

**Attorney Certification for Participation
in Prepaid Legal Services Plan**

I, _____, am an attorney participating in _____, which is registered with the North Carolina State Bar as a prepaid legal services plan. I am not an employee, director, or owner of the plan.

I understand that registration does not constitute approval by the State Bar.

I certify that I have read the provisions of Revised Rule 7.3(d) and understand my professional obligations regarding participation in the plan. I understand that I must investigate and have a good faith belief that the plan is being operated in compliance with the Rules of Professional Conduct and all other pertinent rules of the State Bar. The Rules of Professional Conduct require, among other things, that as an attorney participating in the plan, I can do the following: maintain professional independence; preserve the confidences of clients; avoid conflicts of interest; not improperly share fees; not aid the unauthorized practice of law; and comply with the rules on advertising and solicitation.

Attorney's printed name

Attorney's NC bar number

Attorney's address

Attorney's phone number

Attorney's signature

NORTH CAROLINA

_____ COUNTY

Sworn to and subscribed before me
this the _____ day of _____, 20____.

Notary Public

My commission expires: