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 FOR THE STATE OF IDAHO, IN AND FOR	
	Case No.
Petitioner, vs.	AFFIDAVIT OF MAILING PURSUANT TO ORDER FOR PUBLICATION OF SUMMONS
Respondent.	
I certify: I am the Petitioner Respondent in this action. On	
to,	the Petitioner Respondent, at his/her
last known address:	
CERTIFICATION UNDER PENALTY OF PERJURY  I certify under penalty of perjury pursuant to the law of the State of Idaho that the foregoing is true and correct.	
Torogonig is true and contect.	
Date:	
Typed/printed S	ignature