Full Name of Party Filing Document	
Mailing Address (Street or Post Office Box)	
City, State and Zip Code	
Telephone	
Email Address (if any)	
	HE JUDICIAL DISTRICT R THE COUNTY OF
	Case No.
	MEMORANDUM OF COSTS
Plaintiff(s), vs.	
Defendant(s).	
I certify:	
That I am the above named Plaintiff; that to	the best of my knowledge and belief the items of
costs and in this action are correct and necess	arily incurred in this action.
That I have read the Complaint filed in this a	ction and know the contents; that the allegations are
true to the best of my knowledge; that the Defen	dant(s) is/are not minor(s) nor incompetent; that the
Defendant(s) was/were properly served, and no	ow owe to the Plaintiff(s) the following amount:
FILING FEE SERVICE OF PROC OTHER TO	
CERTIFICATION UNDE	R PENALTY OF PERJURY
I certify under penalty of perjury pursuant to the true and correct.	e law of the State of Idaho that the foregoing is
Date:	
	Signatura
Typed/printed	Signature