CHAPTER 95. UNIFORM COMMERCIAL CODE

GENERAL

Sec. 95.1. [Reserved].

FORMS

95.101. Official forms.

Cross References
This chapter cited in 19 Pa. Code § 3.30 (relating to Uniform Commercial Code).

FORMS

§ 95.101. Official forms.

The following official forms have been promulgated under this chapter and appear in Appendix A:
Form DSCB:UCC-11 (Uniform Commercial Code-Request for Information or Copies).

Source
APPENDIX A. [Reserved]

Source
The provisions of this Appendix A reserved October 5, 2001, effective October 6, 2001, 31 Pa.B. 5621. Immediately preceding text appears at serial pages (278699) to (278956).

APPENDIX B. [Reserved]

Source
The provisions of this Appendix B adopted October 5, 2001, effective October 6, 2001, 31 Pa.B. 5621; amended February 18, 2011, effective February 19, 2011, 41 Pa.B. 985; amended May 10, 2013, effective May 11, 2013, 43 Pa.B. 2687; amended October 25, 2013, effective October 26, 2013, 43 Pa.B. 6469; reserved June 12, 2015, effective July 1, 2015, 45 Pa.B. 2973. Immediately preceding text appears at serial pages (374641), (374642), (368555), (368556), (356223), (284505), (284506), (356117) to (356122), (366607) to (366612), (284519) to (284524), (356125), (356127), (356128), (284529), (284530), (366613), (366614), (284533) to (284536), (368557) to (368560), (284541) to (284546), (371611), (371612), (284547) to (284550), (356129) to (356132), (284555) to (284598), (366615) to (366618), (284603), (284604), (356133), (284607) to (284610), (356135) to (356138), (368561) to (368564), (366623) to (366626), (356141), (356142), (284621) to (284638), (356143) to (356145), (284643) to (284646), (374643) to (374648), (284653), (284654), (366627), (366628), (284659) to (284664), (356147) to (356149), (374649) to (374652), (284673) to (284696), (356151) to (356154), (284701), (284702), (368565), (368566), (284707) to (284722), (368567) to (368571), (366629), (366630) and (356227) to (356240).
### APPENDIX C. OFFICIAL FORMS

**DSCB form number Form name**

**Title 15 forms**

<table>
<thead>
<tr>
<th>Form Number</th>
<th>Description</th>
<th>Appx.</th>
</tr>
</thead>
<tbody>
<tr>
<td>15-108</td>
<td>Statement of Change of Registered Office by Agent</td>
<td>7</td>
</tr>
<tr>
<td>15-133/145/153</td>
<td>Copy/Certification Request</td>
<td>10</td>
</tr>
<tr>
<td>15-134A</td>
<td>Docketing Statement—New Entity</td>
<td>12</td>
</tr>
<tr>
<td>15-134B</td>
<td>Docketing Statement—Changes</td>
<td>13</td>
</tr>
<tr>
<td>15-138</td>
<td>Statement of Correction</td>
<td>15</td>
</tr>
<tr>
<td>15-141</td>
<td>Statement of Abandonment</td>
<td>17</td>
</tr>
<tr>
<td>15-152(1)</td>
<td>Preclearance of Document</td>
<td>19</td>
</tr>
<tr>
<td>15-153(a)(15)</td>
<td>Expedited Service Request</td>
<td>20</td>
</tr>
<tr>
<td>15-153(a)(17)</td>
<td>Special Processing</td>
<td>21</td>
</tr>
<tr>
<td>15-154</td>
<td>Statement of Unpaid Fee</td>
<td>22</td>
</tr>
<tr>
<td>15-161</td>
<td>Statement of Domestication—Other</td>
<td>23</td>
</tr>
<tr>
<td>15-208</td>
<td>Name Reservation/Transfer of Reservation</td>
<td>26</td>
</tr>
<tr>
<td>15-209</td>
<td>Application for Registration of Name of Nonregistered Foreign Association</td>
<td>29</td>
</tr>
<tr>
<td>15-335</td>
<td>Statement of Merger</td>
<td>32</td>
</tr>
<tr>
<td>15-335AD</td>
<td>Statement of Merger—Addendum</td>
<td>39</td>
</tr>
<tr>
<td>15-345</td>
<td>Statement of Interest Exchange</td>
<td>41</td>
</tr>
<tr>
<td>15-355</td>
<td>Statement of Conversion</td>
<td>46</td>
</tr>
<tr>
<td>15-366</td>
<td>Statement of Division</td>
<td>52</td>
</tr>
<tr>
<td>15-366AD</td>
<td>Statement of Division—Addendum</td>
<td>59</td>
</tr>
<tr>
<td>15-375</td>
<td>Statement of Domestication</td>
<td>61</td>
</tr>
<tr>
<td>15-412</td>
<td>Foreign Registration Statement</td>
<td>66</td>
</tr>
<tr>
<td>15-413</td>
<td>Amendment of Foreign Registration</td>
<td>71</td>
</tr>
<tr>
<td>15-415/417</td>
<td>Statement of Withdrawal of Foreign Registration</td>
<td>74</td>
</tr>
<tr>
<td>15-418</td>
<td>Transfer of Foreign Registration</td>
<td>78</td>
</tr>
<tr>
<td>15-1306/2102/2303/2702/2903/3101/3303/7102</td>
<td>Articles of Incorporation—For Profit</td>
<td>82</td>
</tr>
</tbody>
</table>

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(386219) No. 510 May 17
DSCB form number Form name
15-1311/5311/9305 Statement of Summary of Record ...................... Appx. 85
15-1341/5341 Statement of Revival—Domestic Corporation .......... Appx. 89
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15-1902/5902 Statement of Termination—Domestic Corporation ................................ Appx. 97
15-1915/5915 Articles of Amendment—Domestic Corporation .................. Appx. 99
15-1989/5989 Articles of Involuntary Dissolution—Domestic Corporation ................................. Appx. 109
15-2104/2305 Articles of Amendment—Domestic Business Corporation—Election of Nonstock/Statutory Close Status ........................ Appx. 112
15-2309A/2309B Breach/Cure of Qualifying Condition/Domestic Business/Statutory Close Corporation ........ Appx. 115
15-2704/2904/3304 Articles of Amendment—Domestic Business Corporation—Election of Management/Professional/Benefit Status .................. Appx. 118
15-2905 Statement of Election of Professional Corporation Status ................................. Appx. 121
15-3331 Annual Benefit Report—Benefit Corporation ................................ Appx. 123
15-5110 Annual Statement—Nonprofit Corporation .................. Appx. 126
15-5306/7102 Articles of Incorporation—Nonprofit .................. Appx. 128
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15-8201A Statement of Registration—Domestic Limited Liability Partnership ................................. Appx. 135
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<tr>
<td>15-8201B/8201C</td>
<td>Statement of Amendment/Termination—Domestic Limited Liability Partnership</td>
<td>138</td>
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<td>15-8205</td>
<td>[Reserved]</td>
<td>142</td>
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<tr>
<td>15-8221/8998</td>
<td>Certificate of Annual Registration</td>
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<td>15-8433</td>
<td>Certificate of Partnership Authority</td>
<td>146</td>
</tr>
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<td>15-8434</td>
<td>Certificate of Denial—General Partnership</td>
<td>150</td>
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<td>15-8474/8665</td>
<td>Certificate of Dissociation as Partner</td>
<td>152</td>
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<td>Certificate of Dissolution—Domestic General Partnership</td>
<td>154</td>
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<td>15-8519</td>
<td>[Reserved]</td>
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<td>15-8621</td>
<td>Certificate of Limited Partnership</td>
<td>160</td>
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<tr>
<td>15-8622/8822</td>
<td>Certificate of Amendment—Domestic Limited Partnership/Limited Liability Company</td>
<td>163</td>
</tr>
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<td>15-8636</td>
<td>Certificate of Negation</td>
<td>167</td>
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<td>15-8681.1</td>
<td>Voluntary Termination [Never Transacted Business]—Domestic Limited Partnership</td>
<td>169</td>
</tr>
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<td>Certificate of Termination—Limited Partnership</td>
<td>171</td>
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<td>Statement of Election—Partnership—Election/Amendment/Termination</td>
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<td>15-8821</td>
<td>Certificate of Organization—Domestic Limited Liability Company</td>
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<td>15-8832</td>
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Appx. 5
### DSCB form number Form name

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<td>15-8872(f)</td>
<td>Certificate of Termination—Domestic Limited Liability Company</td>
<td>Appx. 188</td>
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<td>15-8898</td>
<td>Annual Benefit Report—Benefit Limited Liability Company</td>
<td>Appx. 192</td>
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<td>15-9120</td>
<td>Unincorporated Nonprofit Association—Agent for Service of Process—Appointment/Amendment/Cancellation</td>
<td>Appx. 195</td>
</tr>
<tr>
<td>15-9120D</td>
<td>Unincorporated Nonprofit Association—Resignation of Agent for Service of Process</td>
<td>Appx. 198</td>
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### 19 Pa. Code forms

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<tr>
<td>19-17.2</td>
<td>Consent to Appropriation of Name</td>
<td>Appx. 200</td>
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### Title 54 forms

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<tr>
<td>54-311</td>
<td>Registration of Fictitious Name</td>
<td>Appx. 202</td>
</tr>
<tr>
<td>54-312/313</td>
<td>Fictitious Name—Amendment, Withdrawal, Cancellation</td>
<td>Appx. 205</td>
</tr>
<tr>
<td>54-502</td>
<td>Registration or Renewal of Unincorporated Association Name</td>
<td>Appx. 209</td>
</tr>
<tr>
<td>54-503</td>
<td>Decennial Report of Association Continued Existence</td>
<td>Appx. 211</td>
</tr>
<tr>
<td>54-506</td>
<td>Statement of Termination of Registration of Association Name</td>
<td>Appx. 213</td>
</tr>
<tr>
<td>54-1112</td>
<td>Registration of Trademark or Service Mark</td>
<td>Appx. 215</td>
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<tr>
<td>54-1114/1115</td>
<td>Trademark/Service Mark—Renewal or Assignment</td>
<td>Appx. 219</td>
</tr>
<tr>
<td>54-1311/1312</td>
<td>Insignia—Registration or Amendment</td>
<td>Appx. 223</td>
</tr>
<tr>
<td>54-1314/1515</td>
<td>Decennial Report—Insignia or Mark Used with Articles or Supplies</td>
<td>Appx. 226</td>
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<td>54-1511/1512</td>
<td>Mark Used with Articles or Supplies—Registration or Amendment</td>
<td>Appx. 228</td>
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UCC1  Uniform Commercial Code—
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UCC1Ad Uniform Commercial Code—
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UCC1AP Uniform Commercial Code—
      Financing Statement Additional Party ...... Appx. 235

UCC3  Uniform Commercial Code—
      Financing Statement Amendment .......... Appx. 237

UCC3Ad Uniform Commercial Code—
      Financing Statement Amendment Addendum . Appx. 239

UCC3AP Uniform Commercial Code—
      Financing Statement Amendment Additional
      Party .................................. Appx. 241

UCC5  Information Statement .................... Appx. 243

UCC11 Information Request ........................ Appx. 245

Source
The provisions of this Appendix C adopted June 12, 2015, effective July 1, 2015, 45 Pa.B. 2973, unless otherwise noted.
READ all instructions prior to completing. This form may be submitted online at https://www.corporations.pa.gov/.

Fee: $5

In compliance with the requirements of 15 Pa.C.S. § 108 (relating to change in location or status of registered office provided by agent), the undersigned person who maintains the registered office of an association and who desires to change the following with respect to such agency hereby states that:

1. The name of the association represented by the undersigned person is: ________________________________

2. The current name of the person in care of the foregoing office: ________________________________
   The person named immediately above in this paragraph has been designated in fact as the agent in care of the registered office in the Commonwealth of Pennsylvania of the association named in paragraph 1 of this statement.

For change in the name of the Agent

3. The name to which the person in care of the foregoing office shall be changed to is: ________________________________

For change in the registered office of the association

4. The address of the present registered office in this Commonwealth of the above-named association is:

   Number and Street     City     State     Zip     County

   ________________________________  ___________________  ___________________  ___________________  ___________________
DEPARTMENT OF STATE

Pt. I

5. The new registered office address in this Commonwealth of the above-named association represented is:

<table>
<thead>
<tr>
<th>Number and street</th>
<th>City</th>
<th>State</th>
<th>Zip</th>
<th>County</th>
</tr>
</thead>
</table>

For termination of status as provider of the registered office

6. The status of the agent as provider of the registered office of the above-named association has been terminated.

7. The last known address above-named association represented is:

<table>
<thead>
<tr>
<th>Number and street</th>
<th>City</th>
<th>State</th>
<th>Zip</th>
<th>County</th>
</tr>
</thead>
</table>

IN TESTIMONY WHEREOF, the undersigned person has caused this Statement of Change of Registered Office by Agent to be signed this _______ day of _________, _______

____________
Name

____________
Signature

____________
Title
Pennsylvania Department of State
Bureau of Corporations and Charitable Organizations
P.O. Box 8722
Harrisburg, PA 17105-8722
(717) 787-1057
Web site: www.dos.pa.gov/corps

Instructions for Completion of Form:

A. Typewritten is preferred. If handwritten, the form must be legible and completed in black or blue-black ink in order to permit reproduction. The nonrefundable filing fee for this form is $5 made payable to the Department of State. Checks must contain a commercially pre-printed name and address.

Enter the name and mailing address to which any correspondence regarding this filing should be sent. This field must be completed for the Bureau to return the filing. If the filing is to be returned by email, an email address must be provided. An email will be sent to address provided, containing a link and instructions on how a copy of the filed document or correspondence may be downloaded. Any email or mailing addresses provided on this form will become part of the filed document and therefore public record.

B. Under 15 Pa.C.S. § 135(c) (relating to addresses) an actual street or rural route box number must be used as an address, and the Department of State is required to refuse to receive or file any document that sets forth only a post office box address.

C. This form is to be signed on behalf of the agent named in Paragraph 2, not by an officer of the association named in Paragraph 1. The term “name of the person in care of the office” in Paragraph 4 refers to the proper name of the corporation service company/agent/registered office provider.

D. A separate form DSCB-15-108 shall be filed for each association represented by the agent named in Paragraph 4.

E. The agent is required by 15 Pa.C.S. § 109(b) (relating to action by and notice to association) to furnish to the association a copy of this form as filed in the Department.

F. Under 15 Pa.C.S. § 109(a) (relating to general rule), if the status of an agent as a provider of a registered office is terminated by this filing, the location of the registered office of the association represented is not affected, but the person formerly in care of the office (e.g. corporation service company/agent/registered office provider) shall thereafter not have any responsibility with respect to matters tendered to the office in the name of the association represented. The association should immediately file in the Department an appropriate form designating a superseding registered office address. Until this occurs, the old address is continued in effect for purposes of venue and official publication.

