

WALKER LAW OFFICES, P.A.

CERTIFICATE OF REPRESENTATION

This certificate of representation hereby places all parties on notice that _____ has hereby retained and is represented by Counsel: namely, William L. Walker, Kenya C. Bodden, Karlowba R. Powell, Attorney At Law. Any and all correspondence, communication, and any other information reasonably related to, and in support of this claim or other matters related to the interest of the above referenced client shall be directed to William L. Walker, Esq., Kenya C. Bodden, Esq., Karlowba R. Powell, Esq., Attorney of Record.

THIS CERTIFICATE OF REPRESENTATION CONSTITUTES A LEGALLY BINDING CONTRACT BETWEEN THE ATTORNEY AND THE CLIENT. ALL COMMUNICATIONS SHALL BE DIRECTED TO THE ATTORNEY. NO COMMUNICATION SHOULD BE DIRECTED TO THE CLIENT WITHOUT THE EXPRESS PERMISSON OF RETAINED COUNSEL IN THIS MATTER, OR ANY OTHER MATTERS THAT MAY BE RELATED TO THIS CAUSE OF ACTION AND/OR CLAIM.

This document serves as an **authorization for release and power of attorney** for the release, reproduction and submission of any and all documents reasonably pertaining to the above-referenced client and all claims related to this matter.

Authorization for Release

This document serves as an **Authorization for Release** for Walker Law Offices, P.A. to obtain all records including medical records, employment records, educational records, court records, and any other records that may be related to this claim.

Initial

Power of Attorney

This document further serves as **Power of Attorney** for Walker Law Offices, P.A. to sign authorizations including medical authorizations, employment authorizations, educational authorizations, **and any other documents NOT requiring my notarized signature and on my behalf**

Initial

This **Authorization and Power of Attorney** will permit Walker Law Offices, P.A. to process my claim. It does not compromise, settle, impair, or replace any rights I have to settle my case, proceed to trial or otherwise make informed decisions as to the direction and judgment of my claim without first having consultation with Walker Law Offices, P.A.

Initial

Revocation of Assignment of Benefits

This document revokes any and all assignment of **any benefits including the express revocation of any assignment of any cause or claim under said client's policy.** This document further expressly instructs you to **NOT pay any doctor, chiropractor, healthcare provider, or a medical facility of any type directly.** No authorization to pay any providers directly is permitted under client's policy.

Initial

This non-assignment of rights is **IRREVOCABLE**. The life of this irrevocable non-assignment provision shall continue through the term of the attorney-client relationship. Any prior, concurrent, or subsequent signatures by client shall have no legal effect upon the revocation of assignment of benefits without the express written approval of retained counsel. To Wit Walker Law Offices, P.A. Any modification of this revocation must be consistent with the full Power of Attorney jointly signed by my attorney and myself.

Initial

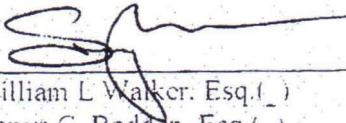
I hereby acknowledge that I have read this two page Certificate of Representation and have discussed any questions or concerns that I may have regarding legal representation. I further authorize Walker Law Offices, P.A. to act on my behalf as expressed by my signature below and as set forth in this agreement.

Dated: 4-24-07

Client

WALKER LAW OFFICES, P.A.

Dated: 4/30/7



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