

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

\_\_\_\_\_  
Mailing Address (Street or Post Office Box)

\_\_\_\_\_  
City, State and Zip Code

\_\_\_\_\_  
Telephone

IN THE DISTRICT COURT FOR THE SECOND JUDICIAL DISTRICT  
FOR THE STATE OF IDAHO, IN AND FOR THE COUNTY OF LATAH

\_\_\_\_\_,  
Plaintiff,  
vs.  
\_\_\_\_\_,  
Defendant.

Case No. \_\_\_\_\_

AFFIDAVIT OF SERVICE

I swear under oath:

1. I am a resident of \_\_\_\_\_ County, State of \_\_\_\_\_, over the age of eighteen (18) years, and not a party to the above-entitled action.

2. On the \_\_\_\_\_ day of \_\_\_\_\_, I personally served copies of the \_\_\_\_\_ on \_\_\_\_\_, the above-named Defendant, in the County of \_\_\_\_\_, State of \_\_\_\_\_ at (address) \_\_\_\_\_

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

\_\_\_\_\_  
Typed/printed name

\_\_\_\_\_  
Signature

STATE OF IDAHO            )  
  ) ss.  
County of \_\_\_\_\_)

SUBSCRIBED AND SWORN before me on this \_\_\_\_\_ day of \_\_\_\_\_

\_\_\_\_\_  
Notary Public for Idaho  
Residing at \_\_\_\_\_  
Commission Expires \_\_\_\_\_