G. This form and all accompanying documents shall be mailed to the address stated above.

Appx. 9

(377151) No. 490 Sep. 15
1. The requested entity name(s) and number(s), if known, is(are):

<table>
<thead>
<tr>
<th>Name</th>
<th>Entity Number</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

2. The document and quantity requested is:

- [ ] Subsistence Certificate (for domestic entity)
- [ ] Certificate of Registration (for registered foreign association)
- [ ] Engrossed Certificate (custom certification) attesting to: _______________________________________________________________________

- [ ] Plain or [ ] Certified Index and Docket report (written search)
- [ ] Plain or [ ] Certified copies of all documents on record for the above identified entity(ies)
- [ ] Plain or [ ] Certified copies of __________________________________________________________________________________________

3. Method of payment:

- [ ] Check/money order Deposit Account Number __________________

---

Read all instructions prior to completing. Copies and certifications of most filed documents may be obtained online at [https://www.corporations.pa.gov/](https://www.corporations.pa.gov/).
Appx. C

FORMS

Appx. 11

DSCB: 15-15/14/15-S-Instructions

Pennsylvania Department of State
Bureau of Corporations and Charitable Organizations
P.O. Box 8722
Harrisburg, PA 17105-8722
(717) 787-1457
Web site: www.dos.pa.gov/corps

General Information
Typeset is preferred. If not typed, the form must be
legible and completed in black or blue-black ink in order to
permit reproduction.

The fees vary based on the document requested and number of
pages. The statutory fees are available on the Bureau’s web
site at www.dos.pa.gov/corps and in statute at 15 Pa. C.S.
§ 135 and are identified below. Statutes are available on the
Pennsylvania General Assembly website, www.legis.state.pa.us, by following the link for Statutes.
Checks should be made payable to the Department of State and
and must contain a commercially pre-printed name and
address. The requestor agrees to pay all statutory fees with
respect to this request in advance of receiving the information
and/or documents.

If the total fee is unable to be calculated, the initial search fee
of $15 (per entity name) must be received before the Bureau
will begin processing the request. If the fee cannot be
calculated in advance or if insufficient funds are submitted,
the Bureau will return an invoice indicating additional fees
due. All fees must be paid prior to the Bureau releasing the
requested documents.

Expedited Service of copy and certification requests may be
obtained by submitting DSCB: 15-15/3(a)(15) (Expedited
Service Request), together with this form and required fees.

This form and payment should be mailed or delivered to the
address above.

Form Instructions
Enter the name and mailing address to which any
correspondence regarding this request should be sent. This
field must be completed for the Bureau to return the requested
copies. If the copies/certifications are to be returned by email,
an email address must be provided. An email will be sent to
address provided, containing a link and instructions on how
the requested document may be downloaded.

1. Give the entity name(s) and the entity number, if known,
   for which information is being requested. Up to four entities
   may be listed per form.

2. Give the quantity of documents requested, and if
   applicable, identify the specific documents or information
   requested (i.e. Articles of Incorporation, Statement of Merger
   etc.) Multiple documents may be selected on one form.

3. Check the appropriate payment type and provide the
customer deposit account number, if applicable.

4. Check the appropriate method of expedited service, if
   applicable. Expedited fees are in addition to the statutory fees
   for the requested documents. Expedited fees are per
document and/or entity requested. Expedited requests must be
   submitted to the Bureau in person.

Fees

<table>
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<tr>
<td>Certificate of Registration</td>
<td>$40.00</td>
</tr>
<tr>
<td>Engraved Certificate</td>
<td>$125.00</td>
</tr>
<tr>
<td>Certification</td>
<td>$40.00</td>
</tr>
<tr>
<td>Search Fee</td>
<td>$15.00</td>
</tr>
<tr>
<td>Copy Fee (per page furnished)</td>
<td>$3.00</td>
</tr>
<tr>
<td>Certified Index and Docket</td>
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</tr>
<tr>
<td>Plain Index and Docket</td>
<td>$15.00</td>
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**Source**


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**DEPARTMENT OF STATE**

**Pt. I**

**PENNSYLVANIA DEPARTMENT OF STATE**

**BUREAU OF CORPORATIONS AND CHARITABLE ORGANIZATIONS**

**Docketing Statement – New Entity**

DSCB:15-134A (rev. 2/2017)

<table>
<thead>
<tr>
<th>Docketing Statement – New Entity</th>
<th>134A</th>
</tr>
</thead>
</table>

1. Entity Name:

In the case of a foreign association which must use an alternate name to register to do business in Pennsylvania, the alternate name should be given.

2. Tax Responsible Party

Name of individual responsible for initial tax report:

Mailing address of individual responsible for initial tax report:

<table>
<thead>
<tr>
<th>Number and street</th>
<th>City</th>
<th>State</th>
<th>Zip</th>
<th>County</th>
</tr>
</thead>
</table>

3. Description of Business Activity:


4. FEIN [Employer Identification Number/Federal Tax Identification Number]: ______-____-____-____

FEIN enables agencies to confirm that Commonwealth accounts are properly matched and that this request is processed without added delay. If the business entity does not currently have an FEIN, it can get a FEIN immediately by applying online at irs.gov at the following page http://www.irs.gov/Businesses/Small-Businesses-&-Self-Employed/Employer-ID-Numbers-EINs.

5. FYE [Tax Year or Fiscal Year End]: ______/____

Month / Day

A fiscal year (FY) is a period that a company or government uses for accounting purposes and preparing financial statements. For tax purposes, the Internal Revenue Service (IRS) allows companies to be either calendar-year taxpayers or fiscal-year taxpayers. Supply month and day for intended tax year end, e.g. 1/31, 2/28, 3/31, 4/30, 5/31, 6/30, 7/31, 8/31, 9/30, 10/31, 11/30 or 12/31.

---

**Appx. 12**

(386226) No. 510 May 17

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PENNSYLVANIA DEPARTMENT OF STATE
BUREAU OF CORPORATIONS AND CHARITABLE ORGANIZATIONS

Docketing Statement – Changes
DSCB-15-134B
(rev. 7/1/2015)

[Barcode]

BUREAU USE ONLY:
Revenue ___ Labor & Industry ___ Other ______________ Filed Date _____________

Part I. Complete for each filing:
Current name of entity or association (survivor or new entity):

Entity number, if known: _______________ Formation/foreign registration date in PA: _______________

State of formation: _____________________ Effective date, if any: _____________________

Part II. Check appropriate transaction:
___ Amendment (complete Section A) ___ Correction (complete Section A)
___ Merger (complete Section B) ___ Division (complete Section C)
___ Conversion (complete Sections A and D) ___ Abandonment (complete Section E)
___ Revival (complete Section F) ___ Domestication (complete Section G)
___ Dissolution before Commencement of Business (complete Section H)

Section A – Amendment or Correction - Complete fields which pertain to changes:

Name: ________________________________

Registered Office: ________________________________

Number and street: ____________________ City: ______ State: ___ Zip: ___ Country: ______

Purpose: ________________________________

Stock (aggregate number of shares authorized): _____________ Effective Date: _______________

Term of Existence: _____________ Other: _____________

Filing type to be amended or corrected: ________________________________

Section B – Merger - Complete Section A with any changes to the association surviving the merger; if any
Merging entities not surviving the merger are: (attach sheet for additional merging entities)

Name: ________________________________

Effective Date: ________________ Incorporation/foreign registration date in PA: ________________ State of Jurisdiction: ________________

Name: ________________________________

Effective Date: ________________ Incorporation/foreign registration date in PA: ________________ State of Jurisdiction: ________________

(377691) No. 491 Oct. 15

Appx. 13
**DEPARTMENT OF STATE**

**Pt. I**

DSCB:15-134B-2

**Section C – Division** - Complete Section A with any changes to the association surviving the division, if any. Check only one: ___ Entity named in Part I survives ___ Entity named in Part I does not survive.

Newly created entity(s) from the division are: (attach sheet for additional entities)

<table>
<thead>
<tr>
<th>Name</th>
<th>Entity Number</th>
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<tbody>
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<table>
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<tr>
<th>Name</th>
<th>Entity Number</th>
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</thead>
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</tbody>
</table>

**Section D – Conversion**

Type of converting association (check only one):

| ___ Business Corporation  |
| ___ Nonprofit Corporation  |
| ___ General Partnership  |
| ___ Limited Partnership  |
| ___ Limited Liability (General) Partnership  |
| ___ Limited Liability Limited Partnership  |
| ___ Limited Liability Company  |
| ___ Professional Association  |
| ___ Business Trust/Common Law Trust/Statutory Trust  |
| ___ Other  |

Type of converted association (check only one):

| ___ Business Corporation  |
| ___ Nonprofit Corporation  |
| ___ General Partnership  |
| ___ Limited Partnership  |
| ___ Limited Liability (General) Partnership  |
| ___ Limited Liability Limited Partnership  |
| ___ Limited Liability Company  |
| ___ Professional Association  |
| ___ Business Trust/Common Law Trust/Statutory Trust  |
| ___ Other  |

<table>
<thead>
<tr>
<th>Jurisdiction</th>
<th>Jurisdiction</th>
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</thead>
<tbody>
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</table>

**Section E – Abandonment**

___ Entity named in Part I hereby abandons the business of the association. (attach sheet for additional entities)

<table>
<thead>
<tr>
<th>Type of filing</th>
<th>Date of filing</th>
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</thead>
<tbody>
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</table>

<table>
<thead>
<tr>
<th>Name</th>
<th>Entity Number</th>
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</table>

<table>
<thead>
<tr>
<th>Name</th>
<th>Entity Number</th>
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</thead>
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</tbody>
</table>

**Section F – Revival** - complete Section A with any changes to revived association

___ Entity named in Part I hereby revives its charter or articles which were forfeited by Proclamation or expired.

**Section G – Domestication**

Domesticating jurisdiction ___ Domesticated jurisdiction ___ Domesticated entity is a nonregistered foreign association

Check if applicable

**Section H – Dissolution before Commencement of Business**

___ Entity named in Part I hereby dissolves prior to the commencement of business.

---

**Source**

The provisions of this form DSCB:15-134B amended August 7, 2015, effective September 8, 2015, 45 Pa.B. 4465. Immediately preceding text appears at serial pages (377155) to (377156).

**Appx. 14**

(377692) No. 491 Oct. 15

Copyright © 2015 Commonwealth of Pennsylvania
Fee: $70

In compliance with the requirements of 15 Pa.C.S. § 138 (relating to statement of correction), the undersigned association or other person, desiring to correct an inaccurate, defective or erroneous record, hereby states that:

1. The name of the association or other person is: ________________________________

2. The current registered office address as on file with the Department of State. Complete part (a) OR (b) – not both:

   (a) Number and street          City          State          Zip          County
   ________________________________ ________________________________

   (b) c/o

   Name of Commercial Registered Office Provider
   ________________________________

   County

   ________________________________

3. The statute by or under which the association was formed (or the preceding filing was made, in the case of a filing that does not constitute a part of the public organic record of an association) is: ________________________________

4. The inaccuracy or defect to be corrected is (include Department of State form name and date filed):

   ________________________________

5. Check one of the following:
   □ The portion of the document requiring correction in corrected form is set forth in Exhibit A attached hereto.
   □ The original document to which this statement relates shall be deemed re-executed.
   □ The original document to which this statement relates shall be deemed stricken from the records of the Department.

IN TESTIMONY WHEREOF, the undersigned association or other person has caused this Statement of Correction to be signed by a duly authorized officer thereof or otherwise in its name this ______ day of

   ________________________________

   Name of Association

   ________________________________

   Signature

   ________________________________

   Title
DSCB:15-138 - Instructions

Pennsylvania Department of State
Bureau of Corporations and Charitable Organizations
P.O. Box 8722
Harrisburg, PA 17105-8722
(717) 787-1057
web site: www.dos.state.pa.us/corps

DEPARTMENT OF STATE
Pt. I

General Information
Typewritten is preferred. If handwritten, the form must be legible and completed in black or blue-black ink in order to permit reproduction.

The nonrefundable filing fee for this form is $70. Checks should be made payable to the Department of State. Checks must contain a commercially pre-printed name and address.

This form and all accompanying documents shall be mailed to the address stated above.

Applicable Law
See 15 Pa.C.S. § 138 for general information on Statement of Correction. Statutes are available on the Pennsylvania General Assembly website, www.lets.state.pa.us, by following the link for Statutes.

Who should file this form?
Whenever any document authorized or required to be delivered to the Department of State for filing has been so filed and is an inaccurate record of the action therein referred to or was defectively or erroneously executed, the document may be corrected by delivering to the Department for filing a Statement of Correction.

Only documents that have already taken effect may be corrected under this section. If a document has not yet taken effect, it may be abandoned under 15 Pa.C.S. § 141 if the requirements of that section are satisfied. Otherwise, the document must be amended in accordance with the applicable provisions of this title or, if the document relates to the formation of an entity, the existence of the entity may be terminated in accordance with the applicable provisions of law. A Statement of Correction may not be used as an alternative to the dissolution process. Thus, a Statement of Correction may not be used to strike the original public organic record (such as Articles of Incorporation) from the records of the Department. See 15 Pa.C.S. § 138(b)(2).

Attachments
The following, in addition to the filing fee, shall accompany this form:
(1) One copy of a completed form DSCB:15-134B (Docketing Statement - Changes) with respect to each form, if any, which accompanied the original filing.

Form Instructions
Enter the name and mailing address to which any correspondence regarding this filing should be sent. This field must be completed for the Bureau to return the filing. If the filing is to be returned by email, an email address must be provided. An email will be sent to address provided, containing a link and instructions on how a copy of the filed document or correspondence may be downloaded. Any email or mailing addresses provided on this form will become part of the filed document and therefore public record.

1. Give the exact name of the association. The name on this line must match exactly the association name as provided in the document sought to be corrected and in the Department’s records at the time this Statement of Correction is submitted for filing. This field is required.

2. Current address. The address provided must be the association’s registered office address (a) or Commercial Registered Office Provider (b) as on file with the Department of State at the time this Statement of Correction is submitted for filing. This field is required.

3. Supply the statute by or under which the association was formed, or the preceding filing was made, in the case of a filing that does not constitute a part of the public organic record of an association. Example: Business Corporation Law of 1988, Limited Liability Company Law of 1994. This field is required.

2. The type of document to be abandoned is the name of the form or document previously submitted, which has not yet become effective: Statement of Merger, Articles of Incorporation, etc. This field is required.

3. The date is the date the document sought to be abandoned was delivered to the Department for filing. This field is required.

