



**UTAH STATE BAR
EMPLOYER AFFIDAVIT**

This form must be notarized.

STATE OF _____)

: ss

County of _____)

I, _____, an Applicant for the Utah State Bar, do hereby declare that I have fully disclosed to my employer, _____, the limitations of a House Counsel license under Rule 14-719. I further declare that my employment as an attorney is exclusive to the above-named employer.

Signature of Applicant

Subscribed and sworn to before me, _____, this _____ day of ,
_____, _____ **by** _____.

NOTARY PUBLIC

I, _____, acting as a duly authorized officer of the Applicant's employer, _____, with the title of _____, do hereby declare that I have been fully informed of the limitations of practicing under Rule 14-719. I further affirm that the above-named employer is a non-governmental entity whose lawful business consists of activities other than the provision of legal services.

Signature of Employer

Subscribed and sworn to before me, _____, this _____ day of
_____, _____ **by** _____.

NOTARY PUBLIC