

Arkansas Alternative Dispute Resolution Commission

625 Marshall Street, Little Rock, Arkansas 72201

APPOINTMENT OF AGENT TO RECEIVE SERVICE OF PROCESS

Please Type or Print

Name of Mediator: _____

Federal Tax ID (if any): _____

Address: _____

Phone: _____ Cell: _____ Fax: _____

E-mail: _____

Name and street address of person authorized as agent to receive service of process:

Name of Agent: _____

Address: _____

Phone: _____ Cell: _____ Fax: _____

E-mail: _____

I, _____, do hereby appoint the above-stated person as agent to receive service of process.

By signing this document, I agree to submit to the jurisdiction of Arkansas courts.

Mediator Signature: _____ Date: _____

I, _____, do hereby accept this appointment as AGENT to receive service of process.

Agent Signature: _____ Date: _____