4. Identify the inaccuracy or defect to be corrected. This should identify the defective document by specifying its name and DSCB form number, the filing date of the defective document and a statement of the defect to be corrected. This field is required.

Signature and Verification
The Statement of Correction must be signed by the association or other person that delivered the inaccurate, erroneous or defective document for filing. Signing a document delivered to the Department for filing is an affirmation under the penalties provided in 18 Pa.C.S. § 4904 (relating to unsworn falsification to authorities) that the facts stated in the document are true in all material respects. This field is required.
An image of a Pennsylvania Department of State Bureau of Corporations and Charitable Organizations form titled "Statement of Abandonment." The form is partially filled out and includes instructions for completing it. The text below is the natural representation of the form:

**PENNSYLVANIA DEPARTMENT OF STATE**
**BUREAU OF CORPORATIONS AND CHARITABLE ORGANIZATIONS**

**Return document by mail to:**

**Name:**

**Address:**

**City**  **State**  **Zip Code**

**Return document by email to:**

**Statement of Abandonment**

DSCB 13-141
(7/1/2015)

---

Fee: $70

In compliance with the requirements of the applicable provisions of 15 Pa.C.S. § 141 (relating to Abandonment of filing before effectiveness), the undersigned, desiring to abandon a filing that has not yet become effective, hereby states that:

1. The name of the association is: ____________________________

2. The type of document to be abandoned is: ____________________________

3. The date the document to be abandoned was delivered to the Department for filing is: ____________________________

4. The abandonment of the above-identified document has been validly approved.

IN TESTIMONY WHEREOF, the undersigned association has caused this Statement of Abandonment to be signed by a duly authorized officer thereof this __________ day of __________, 20________

____________________________
Name of Association

____________________________
Signature

____________________________
Title

---

Appx. 17

(377159) No. 490 Sep. 15
DEPARTMENT OF STATE
Pt. I

Pennsylvania Department of State
Bureau of Corporations and Charitable Organizations
P.O. Box 8722
Harrisburg, PA 17105-8722
(717) 787-1057
web site: www.dos.pa.gov/corps

DSCB:15-141 - Instructions

General Information
Type-written is preferred. If handwritten, the form must be legible and completed in black or blue-black ink in order to permit reproduction.

The nonrefundable filing fee for this form is $70. Checks should be made payable to the Department of State. Checks must contain a commercially pre-printed name and address.

This form and all accompanying documents shall be mailed to the address stated above.

Applicable Law

Who should file this form?
A document previously delivered to the Department of State for filing but which has not yet taken effect may be abandoned before it takes effect by filing a Statement of Abandonment.

Only documents that have not yet taken effect may be abandoned under this section. If a document has taken effect, it may be corrected under 15 Pa.C.S. §138 if the requirements of that section are satisfied. Otherwise, the document must be amended in accordance with the applicable provisions of this title or, if the document relates to the formation of an entity, the existence of the entity may be terminated in accordance with the applicable provisions of this title.

Attachments
The following, in addition to the filing fee, shall accompany this form:
1. One copy of a completed form DSCB:15-134B (Docketing Statement - Changes) with respect to each association affected by the filing.

Form Instructions
Enter the name and mailing address to which any correspondence regarding this filing should be sent. This field must be completed for the Bureau to return the filing. If the filing is to be returned by email, an email address must be provided. An email will be sent to the address provided, containing a link and instructions on how a copy of the filed document or correspondence may be downloaded. Any email or mailing addresses provided on this form will become part of the filed document and therefore public record.

1. Give the exact name of the association. The name on this line must match exactly the association name as provided in the document sought to be abandoned and in the Department's records at the time the Statement is submitted for filing. This field is required.

2. The type of document to be abandoned is the name of the firm or document previously submitted, which has not yet become effective: Statement of Merger, Articles of Incorporation, etc. This field is required.

3. The date is the date the document sought to be abandoned was delivered to the Department for filing. This field is required.

4. Approval. See 15 Pa.C.S. §§ 334, 344, 354, 365, 374 for requirements for approval of abandonment of entity transactions. Statutes are available on the Pennsylvania General Assembly website; www.legis.state.pa.us, by following the link for Statutes. This field is required.

Signature and Verification
The Statement of Abandonment must be signed by a person with the authority to sign the statement. For abandonment of entity transactions (merger, interest exchange, conversion, division and domestication), the Statement of Abandonment must be signed by a party to the plan. Where a document being abandoned has been signed by an association, an individual who is different from the individual who signed the original document on behalf of the association may sign the statement of abandonment on behalf of the association.

Signing a document delivered to the Department for filing is an affirmation under the penalties provided in 18 Pa.C.S. § 4904 (relating to unsworn falsification to authorities) that the facts stated in the document are true in all material respects. This field is required.
### PENNSYLVANIA DEPARTMENT OF STATE
### BUREAU OF CORPORATIONS AND CHARITABLE ORGANIZATIONS

#### Appx. C FORMS

<table>
<thead>
<tr>
<th>Entity Name:</th>
<th>Entity Number:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Requestor’s Name:</td>
<td></td>
</tr>
<tr>
<td>Requestor’s Address:</td>
<td></td>
</tr>
<tr>
<td>Return Document Via:</td>
<td>(CHECK ONLY ONE)</td>
</tr>
<tr>
<td>☐ COUNTER PICKUP</td>
<td></td>
</tr>
<tr>
<td>☐ MAIL</td>
<td></td>
</tr>
<tr>
<td>☐ EMAIL</td>
<td></td>
</tr>
</tbody>
</table>

#### Documents to be precleared:

| Type of document/entity name |  |
| Type of document/entity name |  |
| Type of document/entity name |  |

#### Preclearance fee is $70 per document. Payment Method:

| ☐ Deposit Account number |  |
| ☐ Check |  |

☐ By checking this box, I verify that I have read and understand the policies and procedures for Preclearance of Documents. I understand that the preclearance is of the attached document as submitted at this time. I understand that preclearance of documents does not reserve an association name and that the preclearance fee is nonrefundable.
DEPARTMENT OF STATE

PENNSYLVANIA DEPARTMENT OF STATE
BUREAU OF CORPORATIONS AND CHARITABLE ORGANIZATIONS

<table>
<thead>
<tr>
<th>Expedited Service Request</th>
</tr>
</thead>
<tbody>
<tr>
<td>DSC#15-1536(a)(3)</td>
</tr>
<tr>
<td>(rev. 7/1/2015)</td>
</tr>
</tbody>
</table>

This form MUST be completed and submitted with EACH expedited request.
EXPEDITED REQUESTS MUST BE SUBMITTED IN PERSON.

<table>
<thead>
<tr>
<th>Entity Name:</th>
<th>Entity Number:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Requestor’s Name:</td>
<td></td>
</tr>
<tr>
<td>Requestor’s Address:</td>
<td></td>
</tr>
<tr>
<td>Contact Person:</td>
<td></td>
</tr>
<tr>
<td>Phone Number:</td>
<td></td>
</tr>
</tbody>
</table>

Return Document Via: (CHECK ONLY ONE)
- [ ] COUNTER PICKUP
- [ ] EMAIL - Completed filings will be emailed to the email address supplied below.

Select the Level of Expedited Service:
- [ ] SAME-DAY SERVICE (must be received before 10:00 a.m.) $100.00
- [ ] THREE-HOUR SERVICE (must be received before 2:00 p.m.) $300.00
- [ ] ONE-HOUR SERVICE (must be received before 4:00 p.m.) $1,000.00

Payment Method:
- [ ] Deposit Account number
- [ ] Check
- [ ] Credit Card

By checking this box, I verify that I have read and understand the policies and procedures for Expedited Services published in the Pennsylvania Bulletin. To the best of my knowledge, the attached document is acceptable for filing as presented to the Bureau. I understand that if this document is not accepted for filing, the expedited service fee and the filing fee(s) are nonrefundable.

Appx. 20

Copyright © 2015 Commonwealth of Pennsylvania
<table>
<thead>
<tr>
<th>Entity Name:</th>
<th>Entity Number:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Requester’s Name: __________________________</td>
<td>Return Document Via: (CHECK ONLY ONE)</td>
</tr>
<tr>
<td>Requester’s Address: __________________________</td>
<td>□ COUNTER PICKUP</td>
</tr>
<tr>
<td></td>
<td>□ MAIL</td>
</tr>
<tr>
<td></td>
<td>□ EMAIL</td>
</tr>
</tbody>
</table>

**Specify the order in which documents are to be filed:**

<table>
<thead>
<tr>
<th>File</th>
<th>No.</th>
<th>(name of entity and type of document)</th>
</tr>
</thead>
<tbody>
<tr>
<td>1st</td>
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<tr>
<td>2nd</td>
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<td>4th</td>
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<tr>
<td>5th</td>
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</tr>
</tbody>
</table>

(attach additional sheets as necessary)

Special Processing fee is $70 and is in addition to filing fees and expedited service fees.

**Payment Method:**

- [ ] Deposit Account number __________________________
- [ ] Check

- [ ] By checking this box, I verify that I have read and understand the policies and procedures for Special Processing. To the best of my knowledge, the attached documents are in the proper order and are acceptable for filing as presented to the Bureau. I understand that if one of these documents is not accepted for filing, the documents to be filed after the rejected document will also be rejected. I also understand that the Special Processing fee is nonrefundable.

Source

PENNSYLVANIA DEPARTMENT OF STATE
BUREAU OF CORPORATIONS AND CHARITABLE ORGANIZATIONS

Statement of Unpaid Fee
DSICB-15-154
(rev. 7/2015)

In compliance with the requirements of 15 Pa.C.S. § 154(a) (relating to enforcement and collection) and 19 Pa.
Code § 3.104(d) (relating to returned checks; effect on filing), the Department of State hereby states that:

1. The name of the association or other entity to which this statement relates is:

2. The filing to which this statement relates was filed in the Department of State on
   ____________________________, and recorded in the records of the Department.
   Date (MM/DD/YYYY)

3. By reason of the failure of the Department to receive payment in full for the filing fee payable with respect
   to the filing to which this statement relates; and any related invoice fee, in the manner and within the time
   prescribed by 19 Pa. Code Ch. 3, the filing to which this statement relates has become void.

Department of State
Bureau of Corporations and Charitable Organizations

Authorized Signature

Appx. 22
In compliance with the requirements of the applicable provisions of 15 Pa.C.S. § 161 (relating to domestication of certain alien associations), the undersigned association, desiring to become a domestic association, hereby states that:

1. The name of the association is: ________________________________

2. The date on which the association was first formed, incorporated or otherwise came into being is: ________________________________

3. The name of the jurisdiction under the laws of which it was first formed, incorporated or otherwise came into being is: ________________________________

4. The name of the jurisdiction that constituted the seat, siege social or principal place of business or control administration of the entity, or any equivalent under applicable law, immediately prior to the filing of this statement is: ________________________________

5. Upon domestication, the association will be a domestic association under the laws of the Commonwealth of Pennsylvania. Specify type of association: ________________________________

6. The (a) address of the association’s proposed registered office in this Commonwealth or (b) name of its commercial registered office provider and the county of venue is: Complete part (a) OR (b) – not both:

(a) Number and street ________________________________ City ________________________________ State ________________________________ Zip ________________________________ County ________________________________

(b) c/o ________________________________ Name of Commercial Registered Office Provider ________________________________ County ________________________________

7. The filing of this statement has been authorized by a majority in interest of the interest holders of the association or by any greater vote required by its organic rules.

8. Optional statement – please check box if applicable.

☐ The renunciation of the prior domicile of the undersigned association has been authorized by a majority in interest of the interest holders of the association or by any greater vote required by its organic rules.

IN TESTIMONY WHEREOF, the undersigned association has caused this Statement of Domestication - Other to be signed by a duly authorized officer thereof this ________________________________ day of ________________________________ 20 __________ day of ________________________________

Name of Association ________________________________

Signature ________________________________

Title ________________________________

Appx. C FORMS

PENNSYLVANIA DEPARTMENT OF STATE
BUREAU OF CORPORATIONS AND CHARITABLE ORGANIZATIONS

Statement of Domestication - Other
DSCB:15-161
(5/1/2015)

Fee: $70

Return document by mail to:

Return document by email to:

Read all instructions prior to completing.

Appx. 23

(377165) No. 498 Sep. 15
DEPARTMENT OF STATE
Pt. I

Pennsylvania Department of State
Bureau of Corporations and Charitable Organizations
P.O. Box 8722
Harrisburg, PA 17105-8722
(717) 787-1057
web site: www.dos.pa.gov/corps

General Information
Typescript is preferred. If handwritten, the form must be legible and completed in black or blue-black ink in order to permit reproduction.

The nonrefundable filing fee for this form is $70. Checks should be made payable to the Department of State. Checks must contain a commercially pre-printed name and address.

This form and all accompanying documents shall be mailed to the address stated above.

Applicable Law
See 15 Pa.C.S. § 161 for general information on Domestication of Certain Alien Associations. Statutes are available on the Pennsylvania General Assembly website, www.legis.state.pa.us, by following the link for Statutes.

Who should file this form?
This form sets forth a procedure by which an association that is organized under the laws of a jurisdiction other than Pennsylvania and that is not an “entity” (and thus is not eligible to domesticate in Pennsylvania under Subchapter G or Chapter 3) may become a domestic Pennsylvania association.

An association that can be domesticated under Subchapter G of Chapter 3 (relating to domestication) must use DSCB: 15-375 (Statement of Domestication) and may not be domesticated using this form [DSCB: 15-161 (Statement of Domestication – Other)].

Attachments
The following, in addition to the filing fee, shall accompany this form:
1. One copy of a completed form DSCB: 15-134A (Docketing Statement).

Form Instructions
Enter the name and mailing address to which any correspondence regarding this filing should be sent. This field must be completed for the Bureau to return the filing. If the filing is to be returned by email, an email address must be provided. An email will be sent to address provided, containing a link and instructions on how a copy of the filed document or correspondence may be downloaded. Any email or mailing addresses provided on this form will become part of the filed document and thereby public record.

This form shall be executed in the English language.

1. Give the exact name of the association. If the name is in a foreign language, it shall be set forth in Roman letters or characters or Arabic or Roman numerals. If the name is one that is rendered unavailable for use by a domestic entity by section 202(b) or c) (relating to requirements for names generally), the association shall adopt a new name, in accordance with any procedures for changing the name of the association that are applicable prior to the domestication of the association, and shall set forth the new name in the statement. It is not intended that the association must formally change its name prior to domesticating since there would be no reason for Pennsylvania to require a filing in the jurisdiction that the association is leaving. Rather, it will be sufficient for the association to obtain whatever approvals by the interest holders of the association and those persons managing its affairs would be necessary to change its name. This field is required.

2. Give the date on which the domesticating entity was originally incorporated or formed. Provide month, day and year. This field is required.

