

Power of Attorney, Consent, Stipulation, and Agreement

A. Designation and Appointment of Agent for Service of Process

Identify the agent for service of process for the *non-resident municipal advisor*, for the *non-resident* general partner or *managing agent* of a *municipal advisor*, or for the *non-resident* natural person associated with the *municipal advisor* and engaged in *municipal advisory activities* on its behalf. Fill in all lines.

1. Name of United States *person* designated and appointed as agent for service of process.

Enter all the letters of each name and not initials or other abbreviations.
(If no middle name, enter NMN on that line.)

LARRY LEMARIS OAY
(name)

2. Mailing Address of United States *person* designated and appointed as agent for service of process.

Do not use a P.O. Box. Do not use a foreign address.

328 WEST PARK ST
(number and street; office suite or room number)

CANTON MS 39046
(city) (state) (U.S. postal code: zip+4)

769 666 4543
(area code) (telephone number)

By signing this Form MA-NR or authorizing the signatory below to sign on your behalf, you – the *non-resident municipal advisor*, *non-resident* general partner or *non-resident managing agent* of a *municipal advisor*, or *non-resident* natural person who is a person associated with the *municipal advisor* and engaged in *municipal advisory activities* on its behalf (hereinafter, “the Designator”) – irrevocably designate and appoint the above United States *person* as your Agent for Service of Process, and agree that such *person* may be served on your behalf, of any process, pleadings, subpoenas, or other papers, and you further agree that such service may be made by registered or certified mail, in:

- (a) any investigation or administrative proceeding conducted by the Commission (i) that relates to you or (as applicable) to the *municipal advisor* of which you are a general partner or *managing agent*, or with which you are associated and on whose behalf you are engaged in *municipal advisory activities* or (ii) with respect to which you may have information; and
- (b) any civil suit or action brought against you or (as applicable) the *municipal advisor* of which you are a general partner or *managing agent*, or with which you are associated and on whose behalf you are engaged in *municipal advisory activities* or to which you, or (as applicable) the *municipal advisor* of which you are a general partner or *managing agent*, or with which you are associated and on whose behalf you are engaged in *municipal advisory activities* has been joined as defendant or respondent, in any appropriate court in any place subject to the jurisdiction of any state, or of the United States or of any of its territories or possessions or of the District of Columbia, where the investigation, proceeding, or cause of action arises out of or relates to or concerns *municipal advisory activities* of the *municipal advisor*.

The Designator stipulates and agrees that: any such civil suit or action or administrative proceeding may be commenced by the service of process upon, and that service of an administrative subpoena shall be effected by service upon, the above-named Agent for Service of Process; and that service as aforesaid shall be taken and held in all courts and administrative tribunals to be valid and binding as if personal service thereof had been made. Such person cannot be a *Commission* member, official, or employee.

Appointment and Consent: Effect on Partnerships. If you are organized as a partnership, this irrevocable power of attorney and consent to service of process will continue in effect if any partner withdraws from or is admitted to the partnership, provided that the admission or withdrawal does not create a new partnership. If the partnership dissolves, this irrevocable power of attorney and consent shall be in effect for any action brought against you or any of your former partners.

Certification:

The undersigned certifies under penalty of perjury under the laws of the United States of America, that the information contained in this Form MA-NR is true and correct and that this Form MA-NR is signed as a free and voluntary act.

Unless the Designator is a natural person signing on his or her own behalf, the undersigned further certifies that the Designator has duly caused this power of attorney, consent, stipulation, and agreement to be signed on the Designator's behalf by the undersigned, thereunto duly authorized:

Signature of Designator or Person Signing on Behalf of Designator:

 Date: May 18 2023

Printed Name: MARISSA WORTMAN Title: MUNICIPAL ADVISOR

In the City of: PORT-OF-SPAIN In the Country of: TRINIDAD

The Designator is executing this Form MA-NR as a:
(Check all that apply.)

- Non-resident municipal advisory firm, other than a sole proprietor
- Non-resident natural person who is a person associated with the *municipal advisor* and engaged in *municipal advisory activities* on its behalf
- Non-resident municipal advisor sole proprietor
- Non-resident general partner of a *municipal advisor*
- Name of *municipal advisor* _____
- Non-resident managing agent of a *municipal advisor*
- Name of *municipal advisor* _____

The Designator is executing this Form MA-NR in connection with a(n):
(Check all that apply.)

- Initial application on Form MA of the Designator for registration as a *municipal advisor*
- Initial application on Form MA of the *municipal advisor* of which the Designator is a general partner or *managing agent*
- Initial submission on Form MA-I filed regarding a natural person who is a person associated with the *municipal advisor* and engaged in *municipal advisory activities* on its behalf

Change of status of Designator from a resident to a *non-resident*
 Amendment to information supplied on a previous Form MA-NR

Mailing Address of the Designator
Do not use a P.O. Box.

127 STUART ROAD
(number and street)

CARENAGE TRINIDAD
(city) (state/region) (country) (postal code)

868 333 2352
(country code) (area code) (telephone number)

For a telephone number outside of the U.S., provide the country code with the area code and number.

EDGAR CIK No. (if any) _____ SEC File No. (if any): _____

Notary Public Signature and Information:

Signature: [Signature]



BRUCE LOUNSBURY
Notary Public
State of Florida
Comm# HH248695
Expires 4/4/2026

[PLACE SEAL HERE]

Subscribed and sworn to me this 18 day of MAY, 2023

My commission expires on 4/4/26
State/Region of Florida

County of Orange
Country of orange

B. Acceptance of the Above Designation and Appointment as Agent for Service of Process.

The United States *person* identified in Section A above as the agent for service of process hereby accepts this designation and appointment as agent for service of process, under the terms set forth in this Form MA-NR. By signing below, the signatory certifies that the *person* identified in Section A above as the agency for service of process has duly caused this power of attorney, consent, stipulation, and agreement to be signed on its behalf by the undersigned, thereunto duly authorized:

Signature of U.S. Agent for Service of Process:

[Signature] Date: 5/18/23
Printed Name: Larry L. Day II Title: Owner

C. Attached Documents

1. Is any name signed above pursuant to a written authorization, such as a board resolution or power of attorney? Yes No
2. Is there a written contractual agreement or other written document evidencing the designation and appointment of the above named U.S. agent for service of process and/or the agent's acceptance? Yes No