

FORM D



03027725

NOTICE OF SALE OF SECURITIES PURSUANT TO REGULATION D, SECTION 4(6), AND/OR UNIFORM LIMITED OFFERING EXEMPTION

SECURITIES RECEIVED stamp with date JUL 23 2003, SEC USE ONLY, and estimated average burden hours per response 16.00.

Name of Offering: ( ) check if this is an amendment and name has changed, and indicate change.) 70,000 Non-Voting Units of Limited Liability Company Ownership Interest; \$1,000 Per Unit
Filing Under (Check box(es) that apply): ( ) Rule 504 ( ) Rule 505 (X) Rule 506 ( ) Section 4(6) ( ) ULOE
Type of Filing: (X) New Filing ( ) Amendment

1145979

A. BASIC IDENTIFICATION DATA

I. Enter the information requested about the issuer

Name of Issuer ( ) check if this is an amendment and name has changed, and indicate change.) International Timing Fund, LLC
Address of Executive Offices (Number and Street, City, State, Zip Code) Telephone Number (Including Area Code)
5623 Marsh Bay Drive, Wilmington, NC 28409 910-392-3863
Address of Principal Business Operations (Number and Street, City, State, Zip Code) Telephone Number (Including Area Code)
Brief Description of Business Private investment fund

PROCESSED JUL 24 2003 THOMSON FINANCIAL

Type of Business Organization ( ) corporation ( ) limited partnership, already formed (X) other (please specify): limited liability company
( ) business trust ( ) limited partnership, to be formed

Actual or Estimated Date of Incorporation or Organization: Month Year ( ) Actual ( ) Estimated
0 6 0 1

Jurisdiction of Incorporation or Organization: (Enter two-letter U.S. Postal Service abbreviation for State: ( ) CN for Canada; FN for other foreign jurisdiction) N C

GENERAL INSTRUCTIONS

Federal: Who Must File: All issuers making an offering of securities in reliance on an exemption under Regulation D or Section 4(6), 17 CFR 230.501 et seq. or 15 U.S.C. 77d(6).
When To File: A notice must be filed no later than 15 days after the first sale of securities in the offering.
Where to File: U.S. Securities and Exchange Commission, 450 Fifth Street, N.W., Washington, D.C. 20549.
Copies Required: Five (5) copies of this notice must be filed with the SEC, one of which must be manually signed.
Information Required: A new filing must contain all information requested.
Filing Fee: There is no federal filing fee.

State: This notice shall be used to indicate reliance on the Uniform Limited Offering Exemption (ULOE) for sales of securities in those states that have adopted ULOE and that have adopted this form.

ATTENTION

Failure to file notice in the appropriate states will not result in a loss of the federal exemption. Conversely, failure to file the appropriate federal notice will not result in a loss of an available state exemption unless such exemption is predicated on the filing of a federal notice.

Potential persons who are to respond to the collection of information contained in this form are not required to respond unless the form displays a currently valid OMB control number.

Handwritten mark

2. Enter the information requested for the following:

- Each promoter of the issuer, if the issuer has been organized within the past five years:
- Each beneficial owner having the power to vote or dispose, or direct the vote or disposition of, 10% or more of a class of equity securities of the issuer;
- Each executive officer and director of corporate issuers and of corporate general and managing partners of partnership issuers: and
- Each general and managing partner of partnership issuers.

Check Box(es) that Apply:  Promoter  Beneficial Owner  Executive Officer  Director  General and/or Managing Partner

Full Name (Last name first, if individual)  
International Equity Advisers, LLC

Business or Residence Address (Number and Street, City, State, Zip code)  
5623 Marsh Bay Drive, Wilmington NC 28409

Check Box(es) that Apply:  Promoter  Beneficial Owner  Executive Officer  Director  General and/or Managing Partner

Full Name (Last name first, if individual)

Business or Residence Address (Number and Street, City, State, Zip code)

Check Box(es) that Apply:  Promoter  Beneficial Owner  Executive Officer  Director  General and/or Managing Partner

Full Name (Last name first, if individual)

Business or Residence Address (Number and Street, City, State, Zip code)

Check Box(es) that Apply:  Promoter  Beneficial Owner  Executive Officer  Director  General and/or Managing Partner

Full Name (Last name first, if individual)

Business or Residence Address (Number and Street, City, State, Zip code)

Check Box(es) that Apply:  Promoter  Beneficial Owner  Executive Officer  Director  General and/or Managing Partner

Full Name (Last name first, if individual)

