

Order granting permission with the Supreme Court of Ohio Office of Attorney Services within thirty days of the Order.

(Name of Movant/PHV Attorney)

PHV - _____
(PHV Registration Number)

(Law Firm or Employer, if applicable)

(Business Address)

(City, State or Country, ZIP Code)

(Business Telephone)

(Business Fax)

(Business E-Mail)

(Residential Address)