Secretary of State of the State of Arkansas

FUND-RAISING COUNSEL CONSENT FOR SERVICE

________________________________________________________, a nonresident fund-raising counsel, hereby consents to service upon the Secretary of State in suits, proceedings, and actions growing out of the violation of any provisions in Ark. Code Ann. §§ 4-28-401 through 416, or as a result of any activities conducted within the state of Arkansas giving rise to a cause of action. It affirms that service upon the Secretary of State shall be as valid and binding as if due service had been made upon the fund-raising counsel itself. This consent is irrevocable.

Date

Name of Fund-raising Counsel

By: ________________________________

Signature

Printed Name

Title

NOTARY

STATE OF ______________________________ )

COUNTY OF ______________________________ ) SS.

Subscribed and sworn to, before me, a Notary Public in, and for, said County and State, this_______day of________________, 20____.

My Commission Expires:

___/___/____

Signature of Notary Public

STAMP or SEAL:

Printed Name

1401 W. Capitol, Suite 250 • Little Rock, Arkansas 72201
Telephone (501) 683-0094 • Fax (501) 682-3437
WEBSITE • www.sos.arkansas.gov

Form FC-02