

5. That my email address is _____

That my business address is _____ (number & street)

_____ (city, state, zip)

That my home address is _____ (number & street)

_____ (city, state, zip)

6. That my business phone is _____

That my home phone number is _____

Signature _____

Subscribed and sworn to before me this ____ day of _____, 20 ____

Notary Public for _____

My commission expires: _____

I, Sylvia E. Stevens, Executive Director of the Oregon State Bar, do hereby certify that the above-named applicant for reinstatement has met all necessary requirements for reinstatement under BR 8.5 of the Rules of Procedure and I hereby recommend to the Oregon Supreme Court that the applicant be reinstated as an active member of the Oregon State Bar.

Dated this ____ day of _____, 20 ____.

Sylvia E. Stevens, Executive Director