

Michigan Department of Licensing and Regulatory Affairs
Corporations, Securities & Commercial Licensing Bureau
Audit & Examination Division
P.O. Box 30018, Lansing, MI 48909
517-335-2395
www.michigan.gov/securities

CONSENT TO SERVICE OF PROCESS

AUTHORITY: 2014 PA 448
PENALTY: FAILURE TO PROVIDE THIS INFORMATION MAY RESULT
IN DENIAL OF THE APPLICATION AND/OR DISCIPLINARY ACTION.

Information provided on this form may be released to the public in accordance with the Freedom of Information Act, 1976, PA 442, as amended.

Name of Applicant			
Street Address	City	State	ZIP Code
Type of Application (check one) <input type="checkbox"/> Individual <input type="checkbox"/> Organization (corporation, limited liability company, partnership, etc.)		If applicant is an organization, name the state in which you are organized.	

KNOW ALL PERSONS BY THESE PRESENTS:

For the purpose of complying with the laws of the State of Michigan, the undersigned irrevocably appoints the Director of the Licensing Division, Corporations, Securities & Commercial Licensing Bureau in the Michigan Department of Licensing and Regulatory Affairs or his/her/its successor in office, to be his/her/its attorney to receive service of any lawful process in any non-criminal suit, action, or proceeding against him/her/it, or his/her/its successor, executor, or administrator, which may arise under the Continuing Care Community Disclosure Act (2014 PA 488) or any rule or order thereunder after the filing hereof. The undersigned does hereby consent that any such action, or proceeding against him/her/it may be commenced in any court of competent jurisdiction and proper venue within the State of Michigan by service of process upon said Director with the same force and validity as if served upon the undersigned by service personally on its president or other chief officer, if a corporation, or one its partners, if a partnership, or on one of its members, if a limited liability company, or on the individual, if an individual.

Signed in the City of _____ State of _____

this _____ day of _____, 20____. Signed _____
Name of Applicant

By _____
If an Organization

Title _____

State of _____

County of _____

Subscribed and sworn before me on this _____ day of _____, 20____

Signature of Notary Public _____

My commission expires _____ County of _____ State of _____