

BEFORE THE IDAHO BOARD OF TAX APPEALS

_____,)
Appellant,)
v.) Appeal No(s). _____
_____,)
Respondent.)
_____)
_____)

NOTICE OF APPEARANCE

_____ hereby enters an appearance as Representative
of Record for _____.

Respectfully submitted this _____ day of _____, 20__

Signature of Representative

CERTIFICATE OF SERVICE

I HEREBY CERTIFY that on this _____ day of _____, 20 _____,
I caused to be served a true copy of the foregoing NOTICE OF APPEARANCE by the
method indicated below and addressed to each of the following:

Name: _____ Mailing Address: _____ City/State/Zip: _____	<input type="checkbox"/> U.S. Mail, Postage Prepaid <input type="checkbox"/> Facsimile <input type="checkbox"/> Overnight Mail <input type="checkbox"/> Other _____
Name: _____ Mailing Address: _____ City/State/Zip: _____	<input type="checkbox"/> U.S. Mail, Postage Prepaid <input type="checkbox"/> Facsimile <input type="checkbox"/> Overnight Mail <input type="checkbox"/> Other _____
Name: _____ Mailing Address: _____ City/State/Zip: _____	<input type="checkbox"/> U.S. Mail, Postage Prepaid <input type="checkbox"/> Facsimile <input type="checkbox"/> Overnight Mail <input type="checkbox"/> Other _____
Name: _____ Mailing Address: _____ City/State/Zip: _____	<input type="checkbox"/> U.S. Mail, Postage Prepaid <input type="checkbox"/> Facsimile <input type="checkbox"/> Overnight Mail <input type="checkbox"/> Other _____

Signature

Printed Name of Person Signing