

**United States Bankruptcy Courts**  
**National Creditor Registration Service (NCRS)**  
**EVIDENCE OF AUTHORITY FORM FOR AUTHORIZED AGENT**

This form must be completed as an attachment to the Creditor Registration of Preferred Address when notices from U.S. Bankruptcy Courts should be directed to an **Authorized Agent** of another entity.

Please be advised that, pursuant to the Federal Rule of Bankruptcy Procedure 2002(g)(4), \_\_\_\_\_ (Subscriber) is the authorized agent to receive bankruptcy notices for the principal entity and, if applicable, its subsidiaries specified below. This form is provided by the U.S. Bankruptcy Courts and may not be altered or changed in any manner.

Any combination of names and addresses submitted below will be used to match against the recipient list for a particular notice, and thereby be identified for redirection to a preferred address. The Bankruptcy Noticing Center (BNC) may contact you for an electronic name and address list if 10 or more names and addresses are attached.

Principal entity name and any subsidiaries for which bankruptcy notices should be sent to the Subscriber/Agent (If necessary, attach additional names):		
Addresses (If necessary, attach additional principal entity addresses):		

I, the undersigned, am a representative of the principal entity \_\_\_\_\_ (principal entity name), and I am authorized to enter into this Agreement on behalf of the named principal entity and all related entity names and addresses provided above. Bankruptcy notices for the principal entity names and addresses above should be directed to the following Subscriber/Agent company: \_\_\_\_\_ (subscriber/agent name) pursuant to the NCRS participation request. The information submitted on this form is true and correct. I understand that neither the BNC nor the court bears any liability for errors resulting from the information submitted herein. **I understand that I have a duty to inform the BNC should the Subscriber no longer be authorized to receive my organization's bankruptcy notices.**

Name of Representative of Principal Entity (printed): \_\_\_\_\_

Signature: \_\_\_\_\_

Job Title: \_\_\_\_\_

Entity Name: \_\_\_\_\_

Phone: \_\_\_\_\_ Date: \_\_\_\_\_

E-mail, mail, or fax the signed form to the BNC at:

BAE SYSTEMS - Attention BNC Dept.  
 45479 Holiday Drive  
 Sterling, VA 20166  
 E-mail: ebn@baesystems.com  
 Fax(571) 392-9103

For additional information, go to the NCRS program webpage at [NCRS.uscourts.gov](http://NCRS.uscourts.gov) or call the toll-free NCRS help line at 1-877-837-3424.