Provider: Meyers, Nave, Riback, Silver & Wilson

Subject Matter/Title: AB 1234 Ethics Training

Date and Time: December 8, 2014, 5:00 p.m. to 7:00 p.m.

Location: 420 Litho Street, Sausalito, CA 94965

Length of Activity: 2.0 hours

To Be Completed After Participation In The Above-Named Activity

By signing below, I certify that I participated in the activity described above:

Print Name: ANN ARNOTT

Signature: Las Frank

REMINDER: A local agency shall maintain these records for at least five (5) years after local officials receive the training. These records are public records subject to disclosure under the California Public Records Act (Chapter 3.5 [commencing with Section 6250] of Division 7 of Title 1).



CERTIFICATE OF ATTENDANCE FOR CALIFORNIA MCLE

Provider:

Meyers, Nave, Riback, Silver & Wilson

Subject Matter/Title:

AB 1234 Ethics Training

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Location:

420 Litho Street, Sausalito, CA 94965

Length of Activity:

2.0 Hours

ELIGIBLE CALIFORNIA MCLE CREDIT TOTAL HOURS: 2.0

General: 2.0 Hours Legal Ethics: N/A

Elimination of Bias in the Legal Profession: N/A

Prevention, Detection and Treatment of Substance Abuse: N/A

By signing below, I certify that I participated in the activity described above and am entitled to claim the following California MCLE credit hours: 2.0 Hours

TOTAL HOURS: 2.0

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

Print Name: ANN ARNOTT Signature: ANN

REMINDER: Keep this record of attendance for four years. In the event that you are audited by the State Bar, you may be required to submit this record of attendance. Send this to the State Bar ONLY if you are audited. You must sign in on the Official Record of Attendance for California MCLE maintained by this provider in order to qualify for California MCLE credits.

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By signing below, I certify that I participated in the activity described above:

Print Name: Donald Beers

Signature: Olders

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Print Name: Land DeepSignature:

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By signing below, I certify that I participated in the activity described above:

Print Name: _____ RHECNER

Signature: ___

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meyers | nave

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Print Name:

- He Her

Signature:

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Length of Activity:

2.0 hours

To Be Completed After Participation In The Above-Named Activity

By signing below, I certify that I participated in the activity described above:

Print Name: <u>James</u> <u>De Lano, Ja</u>

Signature: _

REMINDER: A local agency shall maintain these records for at least five (5) years after local officials receive the training. These records are public records subject to disclosure under the California Public Records Act (Chapter 3.5 [commencing with Section 6250] of Division 7 of Title 1).

meyers | nave

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TOTAL HOURS: 2.0

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

Print Name: <u>James De Lano, Jr</u> Signature:

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