Secretary of State of the State of Arkansas

PAID SOLICITOR CONSENT FOR SERVICE

______________________________________, a nonresident paid solicitor, 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 paid solicitor itself. This consent is irrevocable.

Date ___________________________ Name of Paid Solicitor ___________________________

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 PS-03