

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: Telecom Law Firm, P.C.

Provider Number: _____

Title of Activity: 5G Deployment Training for Planners, Public Works C

Date(s) of Activity: December 16, 2021

Time of Activity: 10:00 a.m.-12:00 p.m. PS

Location of Activity (City/State): Los Angeles, CA (Webnar)

This Activity qualifies for: Participatory Self-Study

Total California MCLE Credit Hours for the above activity: 2.0, including the following sub-field credits:

- Legal Ethics: 0
- Recognition and Elimination of Bias: 0
- Competence Issues: 0

Bottom portion of form to be completed by the Attorney after 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: _____, including the following sub-field credits:

- Legal Ethics: 0
- Recognition and Elimination of Bias: 0
- Competence Issues: 0

(You may not claim credit for the subfields above unless the provider is granting credit in those areas above.)

Print Your Name (clearly): _____

Your California State Bar Number: _____

Signature: _____

* partial participation hours must be pro-rated