3. Give the jurisdiction of formation of the domesticating entity. This must be a jurisdiction other than Pennsylvania and will most likely be a jurisdiction outside of the United States and its territories. For example, if the domesticating association was originally chartered, formed or organized in the Republic of Uzbekistan, then the jurisdiction of formation is Uzbekistan. This field is required.

4. Give the jurisdiction which constituted the principal place of business for the domesticating entity immediately prior to the domestication. This must be a jurisdiction other than Pennsylvania and will most likely be a jurisdiction outside of the United States and its territories. For example, if the domesticating association was in its principal place of business or control in the Federative Republic of Brazil immediately prior to the domestication, then the jurisdiction constituting the seat or control of the association is Brazil. This field is required.

5. Fill in the type of Pennsylvania association that the domesticating association will become upon domestication. Types of domestic associations include: business corporation, nonprofit corporation, limited liability company, limited partnership, limited liability (general) partnership, limited liability limited partnership, professional association or business trust.

Since this form is designed particularly for associations that do not correspond directly to a recognized type of Pennsylvania association, this field leaves to the domesticating association the choice of the type of association it will be under Pennsylvania law. This field is required.
6. This address must be in Pennsylvania. Give one of the following: the registered office address in the Commonwealth in (a) or the name of a Commercial Registered Office Provider (b) and the county of venue.

Listing a Commercial Registered Office Provider in lieu of providing a registered office address is an option for any association that does not have a physical location or mailing address in Pennsylvania. Prior to listing a Commercial Registered Office Provider address, the association should enter into a contract for the services of the Commercial Registered Office Provider.

Post office boxes are not acceptable for any address. Under 15 Pa.C.S. § 135(c) (relating to addresses), an actual street or rural route box number must be used as an address, and the Department of State is required to refuse to receive or file any document that sets forth only a post office box address. This field is required.

7. This is a required statement.

8. Check box if statement is applicable. This field is optional.

Signature and Verification
An authorized representative of the domesticating entity must sign the Statement of Domestication - Other. Signing a document delivered to the Department for filing is an affirmation under the penalties provided in 18 Pa.C.S. § 4904 (relating to unsworn falsification to authorities) that the facts stated in the document are true in all material respects. This field is required.
DEPARTMENT OF STATE

PENNSYLVANIA DEPARTMENT OF STATE
BUREAU OF CORPORATIONS AND CHARITABLE ORGANIZATIONS

Name Reservation/Transfer of Reservation
DSCB: 15-208
(7/1/2015)

Read all instructions prior to completing. This form may be submitted online at https://www.corporations.pa.gov/.

Fee: $70

Check One: ☐ Name Reservation ☐ Transfer of Name Reservation

In compliance with the requirements of the applicable provisions of 15 Pa.C.S. § 208 (relating to Reservation of name), the undersigned hereby states that:

1. The name to be reserved/transferred is: ________________________________

2. The name of the person or association reserving/transferring the name is: ________________________________

3. The address of the person or association reserving/transferring the name is:

<table>
<thead>
<tr>
<th>Number and street</th>
<th>City</th>
<th>State</th>
<th>Zip Code</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

For TRANSFER of Name Reservation ONLY

4. The name of the person or association to whom the name reservation is being transferred is: ________________________________

5. The address of the person or association to whom the name reservation is being transferred is:

<table>
<thead>
<tr>
<th>Number and street</th>
<th>City</th>
<th>State</th>
<th>Zip Code</th>
</tr>
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</table>

IN TESTIMONY WHEREOF, the undersigned person or association has caused this Name Reservation/Transfer of Reservation to be signed this ______________ day of ______________, 20__.


Name of Applicant/Transferor*

*Applicant (Only authorized representative/Transferor Signature)

(A transfer of name reservation must be signed by the person who initially reserved the name.)

Title (for association applicant only)

Appx. 26

(377168) No. 490 Sep. 15

Copyright © 2015 Commonwealth of Pennsylvania
General Information
Typeset is preferred. If handwritten, the form must be legible and completed in black or blue-black ink in order to permit reproduction. The non-refundable filing fee for this form is $70.

Checks should be made payable to the Department of State. Checks must contain a commercially pre-printed name and address.

This form and all accompanying documents, including any necessary governmental approvals, shall be mailed to the address stated above.

Available names will be reserved for a period of 120 days.
Bank name reservations will be reserved for a period of six months.

NOTE: The online and customer service name availability search functions only perform a preliminary search of availability in the Bureau’s database. Upon receipt of a registration request, the Bureau will perform a detailed search and confirm whether or not the requested name is available.

Do not have signs, business cards, bank accounts, or contracts established in the requested business name prior to obtaining official confirmation of acceptance of the filing from the Bureau.

This form only provides for a single, one-time reservation of a name. After the 120-day reservation period expires, the name becomes available again and anyone, including the original reserve, may reserve the name. Nothing prevents the formation of an association for the purpose of holding a name if a longer period of reservation is desired than the 120-day period permitted by 15 Pa.C.S. § 208.

Who should file this form?
Any individual or association seeking to reserve an association name for a period of 120 days may file this form. Fictitious names may not be reserved because they do not have name exclusivity.

Applicable Law
For name reservations, in general, 15 Pa.C.S. § 208; for names, in general, 15 Pa.C.S. § 414 and §§ 201-209. Statutes are available on the Pennsylvania General Assembly website; www.legis.state.pa.us, by following the link for Statutes.

Association Name Requirements
Association designators are not required to reserve an association name. Generally, the name of an association may not be the same as the name of another association which is already on the records of the Department of State. A domestic filing entity, a domestic limited liability partnership, an elective partnership, a registered foreign association or an association registered at any time under 54 Pa.C.S. Ch. 5 (relating to corporate and other association names) may consent to the use of its name. See DSCB-19-17.2 (Consent to Appropriation of Name) for consent requirements.

Attachments
The following, in addition to the filing fee, shall accompany this form:
1. Any necessary copies of form DSCB-19-17.2 (Consent to Appropriation of Name).
2. Any necessary governmental approvals.

Form Instructions
Enter the name and mailing address to which any correspondence regarding this filing should be sent. This field must be completed for the Bureau to return the filing. If the filing is to be returned by email, an email address must be provided. An email will be sent to address provided, containing a link and instructions on how to copy of the filed document or correspondence may be downloaded. Any email or mailing addresses provided on this form will become part of the filed document and therefore public record.

1. Give the name of the association to be reserved.
   An association designator is not required to be part of the reserved name. For domestic filing entity name requirements, see 15 Pa.C.S. §§ 201-207. For foreign association name requirements, see 15 Pa.C.S. §§ 412 and § 414. Statutes are available on the Pennsylvania General Assembly website; www.legis.state.pa.us, by following the link for Statutes. This field is required.

2. Give the name of the person or association requesting the name reservation. Under the definition of “person” in 1 Pa.C.S. § 1991, a corporation, partnership, or other association, as well as a natural person, may reserve an association name. This field is required.

3. Give the address of the person or association requesting the name reservation. Post office boxes are not acceptable for any address. Under 15 Pa.C.S. § 1332(e) (relating to addresses), an actual street or route box number must be used as an address, and the Department of State is required to refuse to receive or file any document that sets forth only a post office box address. This field is required.
4. Give the name of the person or association to whom the reservation is transferred. This field is required for Transfer of Name Reservation only.

5. Give the address of the person or association to whom the reservation is transferred. This field is required for Transfer of Name Reservation only.

Signature and Verification
The person or an authorized representative of the association reserving the name must sign the Name Reservation. A Transfer of a Name Reservation must be signed by the transferee (the individual or association that initially reserved the name). A Transfer of a Name Reservation may not be signed by the transferor (the person to whom the name is transferred).

Signing a document delivered to the Department for filing is an affirmation under the penalties provided in 18 PaC.S. § 4904 (relating to unsworn falsification to authorities) that the facts stated in the document are true in all material respects. This field is required.
PENNSYLVANIA DEPARTMENT OF STATE
BUREAU OF CORPORATIONS AND CHARITABLE ORGANIZATIONS

Application for Registration of Name of Nonregistered Foreign Association
DSCB 15-209 (rev. 2/2017)

Read all instructions prior to completing. This registration expires on December 31 of each year and must be renewed annually between October 1 and December 31.

Fee: $70

Check one: ☐ Initial registration ☐ Renewal of registration

In compliance with the requirements of the applicable provisions of 15 Pa.C.S. § 209 (relating to registration of name of nonregistered foreign association), the undersigned foreign association, hereby states that:

1. The type of association is (check only one):
   ☐ Business Corporation ☐ Limited Partnership ☐ Business Trust
   ☐ Nonprofit Corporation ☐ Limited Liability (General) Partnership ☐ Professional Association
   ☐ Limited Liability Company ☐ Limited Liability Limited Partnership ☐ Other

2. The full and proper name of the foreign association as registered in its jurisdiction of formation is:

2A. If the name in 2 does not contain a required designator or if the name in 2 is not available for use in the Commonwealth, the alternate name under which the association is registering in this Commonwealth is:

3. The principal office address of the nonregistered foreign association is:

   Number and street ☐ City ☐ State ☐ Zip

IN TESTIMONY WHEREOF, the undersigned nonregistered foreign association has caused this Application for Registration of Name to be signed by a duly authorized officer thereof on this ______________ day of ______________, 20__.

________________________________________
Name of Nonregistered Foreign Association

________________________________________
Signature

________________________________________
Title
DEPARTMENT OF STATE
Pt. I

Pennsylvania Department of State
Bureau of Corporations and Charitable Organizations
P.O. Box 8722
Harrisburg, PA 17105-8722
(717) 787-1057
Website: www.dos.pa.gov/corps

General Information
Typewritten is preferred. If handwritten, the form must be
legible and completed in black or blue-black ink in order to
permit reproduction. The nonrefundable filing fee for this
form is $70.

Checks should be made payable to the Department of State.
Checks must contain a commercially pre-printed name and
address.

This form and all accompanying documents, including any
necessary governmental approvals, shall be mailed to the
address stated above.

Who should file this form?
Any nonregistered foreign association seeking to register an
association name for a period of up to one year may file this
form. Available names will be registered through December 31
of the year in which the registration is filed. Registrations
may be renewed annually between October 1 and December
31 for the following calendar year. Initial registrations filed
between October 1 and December 31 will expire on December
31 of the following calendar year.

A foreign association whose name registration is effective
may register as a foreign association under the registered name
or consent to the use of that name by another association.

Applicable Law
For registration of name of nonqualified foreign association.
25 Pa.C.S. § 209; for names, in general, 25 Pa.C.S. §§ 414 and
§ 201-209. Statutes are available on the Pennsylvania
General Assembly website, www.legis.state.pa.us, by
following the link for Statutes.

Association Name Requirements
Generally, the name of an association may not be the same as
the name of another association which is already on the
records of the Department of State. Depending on the type of
association, certain designators must be used in the association
name. The minimum requirements for association names can
be found at 25 Pa.C.S. §§ 201-209. Provisions relating to
foreign association names are at 25 Pa.C.S. §§ 206 and § 414.

Restricted word and/or approvals:
Association names may not contain words, phrases or
abbreviations prohibited or restricted by state or regulation,
unless in compliance with the restriction, generally with the
consent or approval of a government agency, board or
commission. These may include certain professional and
occupational boards or commissions of the Bureau of
Professional and Occupational Affairs, the Department of

Education, the Department of Banking and Securities, the
Insurance Department or the Public Utility Commission.
There are also words and abbreviations that may be restricted,
prohibited, or may be permitted in certain instances as
provided in various federal statutes. Attorney General
opinions and Bureau regulations.

Attachments
The following, in addition to the filing fee, shall accompany this
form:
(1) Any necessary copies of form DSCR-19-17.2
(Consent to Appropriation of Name). If Consent cannot be
obtained, the association may adopt, for the purpose of
doing business in this Commonwealth, an alternate name as
indicated in Instruction 2A.
(2) Any necessary governmental approvals.

Form Instructions
Enter the name and mailing address to which any
correspondence regarding this filing should be sent. This field
must be completed for the Bureau to return the filing. If the
filing is to be returned by email, an email address must be
provided. An email will be sent to address provided,
containing a link and instructions on how a copy of the filed
document or correspondence may be downloaded. Any email
or mailing addresses provided on this form will become part
of the filed document and therefore public record.

Indicate whether the application is an initial registration or
whether the application is being renewed. Renewals must be
submitted for filing between October 1 and December 31 for
the following calendar year.

1. Select the type of association. Only one option may be
selected. This field is required.

2. Give the exact name of the nonregistered foreign
association in its jurisdiction of formation. This should include
the exact spelling, punctuation and any identifier such as
"Inc.," "S.C.C." or "Limited." Jurisdiction of Formation means
the state or country of incorporation or domestic registration.
For the purposes of this form, the jurisdiction of formation
may not be Pennsylvania. This field is required.

2A. Alternate name:
A foreign association must register under its proper name
under the laws of its jurisdiction of formation if that name
satisfies the requirements of 25 Pa.C.S. §§ 201-209. If the
proper name of the nonregistered foreign association is
unavailable because it is not distinguishable on the records of
the Department of State from a name already in use, reserved
or registered or if the name does not comply with 25 Pa.C.S.

Appx. 30

(386230) No. 510 May 17
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Appendix C

FORMS

DSCB:15-209—Instructions

§§ 201-209 (relating to names), the foreign association must adopt an alternate name for use in Pennsylvania that complies with 15 Pa.C.S. §§ 201-209 and set forth the resulting name in Paragraph 2A.

An acceptable association identifier must be part of the association name. For foreign association name requirements, see 15 Pa.C.S. §§ 206, 412 and 414. Where the name of the foreign association does not comply with 15 Pa.C.S. §§ 201-209 (relating to names), the foreign association must adopt an alternate name that complies with 15 Pa.C.S. §§ 201-209 for use in Pennsylvania. If applicable, enter the name for use in Pennsylvania in 2A.

This field is required only if the name in field 2 is unavailable because it is not distinguishable on the records of the Department of State from a name already in use, reserved or registered or if the name does not comply with 15 Pa.C.S. §§ 201-209 (relating to names).

B. The street and mailing address of the association’s principal office. This is the principal executive office of the association and need not be located in this Commonwealth. Post office boxes are not acceptable for any address. Under 15 Pa.C.S. § 135(c) (relating to addresses), an actual street or rural route box number must be used as an address, and the Department of State is required to refuse to receive or file any document that sets forth only a post office box address. This field is required.

Signature and Verification

An authorized representative of the unregistered foreign association must sign the Application for Registration of Name. Signing a document delivered to the Department for filing is an affirmation under the penalties provided in 18 Pa.C.S. § 4904 (relating to unsworn falsification to authorities) that the facts stated in the document are true in all material respects. This field is required.

