



SECRETARY OF THE STATE OF CONNECTICUT

MAILING ADDRESS: COMMERCIAL RECORDING DIVISION, CONNECTICUT SECRETARY OF THE STATE, P.O. BOX 150470, HARTFORD, CT 06115-0470

DELIVERY ADDRESS: COMMERCIAL RECORDING DIVISION, CONNECTICUT SECRETARY OF THE STATE, 30 TRINITY STREET, HARTFORD, CT 06106

PHONE: 860-509-6003

WEBSITE: www.concord-sots.ct.gov

APPOINTMENT OF ATTORNEY FOR SERVICE OF PROCESS AMUSEMENTS/CIRCUSES, FIREWORKS AND VENDORS (CIGARETTES)

USE INK. COMPLETE ALL SECTIONS. PRINT OR TYPE. ATTACH 8 1/2 X 11 SHEETS IF NECESSARY.

<p>FILING PARTY (CONFIRMATION WILL BE SENT TO THIS ADDRESS):</p> <p>NAME:</p> <p>ADDRESS:</p> <p>CITY:</p> <p>STATE: ZIP:</p>	<p>FILING FEE: \$50</p> <p>MAKE CHECKS PAYABLE TO "SECRETARY OF THE STATE"</p>
--	---

COMPLETE EITHER SECTION 1 OR SECTION 2

SECTION 1: (BUSINESS ENTITY)

NAME OF BUSINESS ENTITY

STATE OF FORMATION

PRINCIPAL PLACE OF BUSINESS

THE CORPORATION APPOINTS THE SECRETARY OF THE STATE OF CONNECTICUT AND HIS SUCCESSORS IN OFFICE, TO BE ITS AGENT UPON WHOM ALL PROCESS, IN ANY ACTION OR PROCEEDING AGAINST IT, MAY BE SERVED. THE CORPORATION AGREES THAT ANY PROCESS AGAINST IT WHICH IS SERVED ON THE SECRETARY OF THE STATE SHALL BE OF THE SAME LEGAL FORCE AND VALIDITY AS IF SERVED ON THE CORPORATION, AND THAT THIS APPOINTMENT SHALL CONTINUE IN FORCE AS LONG AS ANY LIABILITY REMAINS OUTSTANDING AGAINST THE CORPORATION IN CONNECTICUT.

SECTION 2: UNINCORPORATED ASSOCIATIONS AND INDIVIDUALS

NAME UNDER WHICH BUSINESS WILL BE TRANSACTED

STATE OF FORMATION (IF APPLICABLE)

NAME OF PRINCIPAL OFFICER

ADDRESS OF PRINCIPAL OFFICER

ADDRESS:

CITY:

STATE: ZIP:

THE ABOVE NAMED INDIVIDUAL APPOINTS THE SECRETARY OF THE STATE OF CONNECTICUT AND HIS SUCCESSORS IN OFFICE, TO BE HIS (HER) AGENT FOR SERVICE OF PROCESS UPON WHOM ALL PROCESS, IN ANY ACTION OR PROCEEDING AGAINST HIM (HER) WHICH IS SERVED ON THE SECRETARY OF THE STATE SHALL BE OF THE SAME LEGAL FORCE AND VALIDITY AS IF SERVED ON HIM (HER), AND THAT THIS APPOINTMENT SHALL CONTINUE IN FORCE AS LONG AS ANY LIABILITY REMAINS OUTSTANDING AGAINST HIM (HER) IN CONNECTICUT.

3. AUTHORIZATION:

DATED THIS _____ DAY OF _____, 20 _____

NAME OF SIGNATORY	CAPACITY/TITLE OF SIGNATORY	SIGNATURE

PERSONALLY APPEARED THE ABOVE NAMED PERSON AND ACKNOWLEDGED THE SAME TO BE HIS FREE ACT AND DEED, BEFORE ME.

DATE

SIGNATURE (NOTARY PUBLIC)