附件2

律师事务所执业律师名单

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **序号** | **律师姓名** | **性别** | **政治面貌** | **身份证号** | **执业证号** | **联系电话** | **擅长** | **备注** |
|  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |

说明：有能从事涉外法律、医疗纠纷等专业性较强法律业务以及矛盾纠纷化解等工作经验的律师，请予以注明。