Source

PENNSYLVANIA DEPARTMENT OF STATE  
BUREAU OF CORPORATIONS AND CHARITABLE ORGANIZATIONS

Statement of Merger  
DSCB:15-335  
(7/1/2015)

Return document by mail to:  

| Name |  
|------|---|
|      |  

| Address |  
|---------|---|
|         |  

<table>
<thead>
<tr>
<th>City</th>
<th>State</th>
<th>Zip Code</th>
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</table>

Return document by email to:  

Read all instructions prior to completing.

Fee: $70 plus $40 for each association that is a party to the merger  
The minimum amount to be submitted with this filing is $150

In compliance with the requirements of the applicable provisions of 15 Pa.C.S. § 335 (relating to Statement of merger), the undersigned, desiring to effect a merger, hereby states that:

A. For the surviving association:

1. The name of the surviving association is: ________________________________

2. The jurisdiction of formation of the surviving association: ________________________________

3. The type of association of the surviving association is (check only one):

- Business Corporation  
- Nonprofit Corporation  
- Limited Liability Company  
- Limited Partnership  
- Limited Liability (General) Partnership  
- Limited Liability Limited Partnership  
- Business Trust  
- Professional Association  
- Other ________________________________
4. The surviving association is a (check only one box, provide address and follow instructions for attachments):

- Domestic (Pennsylvania) filing entity already in existence on Department of State records
  If applicable, attach to this Statement any amendment to its public organic record approved as part of the plan of merger.

- NEW domestic (Pennsylvania) filing entity (includes limited liability limited partnership)
  Attach to this Statement the public organic record of the new entity.

- Foreign filing association or foreign limited liability partnership already registered with the Department.
  If applicable, attach to this Statement any amendment to or transfer of its foreign registration approved as part of the plan of merger.

- Foreign filing association or foreign limited liability partnership simultaneously seeking registration with the Department of State
  Attach to this Statement a completed form DISCB: 15-412 (Foreign Registration Statement) with applicable fees and attachments.

Its current registered office address. Complete part (a) or (b) – not both:

<table>
<thead>
<tr>
<th>Number and street</th>
<th>City</th>
<th>Zip</th>
<th>County</th>
</tr>
</thead>
<tbody>
<tr>
<td>(a)</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

(b) c/o:

<table>
<thead>
<tr>
<th>Name of Commercial Registered Office Provider</th>
<th>County</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

- NEW domestic (Pennsylvania) limited liability partnership or electing partnership
  Attach completed DISCB: 15-8201 (Statement of Registration) or DISCB: 15-8701A (Statement of Elections)

- Domestic association that is not a domestic filing association
  Attach to this Statement tax clearance certificates.

The address, including street and number, if any, of its principal office:

<table>
<thead>
<tr>
<th>Number and street</th>
<th>City</th>
<th>State</th>
<th>Zip</th>
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</thead>
<tbody>
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</table>

- Foreign association that is not, and will not, be registered with the Department of State
  Attach to this Statement tax clearance certificates.

The address, including street and number, if any, of its registered or similar office, if any, required to be maintained by the law of its jurisdiction of formation; or if it is not required to maintain a registered or similar office, its principal office:

<table>
<thead>
<tr>
<th>Number and street</th>
<th>City</th>
<th>State</th>
<th>Zip</th>
</tr>
</thead>
<tbody>
<tr>
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</tbody>
</table>
B. For the merging association(s) that are not surviving the merger:

1. The name of the merging association is:______________________________

2. The jurisdiction of formation of the merging association:__________________________

3. The type of association is (check only one):

- Business Corporation
- Nonprofit Corporation
- Limited Partnership
- Limited Liability (General) Partnership
- Professional Association
- Limited Liability Company
- Limited Liability Limited Partnership
- Other __________________________

4. Check and complete one of the following addresses.

<table>
<thead>
<tr>
<th>If the merging association is a domestic filing association, domestic limited liability partnership or registered foreign association, the current registered office address as on file with the Department of State. Complete part (a) OR (b) – not both:</th>
</tr>
</thead>
<tbody>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>If the merging association is a domestic association that is not a domestic filing association or limited liability partnership, the address, including street and number, if any, of its principal office:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>If the merging association is a nonregistered foreign association, the address, including street and number, if any, of its registered or similar office, if any, required to be maintained by the law of its jurisdiction of formation; or if it is not required to maintain a registered or similar office, its principal office address:</th>
</tr>
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</table>

Use Statement of Merger – Addendum (DSCB:15-335AD) for additional merging parties that are not surviving the merger.
C. Effective date of statement of merger (check, and if appropriate, complete, one of the following):
   □ This Statement of Merger shall be effective upon filing in the Department of State.
   □ This Statement of Merger shall be effective on: ___________ at ___________.

D. Approval of merger by merging associations (check all applicable statement(s)):
   □ For domestic entities – The merger was approved in accordance with 15 Pa.C.S. Chapter 3, Subchapter C (relating to merger).
   □ For foreign associations – The merger was approved in accordance with the laws of the jurisdiction of formation.
   □ For domestic associations that are not domestic entities – The merger was approved by the interest holders of the merging association in the manner required by its organic law.

E. Attachments (see Instructions for required and optional attachments).

IN TESTIMONY WHEREOF, the undersigned merging associations have caused this Statement of Merger to be signed by duly authorized officers thereof this ___________ day of ___________, 20 ________.

<table>
<thead>
<tr>
<th>Name of Merging Association</th>
<th>Name of Merging Association</th>
</tr>
</thead>
<tbody>
<tr>
<td>Signature</td>
<td>Signature</td>
</tr>
<tr>
<td>Title</td>
<td>Title</td>
</tr>
</tbody>
</table>
DEPARTMENT OF STATE

Pennsylvania Department of State
Bureau of Corporations and Charitable Organizations
P.O. Box 8722
Harrisburg, PA 17105-8722
(717) 787-1097
web site: www.dos.pa.gov/corps

General Information
Type-written is preferred. If hand-written, the form must be legible and completed in black or blue-black ink in order to permit reproduction. The nonrefundable filing fee for this form is $570 plus an additional $40 for each association that is a party to the merger. For a merger between two parties, for example, a total filing fee of $550 is assessed.

This form and all accompanying documents, including any necessary governmental approvals, shall be mailed to the address stated above.

Checks should be made payable to the Department of State. Checks must contain a commercially pre-printed name and address.

Applicable Law

Who should file this form?
A Statement of Merger must be filed with the Pennsylvania Department of State where the merger includes one of the following:
1. One or more domestic entities merging with one or more domestic entities or foreign associations into a surviving association.
2. Two or more foreign associations merging into a surviving association that is a domestic entity.
3. A domestic banking institution is a merging association or surviving association in a merger with one or more domestic or foreign associations if the surviving association or at least one of the merging associations is a domestic entity.

Additional parties
Where more than two associations are parties to the merger, the DSCR-15-335AD (Statement of Merger - Addendum) must be completed, contain the appropriate signatures and be attached to this form.

Definitions
A merger is a transaction in which two or more merging associations are combined into a surviving association. The result is one association that continues in existence after the merger or is created by the merger. The association surviving the merger may be one of the parties to the merger or a newly created entity (formerly called a consolidation).

A domestic filing association is a Pennsylvania business corporation, nonprofit corporation, limited partnership, limited liability company, professional association or business trust.
A registered foreign association is a foreign association (formed in a jurisdiction other than Pennsylvania) that is registered to do business in this Commonwealth pursuant to a filing made in the Department of State.
Public organic record refers to Articles of Incorporation (for corporations), Certificate of Limited Partnership (limited partnerships), Certificate of Organization (limited liability companies), Articles of Association (professional associations), or Declaration or Deed of Trust (business trusts).

Form Instructions
Enter the name and mailing address to which any correspondence regarding this filing should be sent. This field must be completed for the Bureau to return the filing. If the filing is to be returned by email, an email address must be provided. An email will be sent to address provided, containing a link and instructions on how a copy of the filed document or correspondence may be downloaded. Any email or mailing addresses provided on this form will become part of the filed document and therefore public record.

A. For the surviving association
A.1. Give the exact name of the surviving association.
"Surviving association" means the entity that continues in existence after or is created as a result of a merger. 15 Pa.C.S. § 312. If the surviving association is an existing Pennsylvania filing entity or limited liability partnership, or a foreign association or foreign limited liability partnership already registered in Pennsylvania, the name on this line must match exactly the association name as shown in Department’s records at the time the Statement is submitted for filing.
NOTE: – if the surviving association is a new entity, be sure to include within the name the appropriate association designator. For example, if a new corporation is being created as the surviving association, an acceptable corporate identifier must be part of the association name. For domestic filing entity name requirements, see 15 Pa.C.S. §§ 201-207. For foreign association name requirements, see 15 Pa.C.S. § 412 and § 414. Statutes are available on the Pennsylvania General Assembly website, www.legis.state.pa.us, by following the link for Statutes. This field is required.

A.2. Give the jurisdiction of formation of the surviving association. “Jurisdiction of formation” means the jurisdiction whose law includes the governing statute of the entity. For example, if the surviving association is a Pennsylvania corporation, then the jurisdiction of formation is Pennsylvania. This field is required.
DSCB 15-335-Instructions

A.3. Check the appropriate box to indicate the surviving association type. Only one box may be checked. This field is required.

A.4. Check and complete one of the boxes and supply an address, based on the criteria given. Follow the instruction beside the box, which has been checked for attachments, if any. This field is required.

If the association surviving the merger is a domestic filing association, domestic limited liability partnership or registered foreign association, the address provided must be of its registered office (a) or Commercial Registered Office Provider (b) on file with the Department of State.

If the association surviving the merger is a domestic association that is not a domestic filing association or limited liability partnership, the address given must be the principal office, including street and number, if any.

If the association surviving the merger is a nonregistered foreign association, the address provided must be the address, including street and number, if any, of its registered or similar office required to be maintained by the law of its jurisdiction of formation; or if it is not required to maintain a registered or similar office, its principal office.

Post office boxes are not acceptable for any address. Under 15 Pa.C.S. § 135(c) (relating to addresses) an actual street or rural route box number must be used as an address, and the Department of State is required to refuse to receive or file any document that sets forth only a post office box address.

B. For the merging association(s).

B.1. Give the exact name of each merging association that is merged out of existence. “Merging association” means an association that is a party to a merger and exists immediately before the merger becomes effective. 15 Pa.C.S. § 312. If the merging association is an existing Pennsylvania filing entity or domestic limited liability partnership, or is a foreign association or foreign limited liability partnership already registered in Pennsylvania, the name on this line must match exactly the association name as shown in Department’s records at the time the Statement is submitted for filing. This field is required.

B.2. Give the jurisdiction of formation of the surviving association. “Jurisdiction of formation” means the jurisdiction whose law includes the governing statute of the entity. For example, if the surviving association is a Pennsylvania corporation, then the jurisdiction of formation is Pennsylvania. This field is required.

B.3. Check the appropriate box to indicate the merging association type. Only one box may be checked. This field is required.

B.4. Check and complete one of the boxes and supply an address for the merging association, based on the criteria given. This field is required.

If the merging association (not surviving the merger) is a domestic filing association, domestic limited liability partnership or registered foreign association, the address provided must be of its registered office (a) or Commercial Registered Office Provider (b) on file with the Department of State.

If the merging association is a domestic association that is not a domestic filing association or limited liability partnership, the address given must be the principal office, including street and number, if any.

If the merging association is a non-registered foreign association, the address provided must be the address, including street and number, if any, of its registered or similar office required to be maintained by the law of its jurisdiction of formation; or if it is not required to maintain a registered or similar office, its principal office.

Post office boxes are not acceptable for any address. Under 15 Pa.C.S. § 135(c) (relating to addresses) an actual street or rural route box number must be used as an address, and the Department of State is required to refuse to receive or file any document that sets forth only a post office box address.

C. Effective date. Any date specified as the effective date of the Statement of Merger must be a future effective date (after the date and time of its delivery to the Department). A specified effective date may not be retroactive (prior to the date and time of the Statement’s delivery to the Department). If a delayed effective date is specified, but no time is given, then the time used will be 12:01 a.m. on the date specified. If neither option for effective date is checked, it will be presumed that no specified delayed effective date is intended and the date will be effective upon filing. This field is required.

D. Approval. See 15 Pa.C.S. § 335(h)(4) and 15 Pa.C.S. §§ 321-330, which set forth the requirements for approval of entity transactions such as mergers by the associations involved. Statutes are available on the Pennsylvania General Assembly website, www.pacogn.state.pa.us, by following the link for Statutes. This field is required.

E. Attachments

The following, in addition to the filing fee, shall accompany this form:

(1) One copy of a completed form DSCB 15-134B (Docketing Statement-Change).

The surviving association type determines what additional documents and fees must be attached. The following, in addition to the filing fee and the mandatory attachment above, may be required to accompany this form:

(2) One copy of a completed form DSCB 15-134A (Docketing Statement), with respect to any newly created surviving association, unless the surviving association is a nonregistered foreign association.

(3) Any necessary copies of form DSCB 19-17.2

(377179) No. 490 Sep. 15

Appx. 37
DEPARTMENT OF STATE
Pt. I

DSCB:15-335—Instructions

(Consent to Appropriation of Name) or a resolution from the association’s governing body adopting an alternate name, if applicable, shall accompany a Statement of Merger effecting a change of name or creating a new Pennsylvania or registered foreign entity.

(4) Any necessary governmental approvals. A merger involving a regulated entity may require approval of a government agency before it can become effective. See 15 Pa.C.S. § 103.

(5) If the surviving association existed before the merger and is a Pennsylvania filing entity and is amending its public organic record as approved in the plan of merger, then an Amendment to the public organic record must be attached. For example, DSCB 15-1915/5915 (Articles of Amendment – Domestic Corporation) or DSCB 15-8512/891 (Certificate of Amendment – Limited Partnership/Limited Liability Company).

(6) If the surviving association is a new Pennsylvania filing entity, one copy of its public organic record must be attached. For example, a completed form DSCB 15-1306-7102 (Articles of Incorporation-For Profit), DSCB 15-5306-7102 (Articles of Incorporation- Nonprofit), DSCB 15-8511 (Certificate of Limited Partnership, DSCB 15-8913 (Certificate of Organization) or other public organic record must be attached to the Statement of Merger with respect to the surviving domestic filing entity.

(7) If the surviving association is a new Pennsylvania limited liability partnership or limited liability limited partnership that is not using the alternative procedure in section 8201(1) (relating to scope), a completed DSCB 15-8201 (Statement of Registration) must be attached to the Statement of Merger.

