

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

To: Employment Security Commission of North Carolina
ATTN: Legal Department
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 EMPLOYMENT SECURITY COMMISSION:

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