

## Secretary of State of the State of Arkansas

## CHARITABLE ORGANIZATION CONSENT FOR SERVICE

| consents to service upon the Secretic violation of any provisions in Ark. conducted within the state of Arks Secretary of State shall be as valid organization itself. This consent is | etary of State in suit<br>Code Ann. §§ 4-28-4<br>ansas giving rise to a<br>I and binding as if du | 101 through 416, or as a result of a cause of action. It affirms that so | ing out of the<br>any activities<br>ervice upon the |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------|-----------------------------------------------------|
| Date                                                                                                                                                                                   | Ву:                                                                                               | Name of Charitable Organization                                          |                                                     |
|                                                                                                                                                                                        |                                                                                                   | Signature Printed Name                                                   | Title                                               |
|                                                                                                                                                                                        | <u>NOTA</u>                                                                                       | <u>RY</u>                                                                |                                                     |
| STATE OFCOUNTY OF                                                                                                                                                                      | )<br>) SS.<br>)                                                                                   |                                                                          |                                                     |
| Subscribed and sworn to, be of, 20                                                                                                                                                     | fore me, a Notary Pub                                                                             | lic in, and for, said County and State,                                  | thisday                                             |
| My Commission Expires:                                                                                                                                                                 |                                                                                                   |                                                                          |                                                     |
|                                                                                                                                                                                        |                                                                                                   | Signature of Notary Public                                               |                                                     |
| STAMP or SEAL:                                                                                                                                                                         |                                                                                                   |                                                                          |                                                     |
|                                                                                                                                                                                        |                                                                                                   | Printed Name                                                             |                                                     |