

\_\_\_\_\_  
Full Name of Party Filing This Document

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City, State and Zip Code

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

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Typed/printed Name of Party Signing