Business or Residence Address (Number and Street, City, State, Zip code)

Check Box(es) that Apply:  Promoter  Beneficial Owner  Executive Officer  Director  General and/or Managing Partner

Full Name (Last name first, if individual)

Business or Residence Address (Number and Street, City, State, Zip code)

Check Box(es) that Apply:  Promoter  Beneficial Owner  Executive Officer  Director  General and/or Managing Partner

Full Name (Last name first, if individual)

Business or Residence Address (Number and Street, City, State, Zip code)

(Use blank sheet, or copy and use additional copies of this sheet, as necessary)

Yes No

1. Has the issuer sold, or does the issuer intend to sell, to non-accredited investors in this offering?

Answer also in Appendix, Column 2, if filing under ULOE.

2. What is the minimum investment that will be accepted from any individual?

\$ 20,000.00

Yes No

3. Does the offering permit joint ownership of a single unit?.....

4. Enter the information requested for each person who has been or will be paid or given, directly or indirectly, any commission or similar remuneration for solicitation of purchasers in connection with sales of securities in the offering. If a person to be listed is an associated person or agent of a broker or dealer registered with the SEC and/or with a state or states, list the name of the broker or dealer. If more than five (5) persons to be listed are associated persons of such broker or dealer, you may set forth the information for that broker or dealer only.

Full Name (Last name first, if individual)

Business or Residence Address (Number and Street, City, State, Zip Code)

Name of Associated Broker or Dealer

States in Which Person Listed Has Solicited or Intends to Solicit Purchasers

(Check "All States" or check individual States .....

All States

[ AL ] [ AK ] [ AZ ] [ AR ] [ CA ] [ CO ] [ CT ] [ DE ] [ DC ] [ FL ] [ GA ] [ HI ] [ ID ]
[ IL ] [ IN ] [ IA ] [ KS ] [ KY ] [ LA ] [ ME ] [ MD ] [ MA ] [ MI ] [ MN ] [ MS ] [ MO ]
[ MT ] [ NE ] [ NV ] [ NH ] [ NJ ] [ NM ] [ NY ] [ NC ] [ ND ] [ OH ] [ OK ] [ OR ] [ PA ]
[ RI ] [ SC ] [ SD ] [ TN ] [ TX ] [ UT ] [ VT ] [ VA ] [ WA ] [ WV ] [ WI ] [ WY ] [ PR ]

Full Name (Last name first, if individual)

Business or Residence Address (Number and Street, City, State, Zip Code)

Name of Associated Broker or Dealer

States in Which Person Listed Has Solicited or Intends to Solicit Purchasers

(Check "All States" or check individual States .....

All States

[ AL ] [ AK ] [ AZ ] [ AR ] [ CA ] [ CO ] [ CT ] [ DE ] [ DC ] [ FL ] [ GA ] [ HI ] [ ID ]
[ IL ] [ IN ] [ IA ] [ KS ] [ KY ] [ LA ] [ ME ] [ MD ] [ MA ] [ MI ] [ MN ] [ MS ] [ MO ]
[ MT ] [ NE ] [ NV ] [ NH ] [ NJ ] [ NM ] [ NY ] [ NC ] [ ND ] [ OH ] [ OK ] [ OR ] [ PA ]
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Name of Associated Broker or Dealer

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(Check "All States" or check individual States .....

All States

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[ RI ] [ SC ] [ SD ] [ TN ] [ TX ] [ UT ] [ VT ] [ VA ] [ WA ] [ WV ] [ WI ] [ WY ] [ PR ]

(Use blank sheet, or copy and use additional copies of this sheet, as necessary.)

1. Enter the aggregate offering price of securities included in this offering and the total amount already sold. Enter "0" if answer is "none" or "zero." If the transaction is an exchange offering, check this box  and indicate in the columns below the amounts of the securities offered for exchange and already exchanged.

| Type of Security                                 | Aggregate<br>Offering Price  | Amount Already<br>Sold |
|--|--|------------------------|
| Debt .....                                       | \$ 0   | \$ 0                   |
| Equity.....                                      | \$ 0   | \$ 0                   |
|  | <input type="checkbox"/> Common <input type="checkbox"/> Preferred |                        |
| Convertible Securities (including warrants)..... | \$ 0   | \$ 0                   |
| Partnership Interests.....                       | \$ 0   | \$ 0                   |
| Other (Specify <u>LLC Interests</u> ).....       | \$ 70,000,000.00   | \$ 1,452,000.00        |
| <b>Total</b> .....                               | <b>\$ 70,000,000.00</b>  | <b>\$ 1,452,000.00</b> |

Answer also in Appendix, Column 3, if filing under ULOE.

