423 N. Lakeshore Drive Carrollton, GA 30117 770-834-7875 Fax 770-864-0807 gordonaustindmd@juno.com

Gordon T. Austin, D.M.D.

Fax

To: Marcy Atwood	d From: Gordon Austin			
Fax: 202-318-76	52 Pages: A			
Phone:	Date: 3-23-10			
Re: Signature p	coe co:			
Please Review Please Comment Please Reply Please Recycle Please let me know if you have trouble receiving fax.				
_	Thanks!			

- 27. You are aware of the hazards of litigation and acknowledge that we have made no guarantees in the disposition of any phase of the matter of which you have retained this office. If this fee arrangement meets with your approval, kindly sign your name and initial each page where indicated on the copy of this letter and return same to the Firm in the envelope enclosed for your convenience. If, pursuant to court rule, a copy of this Retainer Agreement is required to be filed with the Court in which your action is pending, you hereby grant permission for us to do so.
- 28. A signature acknowledges the fact that the Client has read this Agreement and agrees to all of its provisions.

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For: The Law Firm of Puckett & Faraj, PC

Signature: Gordon Austin

Date

 $\frac{3/23/2010}{\text{Date}}$

Attachment:

Statement of Client's Rights and Responsibilities