

**COASTAL ATTORNEY CLE EXTENSION
STATEMENT OF ELIGIBILITY**

I do hereby verify that I am eligible for the extension of the CLE requirements for Coastal attorneys because I reside in, or have offices located in, Harrison, Hancock, Jackson, Stone, Pearl River or George counties.

Name _____ Bar No. _____
(please print)

Business Address

County: _____

Telephone No. _____ Fax No. _____

Email address _____

Home Address

County: _____

Telephone No. _____ Fax No. _____

Signed _____ Date _____

Return this form to the Mississippi Commission on CLE, P.O. Box 369, Jackson, MS 39205-0369, by August 15, 2006.