(8) If the surviving association is a Pennsylvania electing partnership, its completed DSCB 15-8700-A (Statement Electing Partnership) must be attached to the Statement of Merger.

(9) If the surviving association is a foreign filing association or foreign limited liability partnership already registered with the Department of State, a completed DSCB 15-4131 (Amendment – Foreign Registration Statement) or DSCB 15-4138 (Transfer of Registration – Foreign) approved as part of the plan of merger, if applicable.

(10) If the surviving association is a foreign filing association or a foreign limited liability partnership that will register simultaneously to transact business in Pennsylvania as a result of the merger, a completed DSCB 15-412 (Foreign Registration Statement), accompanied by the applicable fee and attachments, must be submitted at the same time as the Statement of Merger.

(11) Tax clearance certificates. A foreign association may be a party to a merger notwithstanding the fact that it has not been authorized to do business in Pennsylvania. However, if the surviving association is a foreign association that is not, and will not, be registered with the Department of State, there must be submitted with this form tax clearance certificates from the Department of Revenue and the Department of Labor and Industry with respect to each merging domestic association and registered foreign association evidencing the payment of all taxes and charges payable to the Commonwealth.

NOTE: Any Articles, Application, Statement or Registration attached to the Statement of Merger must separately meet all the statutory filing requirements for that document type. However, if the surviving association is a domestic filing entity, its public organic record does not need to be signed or state the name or address of an incorporator of a corporation, organizer of a limited liability company or similar person with respect to any other type of entity.

Other provisions

A statement of merger may contain any other provision not prohibited by law. If other provisions are intended to be part of the Statement of Merger, they should be attached as an exhibit.

Signature and Verification

An authorized representative of each merging association must sign the Statement of Merger. If the surviving association is also a merging association, the surviving association must also sign. Signing a document delivered to the Department for filing is an affirmation under the penalties provided in 18 Pa.C.S. § 4904 (relating to unsworn falsification to authorities) that the facts stated in the document are true in all material respects. This field is required.

Filing of Plan of Merger in lieu of Statement of Merger

Pursuant to 15 Pa.C.S. §335(c), a plan of merger that is signed by all of the merging associations and meets all of the requirements of §335 (b) (relating to Contents of Statement of Merger) may be delivered to the Department for filing instead of a Statement of Merger.

Pursuant to 15 Pa.C.S. §316(a), a plan as delivered to the Department for filing in lieu of a statement of merger may omit all provisions of the plan except provisions, if any, that:
(1) are intended to amend or constitute the operative provisions of the public organic record of a domestic association as in effect subsequent to the effectiveness of the plan;
(2) are required by this chapter in the statement in lieu of which the plan is being delivered to the department for filing; or
(3) allocate or specify the respective property and liabilities of the resulting associations, in the case of a plan of division.

However, if any of the provisions of a plan are omitted as permitted under §316 (a), the plan must state that the full text of the plan is on file at the principal office of the surviving or resulting association or domesticated entity and provide the address thereof in the filing made with the Department.

Appx. 38

(377180) No. 490 Sep. 15
**PENNSYLVANIA DEPARTMENT OF STATE**
**BUREAU OF CORPORATIONS AND CHARITABLE ORGANIZATIONS**

<table>
<thead>
<tr>
<th>Statement of Merger - Addendum</th>
<th>DSCB-15-335Ad</th>
</tr>
</thead>
<tbody>
<tr>
<td>(7/1/2015)</td>
<td>335Ad</td>
</tr>
</tbody>
</table>

This form is used to identify additional merging parties and must be submitted with the Statement of Merger form (DSCB-15-335).

**B. For the merging association(s) that are not surviving the merger (continued):**

1. The name of the merging association is: ________________________________

2. The jurisdiction of formation of the merging association: ________________________________

3. The type of association is (check only one):

   - Business Corporation
   - Limited Partnership
   - Nonprofit Corporation
   - Limited Liability (General) Partnership
   - Business Trust
   - Limited Liability Company
   - Limited Liability Limited Partnership
   - Professional Association
   - Other ________________________________

4. Check and complete one of the following addresses.

   - If the merging association is a domestic filing association, domestic limited liability partnership or registered foreign association, the current registered office address as on file with the Department of State.

   Complete part (a) OR (b) – not both:

   - (a) Number and street: ________________________________
   - City: ________________________________
   - State: ________________________________
   - Zip: ________________________________
   - County: ________________________________

   - (b) c/o: ________________________________

   Name of Commercial Registered Office Provider: ________________________________

   County: ________________________________

   - If the merging association is a domestic association that is not a domestic filing association or limited liability partnership, the address, including street and number, if any, of its principal office:

   Number and street: ________________________________

   City: ________________________________

   State: ________________________________

   Zip: ________________________________

   - If the merging association is a nonregistered foreign association, the address, including street and number, if any, of its registered or similar office, if any, required to be maintained by the law of its jurisdiction of formation; or if it is not required to maintain a registered or similar office, its principal office address:

   Number and street: ________________________________

   City: ________________________________

   State: ________________________________

   Zip: ________________________________

**IN TESTIMONY WHEREOF, the undersigned association has caused this Statement of Merger-Addendum to be signed by an authorized officer thereof this __________ day of __________, 20______

______________________________
Name of Merging Association

______________________________
Signature

______________________________
Title

335Ad

Appx. 39

(377181) No. 490 Sep. 15
General Information

Typescript is preferred. If handwritten, the form must be legible and completed in black or blue-black ink in order to permit reproduction.

This form and all accompanying documents shall be mailed to the address stated above.

Who should file this form?

This form is used to identify additional non-surviving parties to a merger and must be submitted with a completed DSCB-15-335 (Statement of Merger) form.

Form Instructions

B. For the merging association(s):

Complete the requested information for all merging associations that do not survive the merger.

B.1. Give the exact name of each merging association that is merged out of existence. "Merging association" means an association that is a party to a merger and exists immediately before the merger becomes effective. 15 Pa.C.S. § 312. If the merging association is an existing Pennsylvania filing entity or domestic limited liability partnership, or is a foreign association or foreign limited liability partnership already registered in Pennsylvania, the name on the line must match exactly the association name as shown in the Department’s records at the time the Statement is submitted for filing. This field is required.

B.2. Give the jurisdiction of formation of the merging association. "Jurisdiction of formation" means the jurisdiction whose law includes the governing statute of the entity. For example, if the merging association is a Pennsylvania corporation, then the jurisdiction of formation is Pennsylvania. This field is required.

B.3. Check the appropriate box to indicate the merging association type. Only one box may be checked. This field is required.

B.4. Check and complete one of the address boxes for the merging association, based on the criteria given.

If the merging association (not surviving the merger) is a domestic filing association, domestic limited liability partnership or registered foreign association, the address provided must be of its registered office (a) or Commercial Registered Office Provider (b) as on file with the Department of State.

If the merging association is a domestic association that is not a domestic filing association or limited liability partnership, the address given must be the principal office, including street and number, if any.

If the merging association is a non-registered foreign association, the address provided must be the address, including street and number, if any, of its registered or similar office required to be maintained by the law of its jurisdiction of formation; or if it is not required to maintain a registered or similar office, its principal office.

Post office boxes are not acceptable for any address. Under 15 Pa.C.S. § 135(c) (relating to addresses) an actual street or rural route box number must be used as an address, and the Department of State is required to refuse to receive or file any document that sets forth only a post office box address. This field is required.

Signature and Verification

An authorized representative of each merging association must sign the Statement of Merger. Signing a document delivered to the Department for filing is an affirmation under the penalties provided in 15 Pa.C.S. § 4904 (relating to unsworn falsification to authorities) that the facts stated in the document are true in all material respects. This field is required.
**PENNSYLVANIA DEPARTMENT OF STATE**  
**BUREAU OF CORPORATIONS AND CHARITABLE ORGANIZATIONS**

<table>
<thead>
<tr>
<th>Return document by mail to:</th>
<th>Statement of Interest Exchange</th>
</tr>
</thead>
<tbody>
<tr>
<td>Name:</td>
<td>DSCB:35-345</td>
</tr>
<tr>
<td>Address:</td>
<td>(7/1/2015)</td>
</tr>
</tbody>
</table>

**Fee:** $70

Read all instructions prior to completing.

In compliance with the requirements of the applicable provisions of 15 Pa.C.S. § 345 (relating to Statement of interest exchange), the undersigned acquired domestic entity, desiring to effect an interest exchange, hereby states that:

**A. For the acquired association:**

1. The name of the acquired association is: 

2. The jurisdiction of formation of the acquired association is Pennsylvania.

3. The type of association is (check only one):

   - Business Corporation
   - Nonprofit Corporation
   - Limited Partnership
   - Limited Liability (General) Partnership
   - Limited Liability Company
   - Limited Liability Limited Partnership
   - Business Trust
   - Professional Association
   - Other: 

4. Check and complete one of the following addresses.

   **If the acquired association is a domestic filing association or domestic limited liability partnership, the current registered office address as on file with the Department of State. Complete part (a) OR (b) – not both:**

   (a) Number and street
   City
   State
   Zip
   County

   (b) c/o ____________________________
   Name of Commercial Registered Office Provider
   City
   State
   Zip
   County

   **If the acquired association is a domestic association that is not a domestic filing association or limited liability partnership, the address, including street and number, if any, of its principal office:**

   Number and street
   City
   State
   Zip
   County

---

(377183) No. 490 Sep. 15
B. For the acquiring association:

1. The name of the acquiring association is: ____________________________

2. The jurisdiction of formation of the acquiring association:

3. The type of association is (check only one):
   - Business Corporation
   - Limited Partnership
   - Nonprofit Corporation
   - Limited Liability Company
   - Limited Liability Limited Partnership
   - Professional Association
   - Other ________________

4. Check and complete one of the following addresses.

   If the acquiring association is a domestic filing association, domestic limited liability partnership or registered foreign association, the current registered office address as on file with the Department of State.

   Complete part (a) OR (b) – not both:

<table>
<thead>
<tr>
<th>Number and street</th>
<th>City</th>
<th>State</th>
<th>Zip</th>
<th>County</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

   (a) c/o: ________________________________________________________________________________

   Name of Commercial Registered Office Provider_____________________________________________

   County____________________________________

   If the acquiring association is a domestic association that is not a domestic filing association or limited liability partnership, the address, including street and number, if any, of its principal office:

<table>
<thead>
<tr>
<th>Number and street</th>
<th>City</th>
<th>State</th>
<th>Zip</th>
<th>County</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

   If the acquiring association is a nonregistered foreign association, the address, including street and number, if any, of its registered or similar office, if any, required to be maintained by the law of its jurisdiction of formation; or if it is not required to maintain a registered or similar office, its principal office address:

<table>
<thead>
<tr>
<th>Number and street</th>
<th>City</th>
<th>State</th>
<th>Zip</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

C. Effective date of statement of interest exchange (check, and if appropriate, complete, one of the following):

☐ This Statement of Interest Exchange shall be effective upon filing in the Department of State.

☐ Date (MM/DD/YYYY) of ____________________________

☐ Hour (of any) ____________________________

D. Approval of interest exchange by acquired association:

The plan of interest exchange was approved in accordance with 15 Pa.C.S. Chapter 3, Subchapter D (relating to interest exchange).

IN TESTIMONY WHEREOF, the undersigned acquired association has caused this Statement of Interest Exchange to be signed by a duly authorized officer thereof this ____________________________ day of ____________________________ 2015.

____________________________
Name of Acquired Association

____________________________
Signature

____________________________
Title
Appx. C

FORMS

Appx. 43
DEPARTMENT OF STATE

A. Jurisdiction of formation or acquisition

1. Check the appropriate box to indicate the jurisdiction of formation or acquisition. “Jurisdiction of formation” means the jurisdiction whose law includes the governing statute of the entity. For example, if the acquiring association is a Maryland corporation, then the jurisdiction of formation is Maryland. This field is required.

2. Check the appropriate box to indicate the acquiring association type. Only one box may be checked. This field is required.

3. Check and complete one of the address boxes for the acquiring association, based on the criteria given.

4. If the acquiring association is a domestic filing association or domestic limited liability partnership, the address provided must be of its registered office (a) or Commercial Registered Office Provider (b) as on file with the Department of State.

5. If the acquiring association is a domestic association that is not a domestic filing association or limited liability partnership, the address given must be the principal office, including street and number, if any.

6. If the acquiring association is a non-registered foreign association, the address provided must be the address, including street and number, if any, of its registered or similar office required to be maintained by the law of its jurisdiction of formation, or if it is not required to maintain a registered or similar office, its principal office.

B. For the acquiring association

Complete the requested information for the acquiring association.

1. Give the exact name of the acquiring association. An "acquiring association" is the domestic entity or foreign association that acquires all of one or more classes of interests of the acquired association in an interest exchange. 15 Pa.C.S. § 312.

2. If the acquiring association is an existing Pennsylvania filing entity or limited liability partnership, or is a foreign association or foreign limited liability partnership already registered in Pennsylvania, the name on this line must match exactly the association name as shown in Department’s records at the time the Statement is submitted for filing. This field is required.

B.1. Give the exact name of the acquiring association. An "acquiring association" is the domestic entity or foreign association that acquires all of one or more classes of interests of the acquired association in an interest exchange. 15 Pa.C.S. § 312.

B.2. Give the jurisdiction of formation of the acquiring association. “Jurisdiction of formation” means the jurisdiction whose law includes the governing statute of the entity. For example, if the acquiring association is a Maryland corporation, then the jurisdiction of formation is Maryland. This field is required.

C. Effective date

Any date specified as the effective date of the Statement of Interest Exchange must be a future effective date (after the date and time of its delivery to the Department). A specified effective date may not be retroactive (prior to the date and time of the Statement’s delivery to the Department). If a delayed effective date is specified, but no time is given, then the time used will be 12:01 a.m. on the date specified. If neither option for effective date is checked, it will be presumed that no specified delayed effective date is intended and the document will be effective upon filing. This field is required.

D. Approval

See 15 Pa.C.S. §§ 345(b)(4) and 15 Pa.C.S. §§ 321-330, which set forth the requirements for approval of entity transactions such as interest exchanges by the associations involved. Statutes are available on the Pennsylvania General Assembly website, www.legis.state.pa.us, by following the link for Statutes. This field is required.

Signature and Verification

An authorized representative of the acquired association must sign the Statement of Interest Exchange. Signing a document delivered to the Department for filing is an affirmation under the penalties provided in 18 Pa.C.S. §
4904 (relating to unsworn falsification to authorities) that the facts stated in the document are true in all material respects. This field is required.

Other provisions
A statement of interest exchange may contain any other provision not prohibited by law. If other provisions are intended to be part of the Statement of Interest Exchange, they should be attached as an exhibit.

