Form TPM-4



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

(Rev.	04/25)	Complete this form in black or blue ink only.					
Chec	ck the appropriate box:	Sign, date, and return original to:					
	Nonparticipating Manufacturer (NPM)	Office of the Attorney General Finance Department					
L	Importer Enter the name of NPM importing for:	465 Conital Ava					
The u	undersigned NPM or Importer,	,					
hereb	oy appoints	as its registered agent.					
Said	registered agent is authorized to receive service of p	cess on behalf of the NPM or Importer.					
The N	NPM or Importer agrees to do the following:						
	Provide notice to the Office of the Attorney General of the State of Connecticut (Attorney General) at least 30 calendar days prior to termination of the authority of the registered agent; and						
	Provide proof to the satisfaction of the Attorney General of the appointment of a new agent at least five calendar days prior to the termination of the existing agent appointment.						
The NPM or Importer further agrees that if the agent terminates its agency appointment, the undersigned will provide notice to the Attorney General of the termination within five calendar days and will include proof to the Attorney General of the appointment of a new agent.							
staten under	nents or attachments, are true and complete and that I am	a contained in this Notice of Appointment, including but not limited to any accompanying erson authorized to bind the NPM or Importer making this Notice of Appointment either acturer resides or is organized. The failure to file this form is a basis for removal of the ecticut Directory.					
	This Notice of Appointment must be	igned and dated in the presence of a notary public.					
Signat	ture of authorized representative for NPM or Importer:						
Autho	prized representative (print name)	Title:					
Princi	pal place of business (physical address):						
State	County of Country of						
On _	, before me,						
basis she e	of satisfactory evidence) to be the person whose n	, personally known to me (or proved to me on the le is subscribed to the within instrument and acknowledged to me that he or d that by his or her signature on the instrument the person, or the entity upon					
WITN	NESS my hand and official seal.						
Signa	ature						

Name and address of Registered Agent:

	diress of Registered Agent.	I		1-		
Name		Telephone		Fax number		
Address must be	Address (number and street, PO box)					
within the	City	State		ZIP code		
State of Connecticut.	Oity	Giaic	CT	Zii code		
Email address	<u> </u> :			1		
	rve as the Registered Agent in the State of Conr					
I understand it will be my responsibility to receive Service of Process on behalf of the NPM or Importer; to forward mail to the NPM or Importer; and to immediately notify the Office of the Attorney General if I resign or change the office address of the Registered Agent. This Notice of Appointment must be signed and dated in the presence of a notary public.						
Signature:			Date:			
Print name:		Title:				
State of	County of		Count	ry of		
On	On , before me,					
basis of satis	peared	me is subscribed and that by his or	d to the within instrum	ent and acknowledged to me that he or		
WITNESS m	extstyle ext					
Signature						

Form TPM-4 Back (Rev. 04/25)

My Commission expires: _