

Form U2 Uniform Consent To Service Of Process

KNOW ALL MEN BY THESE PRESENT:

That the undersigned _____, a corporation,
 partnership, other _____ organized under the laws of _____, or
 an individual, [strike out inapplicable nomenclature] for the purposes of complying with the laws of the
states indicated hereunder relating to either the registration or sale of securities or licensure or registration as a
broker-dealer, investment adviser, or issuer-dealer, 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 had been served lawfully with process in said 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 each State as its attorney in that State for receipt of service of process:

- | | |
|--|---|
| <input type="checkbox"/> AL Secretary of State | <input type="checkbox"/> LA Commissioner of Securities |
| <input type="checkbox"/> AK Administrator of the Division of Banking
and Corporations, Department of
Commerce and Economic Development | <input type="checkbox"/> ME Administrator, Securities Division |
| <input type="checkbox"/> AZ The Corporation Commission | <input type="checkbox"/> MD Commissioner of the Division of Securities |
| <input type="checkbox"/> AR The Securities Commissioner | <input type="checkbox"/> MA Secretary of State |
| <input type="checkbox"/> CA Commissioner of Corporations | <input type="checkbox"/> MI Commissioner, Office of Financial and
Insurance Services |
| <input type="checkbox"/> CO Securities Commissioner | <input type="checkbox"/> MN Commissioner of Commerce |
| <input type="checkbox"/> CT Banking Commissioner | <input type="checkbox"/> MS Secretary of State |
| <input type="checkbox"/> DE Securities Commissioner | <input type="checkbox"/> MO Securities Commissioner |
| <input type="checkbox"/> DC Dept. of Insurance & Securities Regulation | <input type="checkbox"/> MT State Auditor and
Commissioner of Insurance |
| <input type="checkbox"/> FL Department of Banking and Finance | <input type="checkbox"/> NE Director of Banking and Finance |
| <input type="checkbox"/> GA Commissioner of Securities | <input type="checkbox"/> NV Secretary of State |
| <input type="checkbox"/> GUAM Administrator, Department of Finance | <input type="checkbox"/> NH Secretary of State |
| <input type="checkbox"/> HI Commissioner of Securities | <input type="checkbox"/> NJ Chief, Securities Bureau |
| <input type="checkbox"/> ID Director, Department of Finance | <input type="checkbox"/> NM Director, Securities Division |
| <input type="checkbox"/> IL Secretary of State | <input type="checkbox"/> NY Secretary of State |
| <input type="checkbox"/> IN Secretary of State | <input type="checkbox"/> NC Secretary of State |
| <input type="checkbox"/> IA Commissioner of Insurance | <input type="checkbox"/> ND Securities Commissioner |
| <input type="checkbox"/> KS Secretary of State | <input type="checkbox"/> OH Secretary of State |
| <input type="checkbox"/> KY Director, Division of Securities | <input type="checkbox"/> OR Director, Dept. of Insurance and Finance |
| | <input type="checkbox"/> OK Securities Administrator |

- | | |
|---|---|
| <input type="checkbox"/> PA Pennsylvania does not require filing of a Consent to Service of Process | <input type="checkbox"/> UT Director, Division of Securities |
| <input type="checkbox"/> PR Commissioner of Financial Institutions | <input type="checkbox"/> VT Commissioner of Banking, Insurance Securities & Health Administration |
| <input type="checkbox"/> RI Director of Business Regulation | <input type="checkbox"/> VA Clerk, State Corporation Commission |
| <input type="checkbox"/> SC Securities Commissioner | <input type="checkbox"/> WA Director of the Department of Licensing |
| <input type="checkbox"/> SD Director of the Division of Securities | <input type="checkbox"/> WV Commissioner of Securities |
| <input type="checkbox"/> TN Commissioner of Commerce and Insurance | <input type="checkbox"/> WI Department of Financial Institutions, Division of Securities |
| <input type="checkbox"/> TX Securities Commissioner | <input type="checkbox"/> WY Secretary of State |

Dated this _____ day of _____, _____

(SEAL) Signed _____
 Print Name _____
 Title _____

CORPORATE ACKNOWLEDGEMENT

State or Province of _____)
 County of _____) ss.

On this _____ day of _____, _____ before me _____, the undersigned officer, personally appeared _____ known personally to me to be the _____ of the above named corporation and acknowledged
 (Title)

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.

(SEAL) _____
 Notary Public/Commissioner of Oath
 My commission expires _____

INDIVIDUAL, PARTNERSHIP OR L.L.C. ACKNOWLEDGMENT

State or Province of _____)
 County of _____) ss.

On this _____ day of _____, _____ 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.

(SEAL) _____
 Notary Public/Commissioner of Oath
 My commission expires _____

**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 I 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 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.