

B. EXACT NAME OF ENTITY:**ADDRESS OF PRINCIPAL OFFICE IN CONNECTICUT:**
(P.O. BOX IS UNACCEPTABLE)

ADDRESS:

CITY:

STATE:

ZIP:

3. AUTHORIZATION:

DATED THIS _____ DAY OF _____, 20_____

TYPE OR PRINT NAME OF GENERAL PARTNER

SIGNATURE

4. ACCEPTANCE:PRINT OR TYPE NAME OF STATUTORY
AGENT FOR SERVICE

SIGNATURE OF STATUTORY AGENT FOR SERVICE