

**COMMISSIONER OF SECURITIES & INSURANCE  
MONTANA STATE AUDITOR  
840 HELENA AVENUE  
HELENA MT 59601  
PHONE: 406.444.2040  
800.332.6148  
FAX: 406.444.3497  
WWW.CSIMT.GOV**

**APPOINTMENT OF ATTORNEY TO ACCEPT  
SERVICE OF PROCESS**

\_\_\_\_\_  
(Name of Company (hereinafter "Group"), organized under the laws of the State of \_\_\_\_\_, appoints THE DULY ELECTED COMMISSIONER OF SECURITIES AND INSURANCE, MONTANA STATE AUDITOR to be its lawful Attorney to receive service of legal process issued against it in the State of Montana. The Group authorizes the Commissioner, or, in the Commissioner's absence, an employee of the Commissioner to acknowledge service of legal process on behalf of the Group in this state. The Group consents and agrees that any lawful process against it that is served upon the Commissioner as appointed attorney shall have the same legal force and validity as if served upon the Group and hereby waives all claim or right of error by reason of such acknowledgement of service.

This authority may be withdrawn only upon a written notice of revocation and in any case shall continue in effect so long as any liability arising out of this appointment remains outstanding in the State Montana and binds the assets or liabilities of the Group or any success in interest. This instrument is executed pursuant to, and shall be construed to constitute full compliance with, Title 33, Chapter 11 of the Montana Code Annotated.

IN WITNESS WHEREOF, the said Group, pursuant to a resolution duly adopted by its Board of Directors, has caused this instrument to be executed in its name by its President and Secretary, and its corporate seal to be affixed, at the City of \_\_\_\_\_, State of \_\_\_\_\_ this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

\_\_\_\_\_  
President / Attorney-in-fact

\_\_\_\_\_  
Secretary / Attorney-in-fact

\_\_\_\_\_  
Name and address of the person to whom Service of Process is to be forwarded.