VERIFIED STATEMENT

State of		
County of)	
,	being first duly sworn, depose and sa	ay that:
practice of law in the state of Idaho and fu any application or investigation fee and the	signed this application for the Idaho bar exam and admi ally understand that no refund will be made, in whole or hat the deadlines for providing supplementary material by the staff or Board of Commissioners of the Idaho Stat	part, of for this
	o whether I am admitted to practice law in Idaho may ss of my answers set forth in this application and the sta	
will give any further information, includi	ing fingerprints and photographs, if requested.	
Γο my knowledge, the answers that I have	given to the questions are true and complete.	
authorized representative thereof, to make	f the state of Idaho and the Idaho State Bar, or any a a complete investigation of my character and fitness to d truthfulness of my answers. I hereby release and exion.	practice
	n or organization supplying information to the Idaho Stative thereof, from liability of any kind resulting from	
understand that I will not receive and auduring such investigation.	m not entitled to receive any information developed or	secured
have read the Idaho Bar Commission admission to practice law in Idaho.	Rules as adopted by the Idaho Supreme Court rela	ating to
Date	Applicant's Signature	
Subscribed and sworn before me this	day of, 20	0
SEAL		
	Notary Public for	
	Residing at	
	My Commission Expires:	