document

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City, State and Zip Code

Telephone Number

IN THE DISTRICT COURT OF THE \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_JUDICIAL DISTRICT

OF THE STATE OF IDAHO, IN AND FOR THE COUNTY OF

|  |  |
| --- | --- |
| \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, Petitioner, vs.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, Respondent. | Case No.: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ CERTIFICATE OF SERVICE |

I certify on the day of , , I served a copy of

to: (name all parties or their attorneys in the case, other than yourself)

 [ ] By Mail

(Name)

 [ ] By fax to (number) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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(City, State, and Zip Code)

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Signature Typed/printed Name of Party Signing