



BARBARA K. CEGAVSKE
 Secretary of State
 202 North Carson Street
 Carson City, Nevada 89701-4201
 (775) 684-5708
 Website: www.nvsos.gov

**Appointment of
 Registered Agent
 by Nonresident Guardian of Adult**

Pursuant to NRS 159.0613 and NRS 77

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	
--	--	--------	--

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.



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Customer Order Instructions

SUBMIT THIS COMPLETED FORM WITH YOUR FILING

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Processing Service Requested:	<input type="checkbox"/> Regular	<input type="checkbox"/> 24-Hour Expedite (additional fee included)
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Name of Entity: Date:

Return to:

Contact Name: Phone:

Return Delivery: (email or fax options do not receive a copy via mail; must be ordered separately)

Email to: Fax to:

Hold for Pick Up Mail to Address Above FedEx: Acct #

Other: (explain below)

Order Description: (include items being ordered and fee breakdown)*

***PLEASE NOTE:** this office keeps the original paperwork. The first file stamped copy ordered at the time of filing is at no charge. Each additional copy is **\$2.00** per page (plus **\$30.00** for each certification).

Total Amount:

Method of Payment:

Check/Money Order Credit Card (attach ePayment checklist) Trust Account:

Use balance remaining in job #



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1 or 2-Hour Expedite Customer Order Instructions

SUBMIT THIS COMPLETED FORM WITH YOUR FILING

USE BLACK INK ONLY - DO NOT HIGHLIGHT

Processing Service Requested: 2-Hour Expedite (additional **\$500.00** fee included) 1-Hour Expedite (additional **\$1000.00** fee included)

Name of Entity: Date:

Return to:

Contact Name: Phone:

Return Delivery:

Email to: Fax to:

Hold for Pick Up Mail to Address Above FedEx: Acct #

Other: (explain below)

Order Description: (include items being ordered and fee breakdown)*

***PLEASE NOTE:** this office keeps the original paperwork. The first file stamped copy ordered at the time of filing is at no charge. Each additional copy is **\$2.00** per page (plus **\$30.00** for each certification).

Total Amount:

Method of Payment:

Check/Money Order Credit Card (attach ePayment checklist) Trust Account:

Use balance remaining in job #

