CERTIFICATE OF ATTENDANCE FOR CALIFORNIA MCLE

Top portion of form to be completed by the Provider

It is preferred that the form is pre-printed with the attendees name and bar number.
Provider Name: Legal Professionals, Incorporated
Provider Number: 1114
Title of Activity:Making Your Brief Look Sharp: Rules for Formatting and Citations
Date(s) of Activity:
Time of Activity:5:30 p.m 7:30 p.m.
Location of Activity (City/State): _Flames Eatery & Bar, 88 S. 4th Street, San Jose, CA 95113
This Activity qualifies for: Participatory X Self-Study Total California MCLE Credit Hours for the above activity: 1.0 , including the following sub-field credits: • Legal Ethics: • Recognition and Elimination of Bias: • Competence Issues:
Bottom portion of form to be completed by the Attorney <u>after</u> participation in the above-referenced activity
By signing below, I certify that I participated in all, or some*, of the activity described above and am therefore entitled to claim the following California MCLE credit hours:

Total California MCLE Credit Hours: <u>1.0</u>, including the following sub-field credits:

Legal Ethics: _____

Recognition and Elimination of Bias: ______

Competence Issues: _____

(You may not claim	credit for the	subfields a	above unless	s the prov	ider is gra	nting c	redit in
those areas above.))						

Print Your Name (clearly):	
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Your California State Bar Number: _____

Signature:	
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