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

|  |  |
| --- | --- |
| \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, Plaintiff, vs.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, Defendant. | Case No.: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ NOTICE 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)

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(Name)

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(City, State, and Zip Code)

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

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Signature Typed/printed Name of Party Signing