Ed Murray
Wyoming Secretary of State
2020 Carey Avenue, Suite 700
Cheyenne, WY 82002-0020
Ph. 307.777.7311
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Consent to Appointment by Registered Agent

I, _____ , registered office located at
(name of registered agent)

_____ voluntarily consent to serve

* ***(registered office physical address, city, state & zip)***

as the registered agent for _____
(name of business entity)

I hereby certify that I am in compliance with the requirements of W.S. 17-28-101 through W.S. 17-28-111.

Signature:_____ **Date:** _____
(Shall be executed by the registered agent.) *(mm/dd/yyyy)*

Print Name: _____ Daytime Phone: _____

Title: _____ Email: _____

Registered Agent Mailing Address
(if different than above): _____

***If this is a current registered agent changing their registered address on file, complete the following:**

Previous Registered Office(s): _____

I hereby certify that:

- After the changes are made, the street address of my registered office and business office will be identical.
- This change affects every entity served by me and I have notified each entity of the registered office change.
- I certify that the above information is correct and I am in compliance with the requirements of W.S. 17-28-101 through W.S. 17-28-111.

Signature: _____ **Date:** _____
(Shall be executed by the registered agent.) *(mm/dd/yyyy)*