

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

Rev. 4/26

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