UNITED STATES DISTRICT COURT EASTERN DISTRICT OF TEXAS

REQUEST FOR CERTIFICATE OF GOOD STANDING

| | LAST NAME ADDRESS | FIRST NAME CITY | MIDDLE/ STATE | VMAIDEN NAME ZIP CODE |
|----|---|---|------------------|------------------------|
| | LAST NAME | FIRST NAME | MIDDLE | /MAIDEN NAME |
| | | | | |
| | A | Clerk, US District Court TTN: Attorney Admissions 300 Willow, Room 104 Beaumont, Texas 77701 | | |
| 3. | Send your request along with a check in the amount of \$19.00 made payable to "U.S. District Clerk" to the following address: | | | |
| 2. | Include a Self Addre | ssed Stamped Envelope. | | |
| 1. | Please provide the in | formation requested below | V. | |
| 1. | | | | |

PHONE NUMBER.____