2. Enter the number of accredited and non-accredited investors who have purchased securities in this offering and the aggregate dollar amounts of their purchases. For offerings under Rule 504, indicate the number of persons who have purchased securities and the aggregate dollar amount of their purchases on the total lines. Enter "0" if answer is "none" or "zero."

|  | Number Investors | Aggregate<br>Dollar Amount<br>of Purchases |
|--|------------------|--|
| Accredited Investors .....                           | 5                | \$ 1,252,000.00                            |
| Non-accredited Investors .....                       | 1                | \$ 200,000.00                              |
| <b>Total (for filings under Rule 504 only)</b> ..... | <b>0</b>         | <b>\$ 0</b>                                |

Answer also in Appendix, Column 4, if filing under ULOE.

3. If the filing is for an offering under Rule 504 or 505, enter the information requested for all securities sold by the issuer, to date, in offerings of the types indicated, in the twelve (12) months prior to the first sale of securities in this offering. Classify securities by type listed in part C - Question 1.

| Type of offering   | Type of<br>Security | Dollar Amount<br>Sold |
|--------------------|---------------------|-----------------------|
| Rule 505.....      |                     | \$ _____              |
| Regulation A.....  |                     | \$ _____              |
| Rule 504.....      |                     | \$ _____              |
| <b>Total</b> ..... |                     | <b>\$ _____</b>       |

4. a. Furnish a statement of all expenses in connection with the issuance and distribution of the securities in this offering. Exclude amounts relating solely to organization expenses of the issuer. The information may be given as subject to future contingencies. If the amount of an expenditure is not known, furnish an estimate and check the box to the left of the estimate.

|   |                          |               |
|---|--------------------------|---------------|
| Transfer Agent's Fees .....                               | <input type="checkbox"/> | \$ _____      |
| Printing and Engraving Costs .....                        | <input type="checkbox"/> | \$ _____      |
| Legal Fees.....   | <input type="checkbox"/> | \$ _____      |
| Accounting Fees .....                                     | <input type="checkbox"/> | \$ _____      |
| Engineering Fees.....                                     | <input type="checkbox"/> | \$ _____      |
| Sales Commissions (specify finders' fees separately)..... | <input type="checkbox"/> | \$ _____      |
| Other Expenses (identify _____) .....                     | <input type="checkbox"/> | \$ _____      |
| <b>Total</b> .....  | <input type="checkbox"/> | <b>\$ -0-</b> |

b. Enter the difference between the aggregate offering price given in response to Part C – Question 1 and total expenses furnished in response to Part C – Question 4.a. This difference is the “adjusted gross proceeds to the issuer.” .....

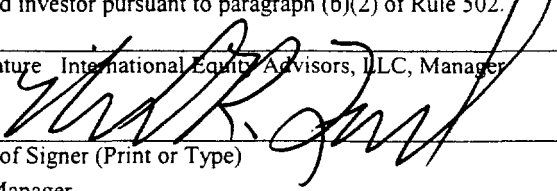
\$ 70,000,000.00

5. Indicate below the amount of the adjusted gross proceeds to the issuer used or proposed to be used for each of the purposes shown. If the amount for any purpose is not known, furnish an estimate and check the box to the left of the estimate. The total of the payments listed must equal the adjusted gross proceeds to the issuer set forth in response to Part C – Question 4.b above.

|  |                                     | Payments to<br>Officers,<br>Directors, &<br>Affiliates |                                     | Payments to<br>Others |
|--|-------------------------------------|--|-------------------------------------|-----------------------|
| Salaries and fees (management and custodial fees - estimate)   | <input checked="" type="checkbox"/> | \$ 1,960,000.00  | <input checked="" type="checkbox"/> | \$ 1,400,000.00       |
| Purchase of real estate.....   | <input type="checkbox"/>            | \$ _____   | <input type="checkbox"/>            | \$ _____              |
| Purchase, rental or leasing and installation of machinery and equipment.....   | <input type="checkbox"/>            | \$ _____   | <input type="checkbox"/>            | \$ _____              |
| Construction or leasing of plant buildings and facilities.....   | <input type="checkbox"/>            | \$ _____   | <input type="checkbox"/>            | \$ _____              |
| Acquisition of other businesses (including the valued of securities involved in this offering that may be used in exchange for the assets or securities of another issuer pursuant to a merger)..... | <input type="checkbox"/>            | \$ _____   | <input type="checkbox"/>            | \$ _____              |
| Repayment of indebtedness.....   | <input type="checkbox"/>            | \$ _____   | <input type="checkbox"/>            | \$ _____              |
| Working capital.....   | <input type="checkbox"/>            | \$ _____   | <input type="checkbox"/>            | \$ _____              |
| Other (specify): <u>Investment in Securities</u>   | <input type="checkbox"/>            | \$ _____   | <input checked="" type="checkbox"/> | \$ 66,640,000.00      |
| _____  | <input type="checkbox"/>            | \$ _____   | <input type="checkbox"/>            | \$ _____              |
| Column Totals.....   | <input checked="" type="checkbox"/> | \$ 1,960,000.00  | <input checked="" type="checkbox"/> | \$ 1,448,790.05       |
| Total Payments Listed (column totals added).....   |                                     |  | <input checked="" type="checkbox"/> | \$ 70,000,000.00      |

