

INSTRUCTIONS FOR FILING A DESIGNATION FOR SERVICE OF  
PROCESS (or Form U-2) PURSUANT TO SECTIONS 352-a OR 352-b OF  
THE GENERAL BUSINESS LAW OF THE STATE OF NEW YORK

- (1) The applicant issuer or broker-dealer that is not incorporated or organized in New York should complete and execute the Designation. This should be done by a duly authorized officer, general partner or principal.
- (2) The Designation must be acknowledged by a notary public.
- (3) The Designation must be enclosed in a legal back or cover sheet, setting forth the title of the Designation and the name and address of the filer.
- (4) The filing fee is \$35.00, payable to the NYS Department of State. All checks over \$500 must be certified check, attorney's check, or postal money order.
- (5) The original Designation (or Form U-2) are to be filed with its fees at the following address:

NYS Department of State  
Division of Corporations  
One Commerce Plaza  
99 Washington Ave., Suite 600  
Albany, NY 12231
- (6) The Designation should be accompanied by a request that a photocopy be forwarded to the New York State Department of Law, 28 Liberty Street, New York, NY 10005,  
Attn: Investor Protection Bureau
- (7) For information Department of State, Division of Corporations call (518) 474-4770 or (518) 473-2492.

**INSTRUCTIONS TO FORM U-2  
UNIFORM CONSENT TO SERVICE OF PROCESS**

1. The name of the issuer is to be inserted in the blank space on line 1 Uniform Form U-2 ("Form").
2. The type of person executing the Form is to be described by striking out the inapplicable nomenclature in lines 2 - 4 and, if appropriate, by inserting a description of the person in the blank space provided on line 2 of the Form.
3. The name of the jurisdiction under which the issuer was formed or is to be formed is to be inserted in the blank spaces on line 3 of the Form.
4. The person to whom a copy of any notice, process of pleading which is served pursuant to the Consent to Service of Process is to be inserted in the appropriate black spaces at the end of page 1 of the Form.
5. An "X" is to be placed in the space before the names of all States which the person executing this Form lawfully is appointing the officer of each State so designed on the Form as its attorney in that State for receipt of service of process.
6. A manually signed Form must be filed with each State requiring a Consent to Service of Process on Form U-2 at the office so designated by the laws or regulations of that State and must be accompanied by the exact filing fee, if any.
7. The Form must be signed by the issuer. If the issuer is a corporation, it should be signed in the name of the corporation by an executive officer duly authorized; if a partnership, it should be signed in the name of the partnership by a general partner; and if an unincorporated association or other organization which is not a partnership, the Form should be signed in the name of such organization by a person responsible for the direction of management of its affairs.

If the Form is mailed, it is advisable to send it by registered or certified mail, postage prepared, return receipt requested.

Form U-2

Form U-2 Uniform Consent to Service of Process

KNOW ALL MEN BY THESE PRESENTS:

That the undersigned \_\_\_\_\_ (a corporation), (a partnership), a ( \_\_\_\_\_ ) organized under the laws of \_\_\_\_\_ or (an individual), [strike out inapplicable nomenclature] for purposes of complying with the laws of the States indicated hereunder relating to either the registration or sale of securities, hereby irrevocably appoints the officers of the States so designated hereunder and their successors in such offices, its attorney in those States so designated upon whom may be served any notice, process or pleading in any action or proceeding against it arising out of, or in connection with, the sale of securities or out of violation of the aforesaid laws of the States so designated; and the undersigned does hereby consent that any such action or proceeding against it may be commenced in any court of competent jurisdiction and proper venue within the States so designated hereunder by service of process upon the officers so designated with the same effect as if the undersigned was organized or created under the laws of that State and have been served lawfully with process in that State.

