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No. \_\_\_\_  
\_\_\_\_\_

DR. MAGNI HAMSO, in her official capacity as the  
Medical Director of the Idaho Division of Medicaid  
and individually,

*Petitioner,*

v.

M.H. AND T.B.,

*Respondents.*

**AFFIDAVIT OF SERVICE**

I HEREBY CERTIFY that on December 5, 2024, three (3) copies of the PETITION FOR A WRIT OF CERTIORARI in the above-captioned case were served, as required by U.S. Supreme Court Rule 29.5(c), on the following:

Attorney for Respondents

HOWARD A. BELODOFF  
IDAHO LEGAL AID SERVICES, INC.  
1447 S. Tyrell Lane  
Boise, ID 83706

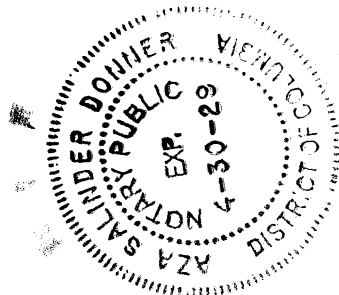
The following email addresses have also been served electronically:

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Sworn to and subscribed before me this 5th day of December 2024.



AZA SALINDER DONNER  
NOTARY PUBLIC  
District of Columbia

My commission expires April 30, 2029.