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Your name: \_\_\_\_\_

Your email address: \_\_\_\_\_

Your address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Telephone Numbers: \_\_\_\_\_ (h)

\_\_\_\_\_ (w)

\_\_\_\_\_ (c)

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Return completed form and supporting documents to the  
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Unauthorized Practice of Law Committee  
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