

Secretary of State
State of North Dakota
600 E Boulevard Ave Dept 108
Bismarck ND 58505-0500
Telephone 701-328-2901
Toll Free 800-352-0867
Ext 82901
Fax 701-328-1690

For reference, see North Dakota Century Code, Section 44-06.1-20(2)(c).

In compliance with the Federal Privacy Act of 1974, the disclosure of the social security number on this form is voluntary. They are not disclosed to the public. The numbers are used by the Secretary of State to maintain accurate notary files. Therefore, while voluntary disclosure is requested, failure to do so will not invalidate this appointment of agent for notary service of process.

Name of Applicant	Telephone Number	Social Se	Social Security Number	
Residential address of Applicant	City	State	Zip Code	
E-Mail Address (Optional)				
The undersigned does hereby appoint the North Dakota Secretary	of State as his or her true a	nd lawful a	agent upon whom may	
be served all lawful process in any action or proceeding against th	e undersigned, a non-reside	nt notary.		
	Applicant Signature			
State of				
County of				
The foregoing instrument was acknowledged before me this	day of		, 20 by	
Applicant Name				
(Notary Seal/Stamp)				
	Notary Public			

My Commission Expires\_