By submitting this request, I certify that the following information is true, to the best of my knowledge and belief. I agree to pay all appropriate fees at the time the requested information is delivered. I agree to hold the State Bar of Arizona, its agents, and employees harmless from any claim, causes of action, or other liability that may arise as a result of furnishing these documents to me or as a result of my use or misuse of these documents.

When completed, mail this form to:
State Bar of Arizona
Public Records Request
4201 N 24th St, Suite 100
Phoenix, AZ 85016-6266

<table>
<thead>
<tr>
<th>First Name</th>
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<tbody>
<tr>
<td>Last Name</td>
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<tr>
<td>Organization (optional)</td>
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<td>Phone Number</td>
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<td>Email</td>
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I want the records to be sent by (choose one):

- Email
- Physical Address

Specify the email or physical address for records to be sent:

Description of records being requested:

These records will be used for a (choose one):

- Commercial (meaning for sale or resale, or for production of a document for sale, or obtaining the names & contact information for the purpose of solicitation, or for any purpose intended or reasonably anticipated to result in monetary gains); or,

- Non-Commercial Purpose

If the records will be used for a commercial purpose, please describe the purpose: