

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), a ( ) organized under the laws of \_\_\_\_\_, or (an individual), [strike out inapplicable nomenclature] for purposes of complying with the laws of the States indicated hereunder relating to either the registration or sale of securities, hereby irrevocably appoints the officers of the States so designated hereunder and their successors in such offices, its attorney in those States so designated upon whom may be served any notice, process or pleading in any action or proceeding against it arising out of, or in connection with, the sale of securities or out of violation of the aforesaid laws of the States so designated; and the undersigned does hereby consent that any such action or proceeding against it may be commenced in any court of competent jurisdiction and proper venue within the States so designated hereunder by service of process upon the officers so designated with the same effect as if the undersigned was organized or created under the laws of that State and have been served lawfully with process in that State.

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

\_\_\_\_\_  
(Name)

\_\_\_\_\_  
(Address)

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

- |                                      |   |   |   |
|--------------------------------------|---|---|---|
| <input type="checkbox"/> ALABAMA     | Secretary of State.   | <input type="checkbox"/> DISTRICT OF COLUMBIA | Each member of Public Service Commission or Commissioner's successor in office. |
| <input type="checkbox"/> ALASKA      | Commissioner, Department of Community and Economic Development. | <input type="checkbox"/> FLORIDA              | Department of Banking and Finance.  |
| <input type="checkbox"/> ARIZONA     | The Corporation Commission.                                     | <input type="checkbox"/> GEORGIA              | Commissioner of Securities.   |
| <input type="checkbox"/> ARKANSAS    | Commissioner of Securities Department.                          | <input type="checkbox"/> GUAM                 | Administrator, Department of Revenue and Taxation.                              |
| <input type="checkbox"/> CALIFORNIA  | Commissioner of Corporations.                                   | <input type="checkbox"/> HAWAII               | Commissioner of Securities.   |
| <input type="checkbox"/> COLORADO    | Securities Commissioner.  | <input type="checkbox"/> IDAHO                | Director, Department of Finance and his successors in office.                   |
| <input type="checkbox"/> CONNECTICUT | Banking Commissioner.   | <input type="checkbox"/> ILLINOIS             | Secretary of State.   |
| <input type="checkbox"/> DELAWARE    | Securities Commissioner.  |   |   |

\_\_\_\_\_ INDIANA Secretary of State.

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\_\_\_\_\_ IOWA Commissioner of Insurance.

\_\_\_\_\_ NORTH CAROLINA Secretary of State.

\_\_\_\_\_ KANSAS Secretary of State.

\_\_\_\_\_ NORTH DAKOTA Securities Commissioner.

\_\_\_\_\_ KENTUCKY Commissioner, Department of Financial Institutions.

\_\_\_\_\_ OHIO Secretary of State.

\_\_\_\_\_ LOUISIANA Commissioner of Securities.

\_\_\_\_\_ OREGON Director, Department of Consumer and Business Services.

\_\_\_\_\_ MAINE Securities Administrator.

\_\_\_\_\_ OKLAHOMA Securities Administrator.

\_\_\_\_\_ MARYLAND Securities Commissioner of the Division of Securities.

\_\_\_\_\_ PENNSYLVANIA Pennsylvania does not require filing of a Consent to Service of Process.

\_\_\_\_\_ MASSACHUSETTS Secretary of State.

\_\_\_\_\_ PUERTO RICO Commissioner of Financial Institutions.

\_\_\_\_\_ MICHIGAN Commissioner, Office of Financial and Insurance Services.

\_\_\_\_\_ RHODE ISLAND Director of Department of Business Regulation.

\_\_\_\_\_ MINNESOTA Commissioner of Commerce.

\_\_\_\_\_ SOUTH CAROLINA Attorney General (ex officio Securities Commissioner).

\_\_\_\_\_ MISSISSIPPI Secretary of State.

\_\_\_\_\_ SOUTH DAKOTA Director of the Division of Securities.

\_\_\_\_\_ MISSOURI Commissioner of Securities.

\_\_\_\_\_ TENNESSEE Commissioner of Commerce and Insurance.

\_\_\_\_\_ MONTANA Securities Commissioner and his successors in office.

\_\_\_\_\_ TEXAS Securities Commissioner.

\_\_\_\_\_ NEBRASKA Director of Department of Banking and Finance.

\_\_\_\_\_ UTAH Director, Division of Securities.

\_\_\_\_\_ NEVADA Administrator of the Securities Division of the Office of the Secretary of State.

\_\_\_\_\_ VERMONT Commissioner of Banking, Insurance, Securities, and Health Care Administration.

\_\_\_\_\_ NEW HAMPSHIRE Secretary of State.

\_\_\_\_\_ VIRGINIA Clerk, State Corporation Commission.

\_\_\_\_\_ NEW JERSEY Chief, Bureau of Securities in the Division of Consumer Affairs of the Department of Law and Public Safety.

\_\_\_\_\_ WASHINGTON Director of the Department of Financial Institutions.

\_\_\_\_\_ NEW MEXICO Director, Securities Division of the Regulation and Licensing Department..

\_\_\_\_\_ WEST VIRGINIA Commissioner (Auditor of the State).

\_\_\_\_\_ NEW YORK Secretary of State.

\_\_\_\_\_ WISCONSIN Division of Securities, Department of Financial Institutions.

\_\_\_\_\_ WYOMING Secretary of State.

Dated this \_\_\_\_\_ day of \_\_\_\_\_, 20 \_\_\_\_\_.

(SEAL)

By \_\_\_\_\_

Title

**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 acknowledged  
that he, as an \_\_\_\_\_ (Title)  
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 Oaths  
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)

**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 of 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 space 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 blank 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 designated 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 or management of its affairs.**
8. **If the Form is mailed, it is advisable to send it by registered or certified mail, postage prepaid, return receipt requested.**