

CERTIFICATE OF MAILING

I certify that a true and correct copy of the ORDER OF PARTIAL DECREE was mailed on November 08, 2019, with sufficient first-class postage to the following:

CLAUDIA CONCES
KALI WARMINGTON
PO BOX 315
ATHOL, ID 83801-0315
Phone: 208-512-5713

DIRECTOR OF IDWR
PO BOX 83720
BOISE, ID 83720-0098


