THE STATE OF _________________________ }
COUNTY OF _________________________ }

That __________________________________________ of
(name of company)

______________________________________, ________________________________________
does hereby nominate, constitute and appoint
(domiciliary state)

______________________________________, located at ____________________________,
(name of appointee) (address)

______________________, Texas _____________ the true and lawful ATTORNEY of said company,
(city) (zip code)

for said State of Texas, to acknowledge service of legal process issued by any court of the State of Texas
for and on behalf of said company, or on whom service of such process may be had, according to the
laws of said State of Texas; hereby waiving all claim or right of error by reason of such acknowledgment of
such service of process, whether intermediate or final. And it is hereby admitted and agreed that such
acknowledgment of service of process as aforesaid shall be taken and held to be as valid and sufficient in
that behalf as if serviced upon the company according to the laws of said State of Texas, or any other
State.

WITNESS our hands and the impress of the seal of said company, this _____________ day of,
______________________________ ____________, 20______.

(Corporate Seal)

______________________________________
President

______________________________________
Secretary

THE STATE OF _________________________ }
COUNTY OF _________________________ }

Before me, ________________________________________________________________ on this day personally
appeared ________________________________________________________________ both known to me
to be the persons whose names are subscribed to the foregoing instrument, and acknowledged to me that
they executed the same for the purposes and considerations therein expressed, in the capacities therein
stated, and as the act and deed of said company.

IN TESTIMONY WHEREOF, I hereunto sign my name and affix the impress of my official seal
this ________________ day of ________________________________ 20______.

(Notary Seal)

______________________________________
Notary Public in and for _____________________
County, State of ___________________________
My Commission Expires ___________________