

NOTICE OF ATTORNEY SUPERVISION  
PURSUANT TO N.C.G.S. 96-17 (b)

To: NC Department of Commerce  
Division of Employment Security  
ATTN: Legal  
Post Office Box 25903  
Raleigh, North Carolina 27611

From: \_\_\_\_\_  
Typed or Printed Name of Attorney  
Licensed to Practice in the State of  
North Carolina

\_\_\_\_\_  
North Carolina State Bar No.

\_\_\_\_\_  
Address

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

TO THE CHIEF COUNSEL OF THE DIVISION OF EMPLOYMENT SECURITY:

The undersigned attorney licensed to practice law in the State of North Carolina, said license being in good standing, certifies that the following individual(s) is/are working under his/her supervision pursuant to the requirements of N.C.G.S. 96-17(b)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

This the \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_.

\_\_\_\_\_  
Signed