

APPENDIX 2

LIMITED PARTNERSHIP SYNDICATIONS

1. Name of Firm: (from question 1 of the application)

2. Please provide the following information for all Attorneys engaged in Limited Partnership Syndication work in the last five (5) years.

NAME	NUMBER OF YEARS OF EXPERIENCE IN THE SPECIALTY	% OF THE DEVOTED TO THE SPECIALTY
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3. Please provide on (a) separate sheet(s) a short narrative which explains but is not limited to the following:

- a) the experience of each Attorney listed in the answer to question 2 above;
- b) the steps and methodology that are utilized to ensure compliance with state and federal regulations;
- c) the investigation that is made concerning the financial stability and experience of the general partner; and
- d) the investigation that is made to verify the tax benefit of the investment and anticipated changes in the tax regulations, including whether such investigations is performed by the firm or by some other entity.

4. What is the gross income derived from or anticipated by the firm for this type of work?

- a) last fiscal year \$ _____
- b) current fiscal year \$ _____
- c) next fiscal year \$ _____

I understand that the information provided herein becomes a part of the firm's Professional Liability Application and is subject to the same representations and conditions.

Authorized Signature

Date

Capacity