

**APPOINTMENT OF AGENT FOR SERVICE OF PROCESS**

*If the entity is not a corporation that is domiciled in this state, the name and contact information for the company's agent for service of process in this state. T.C.A. 62-39-403(b) (4)*

Agent for Service of Process: \_\_\_\_\_

Agent for Service of Process Address: \_\_\_\_\_

Agent for Service of Process Phone Number: \_\_\_\_\_

Agent for Service of Process email address and website (if applicable): \_\_\_\_\_

For purposes of complying with the Tennessee Appraisal Management Company Registration and Regulation Act, T.C.A. § 62-39-403 (b)(4), the foreign Appraisal Management Company named above designates the above named agent for service of process within the state of Tennessee and consents, stipulates and agrees that suits and actions may be commenced against it any court of competent jurisdiction and proper venue within Tennessee and agrees that any lawful process or pleading in any action against it in Tennessee made upon the appointed agent for service of process shall have the same legal force and validity as if the service had been made on the Appraisal Management Company directly. The Appraisal Management Company waives all claims of error by reason of such service. The Appraisal Management Company agrees to submit an amended Appointment of Agent for Service of Process form upon any change in the information provided. Any changes to the agent information shall be effective upon receipt by the Tennessee Real Estate Appraiser Commission.

I, \_\_\_\_\_ as controlling person of the Appraisal Management Company as defined by T.C.A. § 62-39-402 (8) am authorized to sign and execute Appointment of Agent for Service of Process so that legal action may be commenced against the above listed Appraisal Management Company in any jurisdiction within the state of Tennessee.

In witness whereof, the controlling person of the Appraisal Management Company executes this Appointment of Agent for Service of Process on the \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_.

\_\_\_\_\_  
Signature of Controlling Person

\_\_\_\_\_  
Printed Name of Controlling Person

State of \_\_\_\_\_

County of \_\_\_\_\_

Sworn to and subscribed before me this the \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_.

\_\_\_\_\_  
Notary Public

SEAL

My Commission Expires: \_\_\_\_\_  
Date