Filing of Plan of Interest Exchange in lieu of Statement of Interest Exchange
Pursuant to 15 Pa.C.S. §345(d), a plan of interest exchange that is signed by the domestic entity which is the acquired association and meets all of the requirements of §345(b) (relating to Contents of Statement of Interest Exchange) may be delivered to the Department for filing instead of a Statement of Interest Exchange.

Pursuant to 15 Pa.C.S. §316(a), a plan as delivered to the Department for filing in lieu of a statement of interest exchange may omit all provisions of the plan except provisions, if any, that:

(1) are intended to amend or constitute the operative provisions of the public organic record of a domestic association as in effect subsequent to the effectiveness of the plan;
(2) are required by this chapter in the statement in lieu of which the plan is being delivered to the department for filing; or
(3) allocate or specify the respective property and liabilities of the resulting associations, in the case of a plan of division.

However, if any of the provisions of a plan are omitted as permitted under §316(a), the plan must state that the full text of the plan is on file at the principal office of the surviving or resulting association or domesticated entity and provide the address thereof in the filing made with the Department.
In compliance with the requirements of the applicable provisions of 15 Pa.C.S. § 355 (relating to Statement of conversion), the undersigned association, desiring to effect a conversion, hereby states that:

A. For the converting association:

1. The name of the converting association:

2. The jurisdiction of formation of the converting association:

3. The type of association is (check only one):

   - Business Corporation
   - Nonprofit Corporation
   - Limited Partnership
   - Limited Liability (General) Partnership
   - Limited Liability Company
   - Limited Liability Limited Partnership
   - Business Trust
   - Professional Association
   - Other

4. Date on which the association was created, incorporated, formed or otherwise came into existence:

   (MM/DD/YYYY)

5. If the converting association is a domestic filing association (a Pennsylvania business corporation, nonprofit corporation, limited partnership, limited liability company, professional association or business trust), the statute under which it was first created, incorporated, formed or otherwise came into existence:

6. Check and complete one of the following addresses for the converting association.

<table>
<thead>
<tr>
<th>If the converting association is a domestic filing association, domestic limited liability partnership or registered foreign association, the current registered office address as on file with the Department of State. Complete part (a) OR (b) - not both.</th>
</tr>
</thead>
<tbody>
<tr>
<td>(a) Number and street City State Zip County</td>
</tr>
<tr>
<td>(b) c/o: Name of Commercial Registered Office Provider County</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>If the converting association is a domestic association that is not a domestic filing association or limited liability partnership, the address, including street and number, if any, of its principal office:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Number and street City State Zip County</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>If the converting association is a nonregistered foreign association, the address, including street and number, if any, of its registered or similar office, if any, required to be maintained by the law of its jurisdiction of formation; or if it is not required to maintain a registered or similar office, its principal office:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Number and street City State Zip</td>
</tr>
</tbody>
</table>

B. For the converted association:

1. The name of the converted association is: __________________________________________

2. The jurisdiction of formation of the converted association is: _____________________________

3. The type of association is (check only one):

- [ ] Business Corporation  - [ ] Limited Partnership  - [ ] Business Trust
- [ ] Nonprofit Corporation  - [ ] Limited Liability (General) Partnership  - [ ] Professional Association
- [ ] Limited Liability Company  - [ ] Limited Liability Limited Partnership  - [ ] Other ___________________________
DEPARTMENT OF STATE

Pt. I

DSCB:15-335-3

4. Check and complete one of the following addresses for the converted association.

<table>
<thead>
<tr>
<th>If the converted association is a domestic filing association, domestic limited liability partnership or registered foreign association, its registered office address. Complete part (a) OR (b) - not both:</th>
</tr>
</thead>
<tbody>
<tr>
<td>(a) Number and street</td>
</tr>
<tr>
<td>(b) c/o</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>If the converted association is a domestic association that is not a domestic filing association or limited liability partnership, the address, including street and number, if any, of its principal office:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Number and street</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>If the converted association is a nonregistered foreign association, complete both (1) and (2):</th>
</tr>
</thead>
<tbody>
<tr>
<td>(1) The address, including street and number, if any, of its registered or similar office, if any, required to be maintained by the law of its jurisdiction of formation; or if it is not required to maintain a registered or similar office, its principal office address:</td>
</tr>
<tr>
<td>(2) The name and address, including street and number, of its registered agent:</td>
</tr>
<tr>
<td>Number and street</td>
</tr>
</tbody>
</table>

C. Effective date of statement of conversion (check, and if appropriate complete, one of the following):

☐ This Statement of Conversion shall be effective upon filing in the Department of State.
☐ This Statement of Conversion shall be effective on ______ Day of ___________ 20__

D. Approval of conversion by converting association (check only one):

☐ For converting association that is a foreign association. The conversion was approved in accordance with 15 Pa.C.S. Chapter 3, Subchapter E (relating to conversion).
☐ For converting association that is a foreign association. The conversion was approved in accordance with the law of the jurisdiction of formation of the converting association.

E. Attachments (see Instructions for required and optional attachments).

IN TESTIMONY WHEREOF, the undersigned converting association has caused this Statement of Conversion to be signed by a duly authorized officer thereof this ______ Day of ___________ 20__

Name of Converting Association

Signature

Title

Appx. 48

(377190) No. 490 Sep. 15

Copyright © 2015 Commonwealth of Pennsylvania
General Information

Typeset is preferred. If handwritten, the form must be legible and completed in black or blue-black ink in order to permit reproduction. The non-refundable filing fee for this form is $70.00.

This form and all accompanying documents, including any necessary governmental approvals, shall be mailed to the address stated above.

Checks should be made payable to the Department of State. Checks must contain a commercially pre-printed name and address.

Applicable Law


Who should file this form?

A Statement of Conversion must be filed with the Pennsylvania Department of State where:

(1) a domestic entity becomes a domestic entity of a different type or a domestic banking institution.
(2) a domestic banking institution becomes a domestic association of a different type.
(3) a domestic entity becomes a foreign association of a different type.
(4) a foreign association becomes a domestic entity of a different type.

The converting or converted entity must be a Pennsylvania entity. If both entities are foreign, use Transfer of Foreign Registration form (DSCB 15-418). If converting and converted entity type is the same and the entity is changing its state of formation/organization, use DSCB 15-375 (Statement of Domestication). Conversion into an existing entity is not permissible.

Definitions

A conversion is a transaction in which an association changes to a different type of association. For example, a business corporation may convert to a limited liability company. A converted association is the same association as it was before the conversion; it is just of a different legal type. The term “conversion” does not include a transaction in which an association changes the jurisdiction in which it is organized but does not change to a different type of entity; that type of transaction is referred to as a domestication. A conversion also does not include a transaction in which an entity changes from one form of an entity to another form of the same entity, such as a business corporation electing to be a statutory close corporation under 15 Pa.C.S. § 2305.

A converting association is the domestic entity or domestic banking institution that approves a plan of conversion pursuant to section 353 (relating to approval of conversion) or the foreign association that approves a conversion pursuant to the law of its jurisdiction of formation. A converted association is the converting association as it continues in existence after a conversion.

A domestic entity is an entity, the internal affairs of which are governed by the law of this Commonwealth.

A domestic filing association is a Pennsylvania business corporation, nonprofit corporation, limited partnership, limited liability company, professional association or business trust.

A registered foreign association is a foreign association (formed in a jurisdiction other than Pennsylvania) that is registered to do business in this Commonwealth pursuant to a filing made in the Department of State.

Public record refers to Articles of Incorporation (for corporations), Certificate of Limited Partnership (limited partnerships), Certificate of Organization (limited liability companies), Articles of Association (professional association) or Declaration or Deed of Trust (business trusts).

Form Instructions

Enter the name and mailing address to which any correspondence regarding this filing should be sent. This field must be completed for the Bureau to return the filing. If the filing is to be returned by email, an email address must be provided. An email will be sent to address provided, containing a link and instructions on how to copy the filed document or correspondence may be downloaded. Any email or mailing addresses provided on this form will become part of the filed document and therefore public record.

A. For the converting association

A.I. Give the exact name of the converting association.

“Converting association” is the domestic entity or domestic banking institution that approves a plan of conversion pursuant to section 353 (relating to approval of conversion) or the foreign association that approves a conversion pursuant to the law of its jurisdiction of formation. 15 Pa.C.S. § 312. If the converting association is an existing Pennsylvania filing entity or limited liability partnership, or is a foreign association or foreign limited liability partnership already registered in Pennsylvania, the name on this line must match exactly the association name as shown in Department’s records at the time the Statement is submitted for filing. This field is required.
A.2. Give the jurisdiction of formation of the converting association. “Jurisdiction of formation” means the jurisdiction whose law includes the governing statute of the entity. For example, if the converting association is a Pennsylvania corporation, then the jurisdiction of formation is Pennsylvania. This field is required.

A.3. Check the appropriate box to indicate the converting association type. Only one box may be checked. This field is required.

A.4. Date on which the converting association was originally created, incorporated, formed or otherwise came into existence. Use month, day and year. The original date of formation/incorporation/organization of the converting entity will continue to be the formation date of the converted entity. This field is required.

A.5. If the converting association is a domestic filing association (a Pennsylvania business corporation, nonprofit corporation, limited partnership, limited liability company, professional association or business trust), the statute under which it was first created, incorporated, formed or otherwise came into existence. For example, Business Corporation Law of 1988 for a business corporation, Limited Liability Company Law of 1994 for a limited liability company.

A.6. Check and complete one of the address boxes, based on the criteria given. This field is required.

If the converting association is a domestic filing association, domestic limited liability partnership or registered foreign association, the address provided must be of its registered office (a) or Commercial Registered Office Provider (b) as on file with the Department of State.

If the converting association is a domestic association that is not a domestic filing association or limited liability partnership, the address given must be the principal office, including street and number, if any.

If the converting association is a nonregistered foreign association, the address provided must be the address, including street and number, if any, of its registered or similar office required to be maintained by the law of its jurisdiction of formation; or if it is not required to maintain a registered or similar office, its principal office.

Post office boxes are not acceptable for any address. Under 15 Pa.C.S. § 135(c) (relating to addresses) an actual street or rural route box number must be used as an address, and the Department of State is required to refuse to receive or file any document that sets forth only a post office box address.

B. For the converted association

Complete the requested information for the converted association.

B.1. Give the exact name of the converted association. “Converted association” means a converting association as it continues in existence after a conversion. 15 Pa.C.S. § 312.
DSCB-15-353 - Instructions

and the document will be effective upon filing. This field is required.

D. Approval. See 15 Pa.C.S. § 335b(6) and 15 Pa.C.S. §§ 321-330, which set forth the requirements for approval of entity transactions such as conversions by the associations involved. Statutes are available on the Pennsylvania General Assembly website, www.legis.state.pa.us, by following the link for statutes. This field is required.

E. Attachments and other provisions.
The following, in addition to the filing fee, shall accompany this form:

(1) One copy of a completed form DSCB-15-134B (Docketing Statement-Changes).

(2) Any necessary governmental approvals. A conversion involving a regulated entity may require approval of a government agency before it can become effective. Sec. 15 Pa.C.S. § 1105.

(3) If the converted association is a domestic Pennsylvania filing entity or a domestic banking institution, one copy of its public organic record must be attached. For example, a completed form DSCB-15-1306-7102 (Articles of Incorporation-For Profit), DSCB-15-5306-7102 (Articles of Incorporation-Nonprofit), DSCB-15-8511 (Certificate of Limited Partnership), DSCB-15-8913 (Certificate of Organization) or other public organic record must be attached to the Statement of Conversion with respect to the converted association.

(4) If the converted association is a Pennsylvania limited liability partnership or limited liability limited partnership that is not using the alternative procedure in section 5201(c) (relating to scope), a completed DSCB-15-8201 (Statement of Registration) must be attached to the Statement of Conversion.

(5) If the converted association is a Pennsylvania electing partnership, its completed DSCB-15-8701A (Statement Electing Partnership) must be attached to the Statement of Conversion.

(6) Any necessary copies of form DSCB-19-17.2 (Consent to Appropriation of Name) or a resolution from the association’s governors adopting an alternate name, if applicable, shall accompany a Statement of Conversion effecting a change of name or creating a Pennsylvania or registered foreign entity.

(7) If the converted association is a foreign filing association or a foreign limited liability partnership that will register simultaneously to transact business in Pennsylvania as a result of the conversion, a completed DSCB-15-412 (Foreign Registration Statement), accompanied by the applicable fee and attachments, must be submitted at the same time as the Statement of Conversion.

(8) Tax clearance certificates. If the Statement of Conversion effects a conversion of a domestic association into a nonresident foreign association that is not, and will not, be registered with the Department of Revenue, the Department of Labor and Industry with respect to the converted domestic association evidencing the payment of all taxes and charges payable to the Commonwealth.

NOTE: Any Articles, Application, Statement or Registration attached to the Statement of Conversion must separately meet all the statutory filing requirements for that document type. However, if the converted association is a domestic filing entity, its public organic record does not need to be signed or state the name or address of an incorporator of a corporation, organizer of a limited liability company or similar person with respect to any other type of entity.

Other provisions
A statement of conversion may contain any other provision not prohibited by law. If other provisions are intended to be part of the Statement of Conversion, they should be attached as an exhibit.

Signature and Verification
An authorized representative of the converting association must sign the Statement of Conversion. Signing a document delivered to the Department for filing is an affirmation under the penalties provided in 18 Pa.C.S. § 4904 (relating to unsworn falsification to authorities) that the facts stated in the document are true in all material respects. This field is required.

Filing of Plan of Conversion in lieu of Statement of Conversion
Pursuant to 15 Pa.C.S. §355(c), a plan of conversion that is signed by the converting association and meets all of the requirements of §355(b) (relating to Contents of Statement of Conversion) may be delivered to the Department for filing instead of a Statement of Conversion.

Pursuant to 15 Pa.C.S. §316(a), a plan as delivered to the Department for filing in lieu of a statement of conversion may omit all provisions of the plan, if any, that:

(1) are intended to amend or constitute the operative provisions of the public organic record of a domestic association as in effect subsequent to the effectiveness of the plan;

(2) are required by this chapter in the statement in lieu of the plan which is being delivered to the department for filing; or

(3) allocate or specify the respective property and liabilities of the resulting associations, in the case of a plan of division.

However, if any of the provisions of a plan are omitted as permitted under §316(a), the plan must state that the full text of the plan is on file at the principal office of the converted association and provide the address thereof in the filing made with the Department.

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(377193) No. 490 Sep. 15
DEPARTMENT OF STATE
Pt. I

PENNSYLVANIA DEPARTMENT OF STATE
BUREAU OF CORPORATIONS AND CHARITABLE ORGANIZATIONS

Return document by mail to:
Name: ____________________________
Address: ____________________________
City: __________ State: ______ Zip Code: __________

Return document by email to: ____________________________

Statement of Division
DSCB:13-366
(7/1/2015)

Read all instructions prior to completing.

