Form 1

CONSENT TO ACT AS REPRESENTATIVE AGENT

(Section 4 of the Republic of the Marshall Islands Decentralized Autonomous Organization Regulations, 2024)

I/We, _____, with address at

_____*

hereby consent to act as the Representative Agent of:

_____.**

Daytime Telephone: _____

E-mail: _____

Dated at _____this_____ day of _____, 20___

_____

Signed

_____

Name / Title

* Full mailing address.

** Official name of the DAO LLC, which must match the records of the Registrar.