

PART B: ACCEPTANCE OF APPOINTMENT AS STATUTORY AGENT

Provider/Applicant Name	Federal Employer Identification Number (FEIN)
-------------------------	---

The undersigned, having been designated to act as statutory agent for the above-named provider/applicant, hereby consents to act in that capacity until the provider/applicant has appointed a new, valid statutory agent.

SIGNED and DATED this _____ day of _____, _____

By _____
Printed Name of Statutory Agent

Signature