

CERTIFICATE OF ATTENDANCE

MISSOURI

Name of Provider: Estate Planning Council of St Louis

Date of Program: 1-28-2025 _____

Title of presentation: Business Succession for S Corporation Owners

Speakers: Norman S. Newmark, JD, LL.M., Partner - McCarthy, Leonard & Kaemmerer, LC

Hours: 1.0

Delivery Method: Virtual

Attendee Name: _____

Attendee Address: _____

Last 4 Social Security #: _____ License #: _____

I certify that the above identified individual attended the continuing education program noted, for the actual number of credit hours indicated.

Joan Hecker

Printed Name of Approved Provider Official

Signature of Approved Provider Official

Accreditation Coordinator

Title Executive Director

Date

1/28/2025

Estate Planning Council of St Louis
330 Wenneker Drive
St. Louis MO 63124
314.520.3564, 314.787.4283