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CERTIFICATE OF GOOD STANDING REQUEST FORM

(FIRST) (MIDDLE) (LAST) THE OF ADMISSION (APPROXIMATE): USINESS NAME AND ADDRESS: (If none, home address) Phone: E-mail: rtificates will be issued only if you are current in biennial registration and CA Registration Unit: (212) 428-2800] Date:	ME:		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
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Submit this form to the above address along with:

- 1. A check [drawn on a U.S. Bank] or money order for \$5.00 [per certificate requested] payable to "Clerk, Appellate Division"
- 2. Self-addressed, stamped, return envelope.