State of Wisconsin DEPARTMENT OF FINANCIAL INSTITUTIONS Division of Corporate & Consumer Services



COMMON LAW TRUST DECLARATION

2. Post office address of the trust:	3 . The trust maintains its principal office or place of business in this state in County, WI

4. Select, mark (**X**) and complete statement A or B:

1. Name of the Common Law Trust:

A. The trust designates the following trustee, resident in Wisconsin, upon whom service of any summons, notice, demand, pleadings and process may be made on the trust:

Name of trustee:	Trustee's Street Address in Wisconsin:
OR	

 \square **B**. The trust has no trustee residing in Wisconsin.

APPOINTMENT OF ATTORNEY FOR SERVICE The trust hereby appoints the Department of Financial Institutions its true and lawful attorney, upon whom all summons, notices, demands, pleadings and processes, in any action or proceeding against such trust, brought in the State of Wisconsin in respect to any liability arising out of any business, contract or transaction in the State of Wisconsin, may be served. The trust hereby agrees that such service upon said attorney shall be accepted irrevocably as a valid service upon the trust. This appointment and stipulation shall continue in force and effect so long as any liability remains outstanding against such trust in the State of Wisconsin.

Any documents served under the above appointment may be mailed to the trust at its principal office, which complete address is:

FILING FEE - \$50.00, or more. See instructions on following pages. DFI/CORP**702**(R02/10/03) Use of this form is voluntary.

5. The original Declaration of Trust, or a true copy of the declaration and all amendments are attached as **EXHIBIT A**.

6. This declaration is executed on Signature(s): behalf of the trust by all of its trustees.

(Trustee)	(Date)
(Trustee)	(Date)
(Trustee)	(Date)
(Trustee)	(Date)

(The statement is to be **signed by all the Trustees** of the Common Law Trust. It may be executed in counterparts, if necessary).

DFI/CORP**702**(R02/10/03)

EXHIBIT A

DECLARATION OF TRUST

AFFIDAVIT

pursuant to sec. 226.14 (1), Wis. Stats.

The undersigned certify that the **attached** is the original Declaration of Trust, or a true copy of the Declaration of Trust, including all amendments thereto.

(Signature of Trustee)

(Signature of Trustee)

(The authenticity of the Declaration of Trust is to be verified by an affidavit of two of the trustees.)

State of _____

County of _____

Subscribed and sworn to before me on _____ (Date)

+ +

(Signature of Notary)

+ + (Printed name of Notary) (Seal impression) My commission, issued by the State of expires on

(Affix this affidavit to the original or copy of the Declaration of Trust)

DFI/CORP/702(R02/10/03)

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INSTRUCTIONS (Ref. sec. 226.14, Wis. Stats. for document content)

Submit two signed copies to Department of Financial Institutions, P O Box 7846, Madison WI, 53707-7846, together with a **FILING FEE of \$50.00**, or more (see instructions, below), payable to the department. Filing fee is **non-refundable**. (If sent by Express or Priority U.S. mail, address to 345 W. Washington Ave., 3rd Floor, Madison WI, 53703). Both copies must bear original manual signatures. The affidavit of two trustees attesting to the authenticity of the Declaration of Trust must be signed before a Notary Public. **NOTICE**: This form may be used to accomplish a filing required or permitted by statute to be made with the department. Information requested may be used for secondary purposes. If you have any questions, please contact the Division of Corporate & Consumer Services at 608-261-7577. Hearing-impaired may call 608-266-8818 for TTY. This document can be made available in alternate formats upon request to qualifying individuals with disabilities.

1. Enter the name of the Common Law Trust. This application may be used to register either a domestic or a foreign common law trust, referred to in some jurisdictions as a "business trust."

2. Enter the complete post office address of the trust.

3. Provide the name of the county within which the trust maintains its principal office or place of business in Wisconsin.

4. Select, mark (**X**) and complete either subsection A or B. If the trust has a trustee resident in Wisconsin, it would designate that trustee to receive service of process on its behalf (subsection A). Provide the complete address of the trustee, including street name and number, city (in Wisconsin) and ZIP code. If the trust does not have a trustee resident in Wisconsin, the trust may designate the Department of Financial Institutions as its agent for service of process in Wisconsin (subsection B). Provide the address to which the department is to mail any service of process it receives on behalf of the trust. The governing statute does not provide for the trust to designating a third party, such as a service company, as its agent for service of process.

5. Complete the <u>Exhibit A</u> affidavit and attach the original Declaration of Trust, or a copy of the declaration and all amendments. The affidavit is to be executed by two trustees before a Notary Public.

6. The declaration is to be signed by all the Trustees. It may be executed in counterparts, if necessary.

FILING FEE - \$50.00, or more. Remit an additional fee computed at the rate of \$1.00 for each \$1,000 of beneficial certificates sold or offered for sale in Wisconsin. Such additional fee on beneficial shares sold or offered for sale in Wisconsin may be collected incidental to the filing of the trust's annual report with the department.

ANNUAL REPORT – The trust is obliged to file an annual report with the department, due March 31. Annual report forms are mailed in January to the trust's principal office on record with the department.

RECORDING WITH COUNTY REGISTER OF DEEDS – After the Declaration of Trust has been filed with the Department of Financial Institutions, a certified copy of the instrument will be returned to the submitter for them to record, within 30 days, with the Register of Deeds of the county within which the trust has its principal office or place of business in Wisconsin.

COMMON LAW TRUST DECLARATION (Domestic or Foreign)

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▲ Your return address and phone number during the day: () _____ - _____

DFI/CORP/702I(R02/10/03)