



BARBARA K. CEGAVSKE
 Secretary of State
 202 North Carson Street
 Carson City, Nevada 89701-4201
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**Appointment of
 Registered Agent
 by Nonresident Guardian of Adult**
 (PURSUANT TO SB 262, SECTION 1(6)(b))

USE BLACK INK ONLY - DO NOT HIGHLIGHT

ABOVE SPACE IS FOR OFFICE USE ONLY

1. Nonresident Guardian of Adult Information:

Name of Nonresident Guardian

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Street Address

City

State

Zip Code

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Mailing Address (if different from street address)

City

State

Zip Code

2. Ward Information:

Name of Ward

3. The above named Nonresident Guardian of Adult appoints the following agent for service of process in Nevada:
(please complete a or b)

a) Commercial Registered Agent (a Nevada registered agent classification that may represent one or more entities pursuant to NRS 77.320):

Name of Commercial Registered Agent

b) Noncommercial Registered Agent (a Nevada registered agent classification that may represent fewer than ten entities pursuant to NRS 77.350):

Name of Noncommercial Registered Agent

		Nevada	
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Street Address

City

Zip Code

		Nevada	
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Mailing Address (if different from street address)

City

Zip Code

4. This statement remains in effect for a period of 5 years after the date of filing unless canceled earlier.

5. Nonresident Guardian of Adult Signature:

X _____

Authorized Signature of Nonresident Guardian of Adult

Date

6. I hereby accept appointment as Registered Agent for the above named Nonresident Guardian of Adult.

X _____

Authorized Signature of Registered Agent or On Behalf of Registered Agent Entity

Date

Fee: \$60.00

This form must be accompanied by appropriate fees.