**D. FEDERAL SIGNATURE**

The issuer has duly caused this notice to be signed by the undersigned duly authorized person. If this notice is filed under Rule 505, the following signature constitutes an undertaking by that issuer to furnish to the U.S. Securities and Exchange Commission, upon written request of its staff, the information furnished by the issuer to any non-accredited investor pursuant to paragraph (b)(2) of Rule 502.

|  |   |                       |
|--|---|-----------------------|
| Issuer (Print or Type)<br>International Timing Fund, LLC | Signature International Equity Advisors, LLC, Manager<br>By:  | Date<br>July 20, 2001 |
| Name of Signer (Print or Type)<br>Richard R. Lund        | Title of Signer (Print or Type)<br>Manager  |                       |

**ATTENTION**

**Intentional misstatements or omissions of fact constitute federal criminal violations. (See 18 U.S.C. 1001.)**

| 1     | 2   |    | 3 | 4  |  |                                    |        | 5   |  |
|-------|---|----|---|--|--|------------------------------------|--------|-----|--|
|       | Intend to sell to non-accredited investors in State (Part B-Item 1) |    |   | Type of security and aggregate offering price offered in state (Part C-Item 1) | Type of investor and amount purchased in State (Part C-Item 2) |                                    |        |     | Disqualification under State ULOE (if yes, attach explanation of waiver granted) (Part E-Item 1) |
| State | Yes   | No |   | Number of Accredited Investors   | Amount   | Number of Non-Accredited Investors | Amount | Yes | No   |
| AL    |   |    |   |  |  |                                    |        |     |  |
| AK    |   |    |   |  |  |                                    |        |     |  |
| AZ    |   |    |   |  |  |                                    |        |     |  |
| AR    |   |    |   |  |  |                                    |        |     |  |
| CA    |   |    |   |  |  |                                    |        |     |  |
| CO    |   |    |   |  |  |                                    |        |     |  |
| CT    |   |    |   |  |  |                                    |        |     |  |
| DE    |   |    |   |  |  |                                    |        |     |  |
| DC    |   |    |   |  |  |                                    |        |     |  |
| FL    |   |    |   |  |  |                                    |        |     |  |
| GA    |   |    |   |  |  |                                    |        |     |  |
| HI    |   |    |   |  |  |                                    |        |     |  |
| ID    |   |    |   |  |  |                                    |        |     |  |
| IL    |   |    |   |  |  |                                    |        |     |  |
| IN    |   |    |   |  |  |                                    |        |     |  |
| IA    |   |    |   |  |  |                                    |        |     |  |
| KS    |   |    |   |  |  |                                    |        |     |  |
| KY    |   |    |   |  |  |                                    |        |     |  |
| LA    |   |    |   |  |  |                                    |        |     |  |
| ME    |   |    |   |  |  |                                    |        |     |  |
| MD    |   |    |   |  |  |                                    |        |     |  |
| MA    |   |    |   |  |  |                                    |        |     |  |
| MI    |   |    |   |  |  |                                    |        |     |  |
| MN    |   |    |   |  |  |                                    |        |     |  |
| MS    |   |    |   |  |  |                                    |        |     |  |
| MO    |   |    |   |  |  |                                    |        |     |  |

