

Name, Larson, David J.

Address, _____ Georgia

Admitted, _____

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

Roll Book Vol. 3

Number 2024

438459

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.

David J. Larson

Address:

89 Rosaire Pl.

Atlanta Ga. 30327

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

Jonathan R. Shils
David C. Jones

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