NEW: 02/03/2012

ASSURANCE <u>BY</u> SPECIFIED MEMBER OF THE MANAGING ATTORNEY'S LAW FIRM TO THE FLORIDA BAR¹

{Full	Name	of	Specified	Member		Z.1		Law Firm ² } Attorney"), with
offices	located		ed	at	{Specified		Attorney's	Attorney"), with <i>Address</i> }
hereby	makes th	e follo	owing assura	ance to The	Florida	Bar:		·
Attorne	y in an	amou		-				r of the Specified m a copy of the
					,	Signature of Specified Attorney		
	21				Type or Pri	or Print Name of Specified Attorney		
]	Florida Bar No.		
					_			
		Date						

¹ As required, by implication, by and under **Rule 9-2.2(c)(1)**, **Rules Regulating The Florida Bar**, (the "Rules"). ² As that term is referenced in said **Rule 9-2.2(a)(8)** of the Rules.