Name	-
Mailing Address	-
City, State Zip Code	_
Phone Number Email	-
☐ Petitioner/Plaintiff (without attorney/advocate) ☐ Attorney/Advocate for	
	IFEDERATED SALISH AND KOOTENAI SERVATION, PABLO, MONTANA
IN RE THE NAME CHANGE:	Cause No.
Petitioner.	PROOF OF PUBLICATION OF NOTICE OF HEARING FOR PETITION FOR NAME CHANGE (ADULT)
for Petition for Name Change (Adult) as follow 1. Publication of the Notice of Hearing on	provides Proof of Publication of Notice of Hearing s: the intended Change of Name to be published for ews, which is publication printed in Lake County,
 By checking this box, I am acknowledging I am on the form. By checking this box, I am acknowledging that I form. 	
RESPECTFULLY submitted this day of	, 20 by:
	of: □Petitioner/Plaintiff