

Name, Joshua Robert McKoon
Address, _____ Georgia
Admitted, 11/15/04

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

Sworn in to Superior Court

Date 06/02/2004

County MUSCOGEE

Roll Book Vol. 1

Number 1267

State Bar No. _____

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

Name (Print)

Address

Joshua Robert McKoon

Joshua Robert McKoon

1111 Bay Avenue, P.O. Box 1199 Columbus GA 31902

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

James A. Ballik

035828

JOSEPH SILLITTO

646003

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

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