

Name, Bowman, D. Campbell

Address, _____ Georgia

Admitted, _____

(Blanks above will be filled in by the Clerk of the Court of Appeals)

Roll Book Vol. _____

Number _____

State Bar No. 072114

Whole Court

pd mof

ATLANTA, GEORGIA

TO THE HONORABLE COURT OF APPEALS OF THE STATE OF GEORGIA:

The petitioner having been regularly admitted and licensed to practice law in the Superior Courts of this State, respectfully applies for admission to the bar of this court.

Signature

D Campbell Bowman Jr

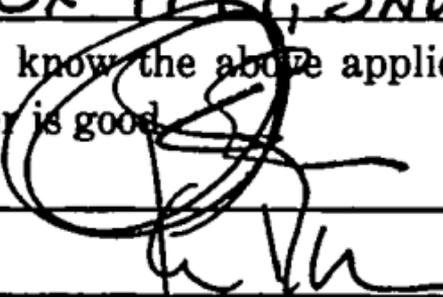
Name (Print)

D CAMPBELL BOWMAN JR

Address

PO BOX 9149, SAVANNAH, GA 31412

We hereby certify that we know the above applicant personally, and that his moral and professional character is good.



(The foregoing certificate must be signed by two members of the bar of the Court of Appeals)