

NEW HAMPSHIRE INSURANCE DEPARTMENT

ATTORNEY APPEARANCE or WITHDRAWAL

Docket No. (if known): INS No. 22-035-EP

Respondent Name or Case Name: In re: House of Prayer and Life, Inc. d/b/a Jericho Share

APPEARANCE

WITHDRAWAL

Please **ENTER** my appearance as  
Counsel for Respondent

Please **WITHDRAW** my appearance as  
Counsel for \_\_\_\_\_

I confirm that neither I nor any member of my  
law firm have been retained by the Department  
of Insurance or the Commissioner of Insurance.

Notice of Withdrawal sent to my client on:  
\_\_\_\_\_ at the following address:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

I hereby certify that I provided a copy of this original request to the Department and a copy to all other known parties to this matter in accordance with Ins 204.09.

Signed: /s/ Elizabeth M. Lacombe, Bar No. 19921

Name: Elizabeth M. Lacombe NH Bar #: 19921

Firm Name: Duane Morris LLP Email: *(see also below)* emlacombe@duanemorris.com

Physical Address: 100 Pearl Street, 13th Floor, Hartford, CT 06103

Mailing Address *(if different)*: \_\_\_\_\_

Phone: 215-979-1577

**Email Consent:**  By checking this box, I consent to delivery by email in accordance with Ins 204.09(c).  
Please send communications and documents to the above email address.

Date: 07/25/2022

Signature: /s/ Elizabeth M. Lacombe, Bar No. 19921

*If you do not consent to delivery by email, all communications will be sent to you by personal delivery at your physical address or by United States Postal Service first class mail to your mailing address.*