**APPENDIX**

| 1     | 2   |    | 3                               | 4  |  |                                    |              | 5   |  |
|-------|---|----|---------------------------------|--|--|------------------------------------|--------------|-----|--|
|       | Intend to sell to non-accredited investors in State (Part B-Item 1) |    |                                 | Type of security and aggregate offering price offered in state (Part C-Item 1) | Type of investor and amount purchased in State (Part C-Item 2) |                                    |              |     | Disqualification under State ULOE (if yes, attach explanation of waiver granted) (Part E-Item 1) |
| State | Yes   | No |                                 | Number of Accredited Investors   | Amount   | Number of Non-Accredited Investors | Amount       | Yes | No   |
| MT    |   |    |                                 |  |  |                                    |              |     |  |
| NE    |   |    |                                 |  |  |                                    |              |     |  |
| NV    |   |    |                                 |  |  |                                    |              |     |  |
| NH    |   |    |                                 |  |  |                                    |              |     |  |
| NJ    | X   |    | \$325,000.00<br>(LLC interests) | 1  | \$325,000.00   |                                    |              |     | X  |
| NM    |   |    |                                 |  |  |                                    |              |     |  |
| NY    |   |    |                                 |  |  |                                    |              |     |  |
| NC    |   |    |                                 |  |  |                                    |              |     | X  |
| ND    |   |    |                                 |  |  |                                    |              |     |  |
| OH    |   |    |                                 |  |  |                                    |              |     |  |
| OK    |   |    |                                 |  |  |                                    |              |     |  |
| OR    | X   |    | \$294,000.00<br>(LLC interests) | 1  | \$294,000.00   |                                    |              |     | X  |
| PA    | X   |    | \$400,000.00<br>(LLC interests) | 1  | \$400,000.00   |                                    |              |     | X  |
| RI    |   |    |                                 |  |  |                                    |              |     |  |
| SC    |   |    |                                 |  |  |                                    |              |     |  |
| SD    |   |    |                                 |  |  |                                    |              |     |  |
| TN    |   |    |                                 |  |  |                                    |              |     |  |
| TX    |   |    |                                 |  |  |                                    |              |     |  |
| UT    |   |    |                                 |  |  |                                    |              |     |  |
| VT    |   |    |                                 |  |  |                                    |              |     |  |
| VA    | X   |    | \$233,000.00<br>(LLC interests) |  | \$233,000.00   |                                    |              |     | X  |
| WA    |   |    |                                 |  |  |                                    |              |     |  |
| WV    |   |    |                                 |  |  |                                    |              |     |  |
| WI    | X   |    | \$200,000.00<br>(LLC interests) |  |  | 1                                  | \$200,000.00 |     | X  |
| WY    |   |    |                                 |  |  |                                    |              |     |  |

|    |  |  |  |  |  |  |  |  |  |
|----|--|--|--|--|--|--|--|--|--|
| PR |  |  |  |  |  |  |  |  |  |
|----|--|--|--|--|--|--|--|--|--|



# FORM U-2 —UNIFORM CONSENT TO SERVICE OF PROCESS

## FORM U-2 —UNIFORM CONSENT TO SERVICE OF PROCESS

KNOW ALL MEN BY THESE PRESENTS:

That the undersigned International Timing Fund, LLC, ~~(a corporation), (a partnership), a~~  
~~( limited liability company )~~ organized under the laws of North Carolina, or ~~(an individual)~~, [strike out inapplicable  
nomenclature] for purposes of complying with the laws of the States indicated hereunder relating to either the registration  
or sale of securities, hereby irrevocably appoints the officers of the States so designated hereunder and their successors in  
such offices, its attorney in those States so designated upon whom may be served any notice, process or pleading in any  
action or proceeding against it arising out of, or in connection with, the sale of securities or out of violation of the aforesaid  
laws of the States so designated; and the undersigned does hereby consent that any such action or proceeding against it may  
be commenced in any court of competent jurisdiction and proper venue within the States so designated hereunder by  
service of process upon the officers so designated with the same effect as if the undersigned was organized or created under  
the laws of that State and have been served lawfully with process in that State.

It is requested that a copy of any notice, process or pleading served hereunder be mailed to:

International Equity Advisors, LLC

(Name)

5623 Marsh Bay Drive, Wilmington, NC 28409

(Address)

