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	THE COUNTY OF
Petitioner, vs.	Case NoAFFIDAVIT OF SERVICE
Respondent.	
eighteen (18) years, and not a party to the ab	County, State of Idaho, over the age of ove-entitled action, 20, I personally served copies of
the	
	on,
the above-named $\square$ Petitioner $\square$ Responder	nt, in the County of,
State of at (address)	
CERTIFICATION UNDER	PENALTY OF PERJURY
I certify under penalty of perjury pursuant to t	he law of the State of Idaho that the
foregoing is true and correct.	
Date:	
Typed/Printed Name	Signature