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 ____________________________ )
   ) SS.
COUNTY OF ____________________________ )

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

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Form FC-02