Full Name of Party Filing Document	
Idaho State Bar No	
Mailing Address (Street or Post Office Box)	
City, State and Zip Code	
Telephone	
Attorney for	
IN THE DISTRICT COURT FOR TH	IE JUDICIAL DISTRICT
FOR THE STATE OF IDAHO, IN AND FOR	THE COUNTY OF
	Case No.
Plaintiff,	NOTICE OF COMPLETION OF
VS.	LIMITED PRO BONO APPEARANCE
Defendant.	
The undersigned attorney hereby gives no	J stice of completion of the Limited Pro Bond
Appearance, dated, 20 or	•
	ive completed the matters specified in paragraph
1 of the Notice of Limited Pro Bono Appearan	ce and I hereby terminate my role in the above-
entitled matter. This Notice of Completion of Li	mited Pro Bono Appearance is made pursuant to
I.R.C.P. 11(b)(5).	
DATED this day of	, 2013.
	Attorney for

## CERTIFICATE OF SERVICE

I certify that on (date)	I served a copy to: (name all parties in the case other than yourse
(Name)  (Street or Post Office Address)	By mail By fax (number) By personal delivery Overnight delivery/Fed Ex
(City, State, and Zip Code)	
(Name)	By mail By fax (number) By personal delivery
(Street or Post Office Address)	Overnight delivery/Fed Ex
(City, State, and Zip Code)	
Typed/printed name	 Signature