## THE STATE OF NEW HAMPSHIRE JUDICIAL BRANCH

http://www.courts.state.nh.us

Cou	urt Name:				
Cas	se Name:				
Case Number:		APPOINTMENT OF RESIDENT AGENT			
1.	Fiduciary Name _			Telephone	
	Mailing Address _				
2.	Attorney Name			Telephone	
	Mailing Address			Bar ID#	
3.					
4.	_	☐ Executor cutor or Administration  With Will Annexed ☐ Conservator	ator S	dministrator pecial Administrator dministrator <i>De Bonis Non</i> rustee	
5.		estate of the dec		as my agent and service of process agains	
	rtoolaont agont m	aming address			
	Resident agent tel	ephone number	Bar ID#	(only if	applicable)
Date	·			Fiduciary Signature	
l ac	cept appointment as	s resident agent.			
Date	<u> </u>			Resident Agent Signature	