

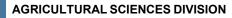


## Instructions for Service of Process Form

- 1. Type or print all information except required signatures.
- 2. Complete page 1 of the attached Service of Process.
- 3. Fee: Include Five Dollars (\$5.00) for filing service of process. Make checks payable to *Montana Secretary of State*.
- 4. Mail to: Montana Secretary of State of Montana State Capitol Building PO Box 202801 Helena, MT 59620-2801
- 5. Pesticide Licenses will not be granted until the service of process has been certified by the Secretary of State.

Any questions concerning these forms should be directed to:

Motnana Department of Agriculture Agricultural Sciences Division PO Box 200201 Helena MT 59620-0201 Telephone: (406) 444-3691 Email: PestLicensing@mt.gov



## **CONSENT TO LICENSING LAWS / DESIGNATION OF AGENT FOR SERVICE OF PROCESS**

The undersigned, a nonresident of Montana, is applying for a license under the Montana Pesticides Act, Title 80, Chapter 8, MCA. To comply with the provisions of section 80-8-210, MCA, the applicant consents to the licensing laws of the state of Montana and to the appointment of an agent for service of process, to be used in the courts of the state of Montana for all causes of legal action arising against them.

This application is made as (check appropriate box) -

MONTANA DEPARTMENT OF AGRICULTURE

An Individual

Name of Individual Applicant:	
Physical Address:	
Mailing Address:	
City/State/Zip:	

□ An entity which has an active business registration with the Montana Secretary of State's office and has appointed the following registered agent for service of process:

Applicant Name	
Business Name & SOS ID	
Registered Agent(RA) Name	
RA Physical Address:	
RA Mailing Address:	
RA City/State/Zip:	

□ An entity which <u>does not have</u> an active business registration with the Montana Secretary of State's office and hereby designates the Montana Secretary of State as its registered agent for service of process. The Secretary of State will forward any service of process to:

Applicant Name	
Business Name	
Physical Address:	
Mailing Address:	
City/State/Zip:	
• •	

Signature of Applicant

Date

Position, if applicable

## To Be Completed by Secretary of State

I, Christi Jacobsen, Secretary of the State of Montana, do hereby certify that the foregoing is a true, completed and correct copy of the Consent to Licensing Laws and Designation of Agent for Service of Process by as received and filed in my office on \_\_\_\_\_\_, **20**\_\_. In Witness Whereof, I have hereunto set my hand and affixed the Great Seal of the State of Montana this \_\_\_\_\_\_day of \_\_\_\_20\_\_.

Christi Jacobsen Secretary of State

(Great Seal)

By:\_\_\_\_\_ Deputy