## Form TPM-4



## Notice of Appointment of Registered Agent and Registered Agent's Statement

(Rev.	04/24)			Complete this form in black or blue ink only.
Chec	ck the appropriate box:			Sign, date, and return original to:
	Nonparticipating Manufacture	r (NPM)		Office of the Attorney General Finance Department
L	Importer Enter the name of NPM importing	g for:		165 Capitol Ave Hartford CT 06106
The u	undersigned NPM or Importer,			
hereb	by appoints			as its registered agent.
Said	registered agent is authorized to receiv	e service of process on b	ehalf of the NPM or Impo	orter.
The N	NPM or Importer agrees to do the follow	ving:		
	Provide notice to the Office of the Attornermination of the authority of the registr		of Connecticut (Attorney	General) at least 30 calendar days prior to
	Provide proof to the satisfaction of the a ermination of the existing agent appoin		appointment of a new ago	ent at least five calendar days prior to the
	NPM or Importer further agrees that if the eral of the termination within five calend			ersigned will provide notice to the Attorney eral of the appointment of a new agent.
staten under	nents or attachments, are true and complete	e and that I am a person authon where the manufacturer res	orized to bind the NPM or Imsides or is organized. The fai	nt, including but not limited to any accompanying aporter making this Notice of Appointment either lure to file this form is a basis for removal of the
	This Notice of Appointm	ent must be signed a	nd dated in the prese	nce of a notary public.
Signa	ture of authorized representative for NPM or	r Importer:		
Autho	rized representative (print name)		Title:	
Princi	pal place of business (physical address): _			
State	of	_ County of	Cou	untry of
On		hoforo	mo	
OII _		, belore		,
basis she e	of satisfactory evidence) to be the per	rson whose name is subsized capacity, and that by h	cribed to the within instru	y known to me (or proved to me on the iment and acknowledged to me that he or e instrument the person, or the entity upon
WITN	IESS my hand and official seal.			
Signa	ature			

		Telephone	Fax number
	Tall / I		
Address must be	Address (number and street, PO box)		
within the	City	State	ZIP code
State of Connecticut.	City	CT	Zii code
Email address	<u> </u>		
	-		
consent to se	erve as the Registered Agent in the State o	of Connecticut for the above-named	NPM or Importer pursuant to Conn. Gen. Stat. 84-
understand in	t will be my responsibility to receive Servic y notify the Office of the Attorney General	e of Process on behalf of the NPM	
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Form TPM-4 Back (Rev. 04/24)

My Commission expires: \_

Signature \_\_\_\_\_