BOARD OF PROFESSIONAL RESPONSIBILITY OF THE SUPREME COURT OF TENNESSEE

AFFIDAVIT ESTABLISHING COMPLIANCE WITH PROFESSIONAL PRIVILEGE TAX OBLIGATIONS

Comes now the undersigned Tennessee attorney, being first duly sworn, and states as follows:

- 1. I have been notified by the Board of Professional Responsibility ("the Board") pursuant to Supreme Court Rule 9, Section 32, that I was not in compliance with my Tennessee Professional Privilege Tax obligations as required by Tenn. Code Ann. § 67-4-1701, et. seq.
- 2. Within sixty days of the issuance of the notice from the Board, I have fully satisfied all of my by

| | obligations to the Department of Revenue regarding the Professional Privilege Tax as evidenced by the Letter of Good Standing issued by the Department of Revenue, which is attached hereto. | | | | | . by |
|--|--|---------|---|--------------------------|----------------------------------|------|
| 3. | Please check <u>one</u> of the following: | | | | | |
| | A. I have included with this affidavit a check in the amount of \$100.00 payable t Board of Professional Responsibility as required by Rule 9, Section 32.6. | | | | | the |
| | | | OR | | | |
| | B. | | I have paid the \$100.00 fee w at www.tbpr.org. | ith a credit card usin | g the Board's online Attorney Po | rtal |
| | | | | | | |
| This the | | dov. of | 20 | | | |
| inis the _ | | day or | | <u>-</u> · | | |
| | | | | | | _ |
| | | S | gnature | Printed Name | BPR No. | |
| | | | | Street Address or PO Box | | |
| | | | | City, State, Zip Code | | |
| SWORN TO AND SUBSCRIBED before me, on this _ | | | SSCRIBED before me, on this _ | day of | , 20 | |
| | | | Notar | y Public: | | |
| | | | My C | ommission Expires: | | |