WAYNE SUPERIOR COURT NO. 3

Appearance by Designated Full-Time Employee and Certificate of Compliance with Indiana Small Claim Rule 8

(Corporation, LLC, or LLP – Claims of \$1,500.00 or less only)

1.	Name of Party:				
	Name of Designated Full-Time Employee:				
	Address:				
Telephone No.:					
3.	4. Case Type: Small Claim				
4. 5.					
a lawyer who has been disbarred or suspended from the practice of law in any jurisdiction.				100	
Da	ted:				
		gnature of Designated Full-Time Employee			
	RE	SOLUT	TION		
— Na	me of Corporation, LLC, or LLP ("Business Org	ganizatio	<u>n")</u>		
			nd existing under the laws of the State of Indiana rs subject to litigation in the Wayne Superior Co		
			ness Organization to appear without legal counse		
	der certain conditions;	uns Dusi	ness organization to appear without regar counse	•	
			one thousand five hundred dollars (\$1,500.00) file		
Di	rectors, Partners, Members, or Business Owner,	designate	, this Business Organization, through its Board o	L	
a F	FULL-TIME EMPLOYEE, to appear on its behalf	lf in the p	presentation or defense of claims arising in the		
orc	linary course of business;		·		
IТ	IS ELIDTHED DESOLVED, this Dusiness Organ	nization	shall be bound by any and all agreements relating	· to	
			full-Time Employee and shall be liable for any an		
			evied by the Court against the designated employe		
and	d the Resolution shall remain in effect until there	is furthe	er action by the Business Organization.		
Do	ted:				
Da	icu.				
1	For LLC's or LLP's		For Corporations:		
-					
	Printed Name of the Partner, Business Owner, or Authorized Member		Printed Name of the President or Secretary		
	or Authorized Member		of the Corporation		
5	Signature of the Partner, Business Owner, or		Signature of the President or Secretary of the		
	Authorized Member		Corporation		