

Full Name of Party Filing This Document

Mailing Address (Street or Post Office Box)

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.: \_\_\_\_\_

AFFIDAVIT OF SERVICE

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

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) \_\_\_\_\_

\_\_\_\_\_  
Affiant's Signature

\_\_\_\_\_  
Typed/printed name of Affiant

SUBSCRIBED AND SWORN TO before me this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_.

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