

**Form U-2**

**Form U-2 Uniform Consent to Service of Process**

KNOW ALL MEN BY THESE PRESENTS:

That the undersigned (a corporation), (a partnership), organized under the laws of "hqt'r wtr qugu'qh'eqo r n{ lpi 'y kj 'y g'rcy u'qh'y g'Ucvgu'lpf lecvgf 'j gtgwpf gt" " to either the tgi kwtcvkqp"qt'ucrg'qh'ugewtklgu.'j gtd{ 'ktgxqecdn{ 'cr r qlpw'yj g'qh'legtu'qh'y g'Ucvgu'luq" designated hereunder and yj gk'uweeguqtu'lp'uwej 'qh'legu.'ksu'cwqtpg{ 'lp'yj qug'Ucvgu'luq'f guki pcvgf 'wr qp'y j qo 'o c{ 'dg'" ugtxgf 'any notice, r tqeguu'qt'r rfcf lpi 'lp'cp{ 'cevkqp'qt'r tqeggf lpi 'ci ckpuv'k'ctkukpi 'qww'qh'qt'lp'eqppgevkqp'y kj . 'y g' sale of securities qt'qww'qh'xkqr'vkqp'qh'yj g'chqtguckf 'rcy u'qh'yj g'Ucvgu'luq'f guki pcvgf =cpf 'y g'wpf gtuki pgf 'f qgu'j gtd{ " consent that cp{ 'uwej 'cevkqp'qt'r tqeggf lpi 'ci ckpuv'k'o c{ 'dg'eqo o gpegf 'lp'cp{ 'eqwtv'qh'eqo r gvgpv'lwtkuf levkqp'cpf " proper venue y kj lp'yj g'Ucvgu'luq'f guki pcvgf 'j gtgwpf gt'd{ 'ugtxleg'qh'r tqeguu'wr qp'yj g'qh'legtu'luq'f guki pcvgf 'y kj 'y g' uco g'effect cu'kh'yj g'wpf gtuki pgf 'y cu'qti cpl gf 'qt'etgcvgf 'wpf gt'yj g'rcy u'qh'yj cv'Ucvg'cpf 'j cxg'dggp'ugtxgf 'rcy hwn{ " y kj 'r tqeguu'lp'yj cv'Ucvg' "

It is requested that a copy of any notice, process or pleading served hereunder be mailed to:

Name

Address

City

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State

Zip

Place an "X" before the names of all the States for which the person executing this form is appointing the designated Officer of each State as its attorney in that State for receipt of service of process:

AL	Secretary of State	FL	Dept. of Banking and Finance
AK	Administrator of the Division of Banking and Corporations, Department of Commerce and Economic Development	GA	Commissioner of Securities
AZ	The Corporation Commission	GUAM	Administrator, Department of Finance
AR	The Securities Commissioner	HI	Commissioner of Securities
CA	Commissioner of Business Oversight	ID	Director, Department of Finance
CO	Securities Commissioner	IL	Secretary of State
CT	Banking Commissioner	IN	Secretary of State
DE	Securities Commissioner	IA	Commissioner of Insurance
DC	Dept. of Insurance, Securities and Banking	KS	Secretary of State
KY	Director, Division of Securities	OH	Secretary of State
LA	Commissioner of Securities	OR	Director, Department of Insurance and Finance

ME	Administrator, Securities Division	OK	Securities Administrator
MD	Commissioner of the Division of Securities	PA	Pennsylvania does not require filing of a Consent to Service of Process
MA	Secretary of State	PR	Commissioner of Financial Institutions
MI	Commissioner, Office of Financial and Insurance Services	RI	Director of Business Regulation
MN	Commissioner of Commerce	SC	Securities Commissioner
MS	Secretary of State	SD	Director of the Division of Insurance
MO	Securities Commissioner	TN	Commissioner of Commerce and Insurance
MT	State Auditor and Commissioner of Insurance	TX	Securities Commissioner
NE	Director of Banking and Finance	UT	Director, Division of Securities
NV	Secretary of State	VT	Commissioner of Banking, Insurance, Securities & Health Administration
NH	Secretary of State	VA	Clerk, State Corporation Commission
NJ	Chief, Securities Bureau	WA	Director of the Department of Licensing
NM	Director, Securities Division	WV	Commissioner of Securities
NY	Secretary of State	WI	Department of Financial Institutions, Division of Securities
NC	Secretary of State	WY	Secretary of State
ND	Securities Commissioner		

