



SOP-19.1  
(10/14)

COMMONWEALTH OF VIRGINIA  
STATE CORPORATION COMMISSION

SERVICE OF PROCESS, NOTICE, ORDER OR DEMAND  
ON THE CLERK OF THE STATE CORPORATION COMMISSION  
AS STATUTORY AGENT

1. Service on the Clerk of the State Corporation Commission relates to the following proceeding:

Style of Proceeding: \_\_\_\_\_  
(e.g. name of the plaintiff vs. name of the defendant, or In the matter of..., etc.)

Proceeding Pending in: \_\_\_\_\_  
(Jurisdiction) (Name of Court or Tribunal)

Court's Case / Matter No.: \_\_\_\_\_

Court's Address: \_\_\_\_\_  
(Mailing Address)

2. Service on the Clerk of the State Corporation Commission is being made pursuant to Virginia Code §§ 12.1-19.1 and **(mark the appropriate box)**: [See the Instructions for more information.]

- 13.1-637 B                       13.1-928 B                       38.2-801                       50-73.58:1 D
- 13.1-758 F                       13.1-929 E                       38.2-809                       50-73.59 E
- 13.1-766 B                       13.1-930 D                       38.2-1216                       50-73.134 F
- 13.1-767 A 4                       13.1-1018 B                       38.2-5103                       50-73.135 G
- 13.1-768 D                       13.1-1056 A 4                       50-73.7 B                       50-73.139
- 13.1-836 B                       13.1-1056.1 C                       50-73.58 A 4                       50-73.140
- 13.1-920 A 4                       13.1-1057 E
- Other Virginia Code section or statutory authority (specify): \_\_\_\_\_

3. Pursuant to the foregoing legal authority, the Clerk of the Commission is being served as statutory agent of \_\_\_\_\_,  
(name of defendant / business entity)

whose mailing address for this service of process is \_\_\_\_\_ [One address per form. See Instructions.]  
\_\_\_\_\_  
(number / street, P.O. Box, Rural Route, etc.) (city or town) (state) (zip code)

4. The Clerk's Office should mail its receipt (or rejection letter) to:

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

Attn: \_\_\_\_\_

Address: \_\_\_\_\_  
(number / street, P.O. Box, Rural Route, etc.) (city or town) (state) (zip code)

Telephone No: \_\_\_\_\_ (optional)                      Email: \_\_\_\_\_ (optional)

**THREE COPIES OF THIS FORM MUST BE SUBMITTED  
WITH TWO COPIES OF THE PAPERS TO BE SERVED  
REVIEW THE INSTRUCTIONS BEFORE SUBMITTING THIS FORM**