

AHC CERTIFICATE OF GOOD STANDING/STATUS

State, Commonwealth, etc.

County, Borough, etc.

Re: _____
Attorney Name

I HEREBY CERTIFY that I am duly appointed custodian of records of the entity that licenses or regulates attorneys in the above-referenced jurisdiction.

I FURTHER CERTIFY that the records of my office indicate that the above-referenced attorney is admitted to practice law in this jurisdiction.

I FURTHER CERTIFY that the records of my office indicate that the above-referenced attorney is in: (check one)

_____ active status and is a member in good standing.

_____ voluntary inactive status and was not placed on inactive status involuntarily and is a member in good standing.

_____ voluntary inactive status and was not placed on inactive status involuntarily.

Dated this _____ day of _____, _____.

Signature

Print Name

Title

(Seal)