Place an "X" before the names of all the States for which the person executing this form is appointing the designated Officer of  
that State as its attorney in that State for receipt of service of process:

|   |   |                                   |                                       |
|---|---|-----------------------------------|---------------------------------------|
| <input type="checkbox"/> ALABAMA              | Secretary of State.   | <input type="checkbox"/> FLORIDA  | Department of Banking and Finance.    |
| <input type="checkbox"/> ALASKA               | Administrator of the Division of Banking and Corporations, Department of Commerce and Economic Development. | <input type="checkbox"/> GEORGIA  | Commissioner of Securities.           |
| <input type="checkbox"/> ARIZONA              | The Corporation Commission.   | <input type="checkbox"/> GUAM     | Administrator, Department of Finance. |
| <input type="checkbox"/> ARKANSAS             | The Securities Commissioner.  | <input type="checkbox"/> HAWAII   | Commissioner of Securities.           |
| <input type="checkbox"/> CALIFORNIA           | Commissioner of Corporations  | <input type="checkbox"/> IDAHO    | Director, Department of Finance.      |
| <input type="checkbox"/> COLORADO             | Securities Commissioner.  | <input type="checkbox"/> ILLINOIS | Secretary of State.                   |
| <input type="checkbox"/> CONNECTICUT          | Banking Commissioner.   | <input type="checkbox"/> INDIANA  | Secretary of State.                   |
| <input type="checkbox"/> DELAWARE             | Securities Commissioner.  | <input type="checkbox"/> IOWA     | Commissioner of Insurance.            |
| <input type="checkbox"/> DISTRICT OF COLUMBIA | Public Service Commission.  | <input type="checkbox"/> KANSAS   | Secretary of State.                   |
|   |   | <input type="checkbox"/> KENTUCKY | Director, Division of Securities.     |

(Rev. 1991)

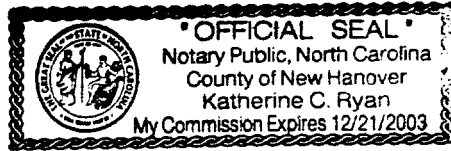
CORPORATE ACKNOWLEDGMENT

State of North Carolina  
County of New Hanover ) ss.

On this 20<sup>th</sup> day of July 2001 before me Katherine C. Ryan the undersigned officer, personally appeared  
Richard R. Lund known personally to me to be the Manager of the above named limited liability  
company and acknowledged that he, as an officer being authorized so to do, executed the foregoing instrument for the purposes  
therein contained, by signing the name of the corporation by him as an officer.

IN WITNESS WHEREOF I have hereunto set my hand and official seal.

(SEAL)



Katherine C. Ryan  
Notary Public/Commissioner of Oaths

My Commission Expires \_\_\_\_\_

INDIVIDUAL OR PARTNERSHIP ACKNOWLEDGMENT

State or Province of \_\_\_\_\_ )  
County of \_\_\_\_\_ ) ss.

On this \_\_\_\_\_ day of \_\_\_\_\_, 19\_\_\_\_ before me, \_\_\_\_\_

the undersigned officer, personally appeared \_\_\_\_\_ to me

personally known and known to me to be the same person(s) whose name(s) is (are) signed to the foregoing instrument, and  
acknowledged the execution thereof for the uses and purposes therein set forth.

IN WITNESS WHEREOF I have hereunto set my hand and official seal.

(SEAL)

\_\_\_\_\_  
Notary Public/Commissioner of Oaths

My Commission Expires \_\_\_\_\_

(Rev. 1991)

INSTRUCTIONS TO FORM U-2  
UNIFORM CONSENT TO SERVICE OF PROCESS

1. The name of the issuer is to be inserted in the blank space on line 1 of Uniform Form U-2 ("Form").
2. The type of person executing the Form is to be described by striking out the inapplicable nomenclature in lines 2-4 and, if appropriate, by inserting a description of the person in the blank space provided on line 2 of the Form.
3. The name of the jurisdiction under which the issuer was formed or is to be formed is to be inserted in the blank space on line 3 of the Form.
4. The person to whom a copy of any notice, process or pleading which is served pursuant to the Consent to Service of Process is to be inserted in the appropriate blank spaces at the end of page 1 of the Form.
5. An "X" is to be placed in the space before the names of all States which the person executing this Form lawfully is appointing the officer of each State so designated on the Form as its attorney in that State for receipt of service of process.
6. A manually signed Form must be filed with each State requiring a Consent to Service of Process on Form U-2 at the office so designated by the laws or regulations of that State and must be accompanied by the exact filing fee, if any.
7. The Form must be signed by the issuer. If the issuer is a corporation, it should be signed in the name of the corporation by an executive officer duly authorized; if a partnership, it should be signed in the name of the partnership by a general partner; and if an unincorporated association or other organization which is not a partnership, the Form should be signed in the name of such organization by a person responsible for the direction or management of its affairs.
8. If the Form is mailed, it is advisable to send it by registered or certified mail, postage prepaid, return receipt requested.

(Rev. 1991)