

For e-Filing only

THE STATE OF NEW HAMPSHIRE  
JUDICIAL BRANCH  
<http://www.courts.state.nh.us>

Court Name: \_\_\_\_\_

Case Name: \_\_\_\_\_

Case Number: \_\_\_\_\_  
(if known)

**AUTHORIZATION FOR REPRESENTATION UNDER RSA 503:11  
(Including "Corporate Resolution" referred to in RSA 503:11)**

The undersigned hereby swears and affirms as follows:

1. My name is \_\_\_\_\_ and I reside at \_\_\_\_\_

2. I am(specify one):

- A general partner of a partnership  
 A member with management authority of a LLC  
 A trustee of a trust  
 An officer/director/secretary/other \_\_\_\_\_ of the corporation listed below and am authorized by a corporate resolution to execute this document permitting representation of the corporation

3. The name and address of the entity: \_\_\_\_\_

4. The entity has duly authorized the following person to represent the entity in this matter

Select one:  Officer  Employee  Partner  Owner  Trustee of the entity

5. The entity will be bound by any agreement entered into by such person and will be subject to any order of the court in this matter.

6. The non-lawyer representative has signed the Rule 1.3D Statement attached.

Filer's Verification: The undersigned filer hereby verifies the truth and accuracy of all facts alleged within this filing to the best of the filer's belief and further verifies that all facts contained in this filing are alleged in good faith. The filer understands that any false statements made in this filing are punishable as perjury or false swearing pursuant to RSA chapter 641.

I state that on this date I am  e-serving through the court's electronic filing system, or  mailing by U.S. mail, or  hand-delivering a copy of this document to:

\_\_\_\_\_  
Other Party

or

\_\_\_\_\_  
Other Party's attorney

\_\_\_\_\_  
Name

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Law Firm

\_\_\_\_\_  
Bar ID # of attorney

\_\_\_\_\_  
Telephone

\_\_\_\_\_  
Address

\_\_\_\_\_  
E-mail

\_\_\_\_\_  
City

\_\_\_\_\_  
State

\_\_\_\_\_  
Zip code