It is requested that a copy of any notice, process or pleading served hereunder be mailed to:

\_\_\_\_\_ (Name)

\_\_\_\_\_ (Address)

Place an "X" before the names of all the States for which the person executing this form is appointing the designated Officer of each State as its attorney in that State for receipt of service of process:

- |                             |  |                               |   |
|-----------------------------|--|-------------------------------|---|
| <input type="checkbox"/> AL | Secretary of State   | <input type="checkbox"/> FL   | Dept. of Banking and Finance                  |
| <input type="checkbox"/> AK | Administrator of the Division of Banking and Corporations, Department of Commerce and Economic Development | <input type="checkbox"/> GA   | Commissioner of Securities                    |
| <input type="checkbox"/> AZ | The Corporation Commission   | <input type="checkbox"/> GUAM | Administrator, Department of Finance          |
| <input type="checkbox"/> AR | The Securities Commissioner  | <input type="checkbox"/> HI   | Commissioner of Securities                    |
| <input type="checkbox"/> CA | Commissioner of Corporations   | <input type="checkbox"/> ID   | Director, Department of Finance               |
| <input type="checkbox"/> CO | Securities Commissioner  | <input type="checkbox"/> IL   | Secretary of State                            |
| <input type="checkbox"/> CT | Banking Commissioner   | <input type="checkbox"/> IN   | Secretary of State                            |
| <input type="checkbox"/> DE | Securities Commissioner  | <input type="checkbox"/> IA   | Commissioner of Insurance                     |
| <input type="checkbox"/> DC | Dept. of Insurance, Securities and Banking   | <input type="checkbox"/> KS   | Secretary of State                            |
| <input type="checkbox"/> KY | Director, Division of Securities   | <input type="checkbox"/> OH   | Secretary of State                            |
| <input type="checkbox"/> LA | Commissioner of Securities   | <input type="checkbox"/> OR   | Director, Department of Insurance and Finance |

___ME	Administrator, Securities Division	___OK	Securities Administrator
___MD	Commissioner of the Division of Securities	___PA	Pennsylvania does not require filing of a Consent to Service of Process
___MA	Secretary of State	___PR	Commissioner of Financial Institutions
___MI	Commissioner, Office of Financial and Insurance Services	___RI	Director of Business Regulation
___MN	Commissioner of Commerce	___SC	Securities Commissioner
___MS	Secretary of State	___SD	Director of the Division of Securities
___MO	Securities Commissioner	___TN	Commissioner of Commerce and Insurance
___MT	State Auditor and Commissioner of Insurance	___TX	Securities Commissioner
___NE	Director of Banking and Finance	___UT	Director, Division of Securities
___NV	Secretary of State	___VT	Commissioner of Banking, Insurance, Securities & Health Administration
___NH	Secretary of State	___VA	Clerk, State Corporation Commission
___NJ	Chief, Securities Bureau	___WA	Director of the Department of Licensing
___NM	Director, Securities Division	___WV	Commissioner of Securities
___NY	Secretary of State	___WI	Department of Financial Institutions, Division of Securities
___NC	Secretary of State	___WY	Secretary of State
___ND	Securities Commissioner		

Dated this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_

(SEAL)

\_\_\_\_\_

By \_\_\_\_\_

\_\_\_\_\_  
Title

**CORPORATE ACKNOWLEDGMENT**

State or Province of \_\_\_\_\_)

County of \_\_\_\_\_) ss.:

On this \_\_\_\_\_ day of \_\_\_\_\_, 20 \_\_\_\_\_, before me \_\_\_\_\_, the undersigned officer, personally appeared \_\_\_\_\_ known personally to me to be the \_\_\_\_\_ of the above named corporation and (Title)

acknowledged that he, as an officer being authorized so to do, executed the foregoing instrument for the purposes therein contained, by signing the name of the corporation by himself as an officer.

IN WITNESS WHEREOF I have hereunto set my hand and official seal.

\_\_\_\_\_  
Notary Public/Commissioner of Oaths  
My Commission Expires \_\_\_\_\_

(SEAL)

**INDIVIDUAL OR PARTNERSHIP ACKNOWLEDGMENT**

State or Province of \_\_\_\_\_)

County of \_\_\_\_\_) ss.:

On this \_\_\_\_\_ day of \_\_\_\_\_, 20 \_\_\_\_\_, before me \_\_\_\_\_, the undersigned officer, personally appeared \_\_\_\_\_ to me personally known and known to me to be the same person(s) whose name(s) is (are) signed to the foregoing instrument, and acknowledged the execution thereof for the uses and purposes therein set forth.

In WITNESS WHEREOF I have hereunto set my hand and official seal.

\_\_\_\_\_  
Notary Public/Commissioner of Oaths  
My Commission Expires \_\_\_\_\_

(SEAL)