



CERTIFICATE OF SERVICE

I hereby certify that I am a duly licensed attorney in the State of Idaho, resident of and with my office in Pocatello, Idaho; that on the 3rd day of November, 2004, I served a true and correct copy of the following described pleading or document on the party listed below by hand-delivery or by mail, with the correct postage paid thereon:

Document Served: NOTICE OF SUBSTITUTION OF COUNSEL

Party Served:

Michael J. Fica  
Assistant United States Attorney  
District of Idaho  
801 East Sherman, Suite 192  
Pocatello, Idaho 83201

Method of Service:

Mail  
 Hand-delivery