Dated this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_  
(SEAL)

Name

By \_\_\_\_\_

Title

**INSTRUCTIONS TO FORM U-2  
UNIFORM CONSENT TO SERVICE OF PROCESS**

1. The name of the issuer is to be inserted in the blank space on line 1 Uniform Form U-2 ("Form").
2. The type of person executing the Form is to be described by striking out the inapplicable nomenclature in lines 2-4 and, if appropriate, by inserting a description of the person in the blank space provided on line 2 of the Form.
3. The name of the jurisdiction under which the issuer was formed or is to be formed is to be inserted in the blank spaces on line 3 of the Form.
4. The person to whom a copy of any notice, process of pleading which is served pursuant to the Consent to Service of Process is to be inserted in the appropriate black spaces at the end of page 1 of the Form.
5. An "X" is to be placed in the space before the names of all States which the person executing this Form lawfully is appointing the officer of each State so designed on the Form as its attorney in that State for receipt of service of process.
6. A manually signed Form must be filed with each State requiring a Consent to Service of Process on Form U-2 at the office so designated by the laws or regulations of that State and must be accompanied by the exact filing fee, if any.
7. The Form must be signed by the issuer. If the issuer is a corporation, it should be signed in the name of the corporation by an executive officer duly authorized; if a partnership, it should be signed in the name of the partnership by a general partner; and if an unincorporated association or other organization which is not a partnership, the Form should be signed in the name of such organization by a person responsible for the direction of management of its affairs.
8. If the Form is mailed, it is advisable to send it by registered or certified mail, postage prepared, return receipt requested.

Commissioner of Business Oversight

Securities Commissioner

Banking Commissioner

Securities Commissioner

Dept. of Insurance, Securities and Banking

Director, Division of Securities

Commissioner of Securities

**CORPORATE ACKNOWLEDGMENT**

State or Province of \_\_\_\_\_ )  
County of \_\_\_\_\_ ) ss.

On this \_\_\_\_\_ day of \_\_\_\_\_, 20 \_\_\_\_\_ before me \_\_\_\_\_ the undersigned officer, personally appeared \_\_\_\_\_ known personally to me to be the \_\_\_\_\_ of the above named corporation and (Title) acknowledged that he, as an officer being authorized so to do, executed the foregoing instrument for the purposes therein contained, by signing the name of the corporation by himself as an officer.

IN WITNESS WHEREOF I have hereunto set my hand and official seal.

\_\_\_\_\_  
Notary Public/Commissioner of Oath  
My Commission Expires \_\_\_\_\_

(SEAL)

**INDIVIDUAL OR PARTNERSHIP ACKNOWLEDGMENT**

State or Province of \_\_\_\_\_ )  
County of \_\_\_\_\_ ) ss.

On this \_\_\_\_\_ day of \_\_\_\_\_, 20 \_\_\_\_\_, before me, \_\_\_\_\_, the undersigned officer, personally appeared \_\_\_\_\_ to me personally known and known to me to be the same person(s) whose name(s) is (are) signed to the foregoing instrument, and acknowledged the execution thereof for the uses and purposes therein set forth.

In WITNESS WHEREOF I have hereunto set my hand and official seal.

\_\_\_\_\_  
Notary Public/Commissioner of Oaths  
My Commission Expires \_\_\_\_\_

(SEAL)