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Attorney Nomination Form

A. Nominating Attorney Information

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Email: _____

B. Nominee Attorney Information

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Email: _____

Practice Area(s): _____

Fax this form to: 208-275-4248

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