REQUEST FOR CERTIFICATE OF GOOD STANDING FOR ATTORNEYS

Date:	Number of Certificates Requested:				
	[Insert Date]		[Insert No. Requesting]		
Attorney:					
BPR#:	[Insert A	ttorney's Name]			
Date Introduced:	[Insert No.]	(Not th	e date of licens	se)	
Place Introduced:	[Insert Date] Jackson:	Nashville:	_ Knoxville:_	Other:	(Please specify)
Will Pick up:		[Check one]			(Please specify)
<u>Or</u>					
Mail Certificate:	Name	:			
	Addre	ess:			
	City:			State:	Zip:
	Phone	Number:	[Insert requested	d information	<u>.</u>
Person Requesting (Certificate:				
			[If different than a	above]	
Fee for a Cert	ificate is \$50.00	each, payab	le in advance	of issuin	g the certificate(s)
	Return this fo	orm with you	check made p	ayable to	:
	Ар	Supreme Cou 401 7 th Ave	nue North		
		Nashville, 7	IN 37219		

* IF - you want your certificate Federal Expressed back to you;

You - must enclose a return Federal Express envelope*

Questions? - Call (615) 253-1470

(Revised: 9/27/10)