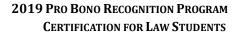
UNITED STATES BANKRUPTCY COURT DISTRICT OF MASSACHUSETTS





Law Student Name:		Em	ail:		
Mailing	_				
Address:		elepho'			
Law School Name and	G	iraduat			
Address:		Υe	ear:		
Cunawiging Attornay		Di	BO:		
Supervising Attorney: Title:		Em			
Agency, Firm or	т	elepho			
Organization Name and	•	cicpiio	110.		
address:					
By our signatures below, we certify to tl	ne Court that with respect to	pro bo	no partici	pation a	nd/
or services from September 1, 2017 thr	ough and including August 3	1, 201	9:		
☐ As a Law Student I am eligible to prac	tice nursuant to D Mass LR 83	5 4 mag	de annlicab	ale hv	
	-			-	1
Mass.L.Bankr.R. 9029-3, and I appeared pr proceeding, without compensation, fee or o					
	other charge from the chent, bu	at iorin	compensa	tion paid	u regulariy
by my employer, if applicable:					
Case Number(s):					
Legal Service Agency F	Referring Case (if applicable):		VLP	П	CLA
		Ш		Ш	
			SCCLS		GBLS
	Other (please specify):				
For The Law Student:					
For the Law Student.					
At all times, the pro bono service reflected	above complied with D.Mass.L	R. 83.5	.4, made ap	plicable	e by
Mass.L.Bankr.P. 9029-3.					
C: .				D.	
Signature:				Date:	
Law student must affix handwritten signature. E	Electronic signature (i.e., "/s/") not	accepte	d.		
For The Supervising Attorney:					
I certify that I am the Supervising Attorney	of this law student as provide	d for in	D.Mass.LF	t 83.5.4 r	made
applicable by Mass.L.Bankr.P. 9029-3.					
Signature (please see below):				Date:	
Registered CM ECF Users may affix electronic sig	nature (i.e., "/s/") as provided by A	ppendix	8, Massachi	ısetts Loc	ral

 $Bankruptcy\ Rules.\ The\ original\ must\ be\ retained\ by\ the\ Registered\ User.\ Please\ sign,\ scan\ and\ email\ the\ document\ to\ probono@mab.uscourts.gov.$