STATE OF NORTH CAROLINA	File No.	
County	 In The ☐ Distric	e General Court Of Justice t
VERSUS		
	NOTICE OF APPEARANCE BY COUNSEL	
IN THE MATTER OF		
Name And Address Of Attorney Filing Notice Of Appearance	G.S. 15A-141; Rule 1.2	(c) of the Rules of ProfessionalConduct of olina State Bar; Local Rules (if applicable)
	Email Address Of Attorney	State Bar No. Of Attorney
Name Of Attorney's Firm Or Office (if applicable)	Telephone No. Of Attorney	Fax No. Of Attorney (if applicable)
To all parties to this action and to the Court:  Now comes the undersigned attorney, who enters a Notice of Appel  Name Of Represented Party	earance on behalf of the party name	ed below in the above titled action.
Counsel's appearance is limited, such that counsel will represent	nt the party only as to the following	:
SIGI	NATURE	
Date Name Of Attorney Filing Notice (type or print)	Signature Of Attorney Filing N	lotice
NOTE: This Notice of Appearance shall be filed with the Court, either before	re service or within five days after servi	ice. G.S. 1A-1, Rule 5(d)(4).

		CERTIFICATE	OF SERV	ICE		
The undersigned hereby certifies that on the date(s) specified below a copy of the foregoing Notice Of Appearance By Counsel was served on the parties or attorneys or other persons named below, and by the method(s) specified:						
On (name party or attorney or oth					, on (give date)	
by delivering a copy personally to the person listed above.						
by leaving a copy with a partner or employee of the above-named attorney at the following address:    Address Of Attorney's Office Where Copy Left   Name Of Person With Whom Copy Left (type or print)						
			Signature Of	Person Acce <sub>l</sub>	pting Service	
by depositing a copy in a post-paid properly addressed envelope in a post office or official depository under the exclusive care and custody of the U.S. Postal Service, addressed to the person listed above at the following address:						
Address Of Party Or Attorney Or C	Other Person					
by telefacsimile to the telep Other manner of service: (a			on (	confirmed t	telefacsimile receipt, which is attached.	
On (name party or attorney or oth					, on (give date)	
<ul><li>□ by delivering a copy person</li><li>□ by leaving a copy with a pa</li></ul>			attornev at	the following	ng address:	
Address Of Attorney's Office When					om Copy Left (type or print)	
			Signature Of	Person Acce	pting Service	
by depositing a copy in a pocustody of the U.S. Postal S  Address Of Party Or Attorney Or O	Service, addressed t				al depository under the exclusive care and g address:	
by telefacsimile to the telep  Other manner of service: (a			on (	confirmed t	telefacsimile receipt, which is attached.	
On (name party or attorney or oth	er person)				, on <i>(give date)</i>	
<ul><li>□ by delivering a copy person</li><li>□ by leaving a copy with a pa</li></ul>			attorney at	the following	na address	
Address Of Attorney's Office When		the above-hamed a			om Copy Left (type or print)	
			Signature Of	Person Acce	pting Service	
by depositing a copy in a post-paid properly addressed envelope in a post office or official depository under the exclusive care and custody of the U.S. Postal Service, addressed to the person listed above at the following address:						
Address Of Party Or Attorney Or C	other Person					
by telefacsimile to the telep Other manner of service: (a			on 0	confirmed t	telefacsimile receipt, which is attached.	
Date Name Of	f Attorney Filing Notice (typ	pe or print)	Sigi	nature Of Atto	omey Filing Notice	