

**AFFIDAVIT PURSUANT TO THE SEPTEMBER 9, 2005, ORDER OF THE
SUPREME COURT OF MISSISSIPPI IN MATTER NUMBER 89-R-99018-SCT**

STATE/Commonwealth of _____
County/Parish of _____

Personally appeared before me, the undersigned authority in and for the aforesaid jurisdiction, the within named [], who after being by me duly sworn stated under oath that the following are true and correct according to [his/her] personal knowledge:

1. I, [], am an attorney at law. I reside at [], and my home telephone number is []. I am affiliated with the firm/organization of [], with a principal business address at [], and a telephone number of []. I am admitted to practice law in the following jurisdiction(s) and have been assigned the following bar number(s): [].
2. I hereby affirm that I am duly licensed and in good standing and authorized to practice law in each jurisdiction stated above and that my license is not subject to suspension or restriction.
3. I hereby affirm that in performing all services authorized under the September 9, 2005, Order of the Supreme Court of Mississippi in matter number 89-R-99018-SCT, I will be acting as a volunteer for the Mississippi Bar young Lawyers Division Disaster Legal Assistance Program.
4. I hereby affirm that all services performed pursuant to said Order will be at no charge or expense to the client.
5. I hereby affirm that I will abide by the Mississippi Rules of Professional Conduct, and I hereby consent to the jurisdiction of the State of Mississippi for disciplinary action in connection therewith.
6. I hereby affirm that I shall not undertake to represent any person other than an eligible legal assistance client under the Mississippi Bar Young Lawyers Division Disaster Legal Assistance Program, that I shall not offer to provide legal assistance in Mississippi to any person or for any matter other than through said Program, and that I shall not hold myself out to be authorized to provide legal services in Mississippi to any person or for any matter other than through the Mississippi Bar Young Lawyers Division Disaster Legal Assistance Program.

Executed this the [] day of [], [].

AFFIANT

Sworn to and subscribed before me this the _____ day of _____,
200__.

[Seal]

Notary Public

My Commission Expires: _____