## Mississippi Board of Certified Court Reporters

## \*\*\*\*\*RENEWAL FEE NOTICE\*\*\*\*\*

	DUE DATE	AMOUNT	DUE
	1/7/19	\$50.0	0
	PAY ON OR AFTER	(1) 1 (1) 1 (1) 1 (2) 1 (2) 1 (3) 1 (4) 1 (	0.00 0.00 0.00
1,77%;=#1.3° (5)	1/8/19	Total Due \$100	J.00

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Board of Certified Court Reporters P.O. Box 369 Jackson, MS 39205-0369

	Please fill out this i	nortion detach a	nd return with your check made payable to
	LISHA EDWARD	Board of Certi	fied Court Reporters
Nam Addr	70 Box 32123 Fowood M5		Identification Number (very important)  Renewal Fee \$
City, State, Zip  ON 946 8206  Telephone Number			Total Payment \$ 5000
	Email Address  Please Mark if Change	ge of Address	Method of Reporting Used:  Pen Shorthand  Machine Shorthand (Stenotype)
			Voice Writer (Stenomask)
	Renewal Fee (paid by 1/7/19)	\$50.00	
	Late Fee (paid on or after 1/8/19)	\$50.00	Please Mark Here if You Do <u>NOT</u> Wish to Renew Your Certification