STATE OF INDIANA

MITCHELL E. DANIELS, JR., Governor

Linda Peterson Hamilton, Chairman

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STATE OF INDIANA
COUNTY OF _____

_____, the undersigned affirms under the penalty for perjury that he or she has been duly admitted to practice law in the State of Indiana in the Circuit and/or Superior Court of _____ County, Indiana, and in the Supreme Court of the State of Indiana, and is at this time in good standing as an attorney at law in the State of Indiana.

_____
(Attorney's Signature)

Printed Name _____
Office Address _____
_____
Telephone Number _____
Date _____/_____/_____
Attorney Number _____
E-mail Address _____