Full Name of Par	y Filing Document
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Mailing Address (Street or Post Office Box)

City, State and Zip Code

Telephone

Email Address (if any)

FOR THE STATE OF IDAHO, IN AND FOR THE COUNTY OF

	Case No.			
, Plaintiff(s), vs.	AFFIDAVIT OF SERVICE (SUMMONS & COMPLAINT - FORCIBLE DETAINER)			
, Defendant(s).				
I certify:				
1. I am a resident of	County, State of			
over the age of eighteen (18) years, and not a	a party to this action.			
2. On the day of	I personally served copies of			
the Summons and Complaint for Possession of Property Held by Forcible Detainer				
on	, the above-named Defendant, in the			
County of	, State of			
at (address)				

CERTIFICATION UNDER PENALTY OF PERJURY

I certify under penalty of perjury pursuant to the law of the State of Idaho that the foregoing is true and correct.

Date:

Typed/	printed	name
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Signature