

Name, Michael Boyd Nation
Address, _____ Georgia
Admitted, 4/29/03

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

Sworn In to Superior Court

Date _____

County _____

Roll Book Vol. _____

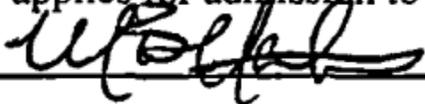
Number 352

State Bar No. 535393

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.

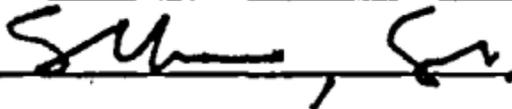
Signature 

Name (Print) MICHAEL BOYD NATION GA. 535393

Address P.O. BOX 40 ELBERTON, GA 30635

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

MICHAEL WHITE Michael M. White GA. 753630

SIDNEY L. NATION, SR.  GA. 535400

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