Fee: $70 plus $125 for each new association resulting from the division.
The minimum amount to be submitted with this filing is $195.

In compliance with the requirements of the applicable provisions of 15 Pa.C.S. § 366 (relating to Statement of
division), the undersigned domestic entity or foreign association, desiring to effect a division, hereby states that:

A. For the dividing association:

1. The name of the dividing association is: ____________________________

2. The jurisdiction of formation of the dividing association is: ____________________________

3. The type of association is (check only one):
   - Business Corporation
   - Limited Partnership
   - Business Trust
   - Nonprofit Corporation
   - Limited Liability (General) Partnership
   - Professional Association
   - Limited Liability Company
   - Limited Liability Limited Partnership
   - Other: ____________________________

4. Check and complete one of the following addresses.

   If the dividing association is a domestic filing association, domestic limited liability partnership or registered
   foreign association, the current registered office address as on file with the Department of State.
   Complete part (a) OR (b) – not both:

   (a) Number and street: ____________________________
   City: ____________________________ State: ______ Zip: ______
   County: ____________________________

   (b) c/o: ____________________________
   Name of Commercial Registered Office Provider: ____________________________
   County: ____________________________

   If the dividing association is a domestic association that is not a domestic filing association or limited liability
   partnership, the address, including street and number, if any, of its principal office:

   Number and street: ____________________________
   City: ____________________________ State: ______ Zip: ______
   County: ____________________________

   If the dividing association is a nonregistered foreign association, the address, including street and number, if
   any, of its registered or similar office, if any, required to be maintained by the law of its jurisdiction of formation;
   or if it is not required to maintain a registered or similar office, its principal office address:

   Number and street: ____________________________
   City: ____________________________ State: ______ Zip: ______

5. Check one of the following: □ The dividing association will survive the division.
   □ The dividing association will not survive the division.

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Copyright © 2015 Commonwealth of Pennsylvania
B. For the resulting association(s) that are created by the division:

1. The name of the resulting association is: ________________________________

2. The jurisdiction of formation of the resulting association: __________________

3. The type of association is (check only one):
   - Business Corporation
   - Limited Partnership
   - Nonprofit Corporation
   - Limited Liability (General) Partnership
   - Limited Liability Company
   - Limited Liability Limited Partnership
   - Professional Association
   - Other __________________________

4. Check and complete one of the following addresses.

   If the resulting association is a domestic filing association, domestic limited liability partnership or registered foreign association, its registered office address. Complete part (a) OR (b) – not both:

   □ (a) Number and street ______________________ City _______ State _______ Zip _______ County _______

   □ (b) c/o __________________________ Name of Commercial Registered Office Provider _______ County _______

   If the resulting association is a domestic association that is not a domestic filing association or limited liability partnership, the address, including street and number, if any, of its principal office:

   Number and street ______________________ City _______ State _______ Zip _______

   If the resulting association is a nonregistered foreign association, the address, including street and number, if any, of its registered or similar office, if any, required to be maintained by the law of its jurisdiction of formation, or if it is not required to maintain a registered or similar office, its principal office address:

   Number and street ______________________ City _______ State _______ Zip _______

5. The property and liabilities of the dividing association that are to be allocated to this resulting association are:

   ________________________________

   ________________________________

   ________________________________

Use Statement of Division – Addendum (DSCB:15-366AD) additional resulting associations created by the division.
C. Effective date of statement of division (check, and if appropriate complete, one of the following):
   ☐ This Statement of Division shall be effective upon filing in the Department of State:
   ☐ This Statement of Division shall be effective on: ____________ Date (MM/DD/YYYY) ____________ Hour (if any)

D. Approval of division by dividing association (check only one):
   ☐ For a dividing association that is a domestic entity – The division was approved in accordance with 15 Pa.C.S. Chapter 3, Subchapter F (relating to division).
   ☐ For a dividing association that is foreign association – The division was approved in accordance with the law of the jurisdiction of formation of the dividing association.

E. Attachments (see Instructions for required and optional attachments).

IN TESTIMONY WHEREOF, the undersigned dividing association has caused this Statement of Division to be signed by a duly authorized officer thereof this ____________ day of __________________________, 20__

__________________________________
Name of Dividing Association

__________________________________
Signature

__________________________________
Title

Appx. 54
General Information

Typewritten is preferred. If handwritten, the form must be legible and completed in black or blue-black ink in order to permit reproduction. The nonrefundable filing fee for this form is $70 plus an additional $125 for each new association resulting from a division. For a division in which the dividing association does not survive the division and two new associations result, for example, a total filing fee of $320 is assessed. For a division in which the dividing association survives the division and one new association is created, for example, a total filing fee of $195 is assessed.

This form and all accompanying documents, including any necessary governmental approvals, shall be mailed to the address stated above.

Checks should be made payable to the Department of State. Checks must contain a commercially pre-printed name and address.

Applicable Law


Who should file this form?

A Statement of Division must be filed with the Pennsylvania Department of State where a domestic entity divides into:

1. The dividing association and one or more new associations that are either domestic entities or foreign associations.
2. Two or more new associations that are either domestic entities or foreign associations.

Where the division is authorized by the law of the jurisdiction of formation of the foreign association and one or more of the resulting associations created in a division of a foreign association is a Pennsylvania domestic filing entity, then a Statement of Division must be filed with the Department of State.

Definitions

A division is a transaction in which one existing association is divided into two or more resulting associations. The dividing association may or may not survive the division, and one or more of the resulting associations may be foreign associations if the laws of each resulting association’s jurisdiction of organization permit the division. If the division is authorized by the law of the jurisdiction of formation of a foreign association, one or more of the resulting associations created in a division of a foreign association may be a domestic entity.

As part of the division, the property and liabilities of the dividing association are allocated to the resulting associations as provided in the plan of division to the extent permitted by law.

A resulting association is a dividing association, if it survives the division, or a new association.

A new association is an association that is created by a division.

A domestic filing association is a Pennsylvania business corporation, nonprofit corporation, limited partnership, limited liability company, professional association or business trust.

A registered foreign association is a foreign association (formed in a jurisdiction other than Pennsylvania) that is registered to do business in this Commonwealth pursuant to a filing made in the Department of State.

Public organic record refers to Articles of Incorporation (for corporations), Certificate of Limited Partnership (limited partnerships), Certificate of Organization (limited liability companies), Articles of Association (professional association) or Declaration or Deed of Trust (business trusts).

Additional parties

Where more than one new association is created by the division, the DCB15-366AD (Statement of Division - Addendum) must be completed and be attached to this form.

Form Instructions

Enter the name and mailing address to which any correspondence regarding this filing should be sent. This field must be completed for the Bureau to return the filing. If the filing is to be returned by email, an email address must be provided. An email will be sent to address provided, containing a link and instructions on how to access the filed document or correspondence may be downloaded. Any email or mailing addresses provided on this form will become part of the filed document and therefore public record.

A. For the dividing association

A.1. Give the exact name of the dividing association. “Dividing association” means the association that approves a plan of division. The dividing association may or may not survive the division. 15 Pa.C.S. § 312. If the dividing association is an existing Pennsylvania filing entity or limited liability partnership, or is a foreign association or foreign limited liability partnership already registered in Pennsylvania, the name on this line must match exactly the association name as shown in Department’s records at the time the Statement is submitted for filing. This field is required.
A.2. Give the jurisdiction of formation of the dividing association. “Jurisdiction of formation” means the jurisdiction whose law includes the governing statute of the entity. For example, if the dividing association is a Pennsylvania corporation, then the jurisdiction of formation is Pennsylvania. Note - A dividing association that is a domestic entity and survives the division is not authorized to change its jurisdiction of organization as part of the division. This field is required.

A.3. Check the appropriate box to indicate the dividing association type. Only one box may be checked. This field is required.

A.4. Check and complete one of the address boxes, based on the criteria given. This field is required.

If the dividing association is a domestic filing association, domestic limited liability partnership or registered foreign association, the address provided must be of its registered office (a) or Commercial Registered Office Provider (b) as on file with the Department of State.

If the dividing association is a domestic association that is not a domestic filing association or limited liability partnership, the address given must be the principal office, including street and number, if any.

If the dividing association is a nonregistered foreign association, the address provided must be the address, including street and number, if any, of its registered or similar office required to be maintained by the law of its jurisdiction of formation; or if it is not required to maintain a registered or similar office, its principal office.

Post office boxes are not acceptable for any address. Under 15 Pa.C.S. § 135(c) (relating to addresses) an actual street or rural route box number must be used as an address, and the Department of State is required to refuse to receive or file any document that sets forth only a post office box address.

B. For the resulting association(s).

B.1. Give the exact name of each new resulting association. “Resulting association” means a dividing association, if it survives the division, or a new association that is created by a division and comes into existence immediately after the division becomes effective. 15 Pa.C.S. § 312.

The resulting association name must include the appropriate association designation. For example, if a new corporation is being created as a resulting association, an acceptable corporate identifier must be part of the association name. For domestic filing entity name requirements, see 15 Pa.C.S. § 412 and § 414. Statutes are available on the Pennsylvania General Assembly website.

www.legis.state.pa.us by following the link for Statutes. This field is required.

B.2. Give the jurisdiction of formation of the resulting association. “Jurisdiction of formation” means the jurisdiction whose law includes the governing statute of the entity. For example, if the resulting association is a Pennsylvania corporation, then the jurisdiction of formation is Pennsylvania. This field is required.

B.3. Check the appropriate box to indicate the resulting association type. Only one box may be checked. This field is required.

B.4. Check and complete one of the address boxes for the resulting association, based on the criteria given. This field is required.

If the new resulting association is a domestic filing association, domestic limited liability partnership or registered foreign association, the address provided must be a registered office address (a) or a Commercial Registered Office Provider (b).

If the new resulting association is a domestic association that is not a domestic filing association or limited liability partnership, the address given must be the principal office, including street and number, if any.

If the new resulting association is a non-registered foreign association, the address provided must be the address, including street and number, if any, of its registered or similar office required to be maintained by the law of its jurisdiction of formation; or if it is not required to maintain a registered or similar office, its principal office.

Post office boxes are not acceptable for any address. Under 15 Pa.C.S. § 135(c) (relating to addresses) an actual street or rural route box number must be used as an address, and the Department of State is required to refuse to receive or file any document that sets forth only a post office box address.

B.5. In a division, some or all of the property and liabilities are allocated between the dividing division and the resulting associations. It is not necessary to list in the statement of division each individual liability or item of property of the dividing association to be allocated to a resulting association, so long as the liabilities and property are described in a reasonable manner.

C. Effective date. Any date specified as the effective date of the Statement of Division must be a future effective date (after the date and time of its delivery to the Department). A specified effective date may not be retroactive (prior to the date and time of the Statement’s delivery to the Department). If a delayed effective date is specified, but no time is given, then the time used will be 12:01 a.m. on the date specified. If neither option for effective date is checked, it will be presumed that no specified delayed effective date is intended and the document will be effective upon filing. This field is required.
D. Approval. See 15 Pa.C.S. § 3606(c)(5) and 15 Pa.C.S. §§ 321-339, which set forth the requirements for approval of entity transactions such as divisions by the associations involved. Statutes are available on the Pennsylvania General Assembly website, www.legis.state.pa.us, by following the link for Statutes. This field is required.

E. Attachments. The following, in addition to the filing fee, shall accompany this form:

1. One copy of a completed form DSCB-15-134B (Doctering Statement-Changes) for the dividing association.

The resulting association type determines what additional documents and fees must be attached. The following, in addition to the filing fee and the mandatory attachment above, may be required to accompany this form:

2. One copy of a completed form DSCB-15-134A (Doctering Statement), with respect to each newly created resulting association, unless the resulting association is a nonregistered foreign association.

3. Any necessary copies of form DSCB-19-17-2 (Consent to Appropriation of Name) or a resolution from the association’s governors adopting an alternate name, if applicable, shall accompany a Statement of Division effecting a change of name or creating a new Pennsylvania or registered foreign entity.

4. Any necessary governmental approvals. A division involving a regulated entity may require approval of a government agency before it can become effective. See 15 Pa.C.S. § 103.

5. If the dividing association is a Pennsylvania filing entity and is amending its public organic record as approved in the plan of division, then an Amendment to the public organic record must be attached. For example, DSCB 15-1915/5915 (Articles of Amendment – Domestic Corporation) or DSCB 15-8512/8951 (Certificate of Amendment - Limited Partnership/Limited Liability Company).

6. If a resulting association is a foreign filing association or foreign limited liability partnership already registered with the Department of State, a completed DSCB 15-413 (Amendment – Foreign Registration Statement) approved as part of the plan of division, if applicable.

7. For each resulting association that is a new Pennsylvania filing entity, one copy of its public organic record must be attached. For example, a completed form DSCB-15-1306-7102 (Articles of Incorporation-For Profit), DSCB-15-5366-7102 (Articles of Incorporation-Nonprofit), DSCB-15-8511 (Certificate of Limited Partnership), DSCB-15-8913 (Certificate of Organization) or other public organic record must be attached to the Statement of Division with respect to each new domestic filing entity resulting from the division.

8. If a resulting association is a new Pennsylvania limited liability partnership or limited liability limited partnership that is not using the alternative procedure in section 2301(0) (relating to scope), a completed DSCB-15-8201 (Statement of Registration) must be attached to the Statement of Division.

9. If a resulting association is a Pennsylvania electing partnership, its completed DSCB-15-8701A (Statement Electing Partnership) must be attached to the Statement of Division.

10. If a resulting association is a foreign filing association or a foreign limited liability partnership that will register simultaneously to transact business in Pennsylvania as a result of the division, a completed DSCB: 15-412 (Foreign Registration Statement), accompanied by the applicable fee and attachments, must be submitted at the same time as the Statement of Division.

11. Tax clearance certificates. If the dividing association will not survive the division and none of the new associations resulting from the division will be either a domestic association or a registered foreign association, there must be submitted with this form tax clearance certificates from the Department of Revenue and the Department of Labor and Industry evidencing payment of all taxes and charges payable to the Commonwealth.

NOTE: Any Articles, Application, Statement or Registration attached to the Statement of Division must separately meet all the statutory filing requirements for that document type. However, if a resulting association created by the division is a domestic filing entity, its public organic record does not need to be signed or state the name or address of an incorporator of a corporation, or organizer of a limited liability company or similar person with respect to any other type of entity.

Other provisions
A statement of division may contain any other provision not prohibited by law. If other provisions are intended to be part of the Statement of Division, they should be attached as an exhibit.

Signature and Verification
An authorized representative of the dividing association must sign the Statement of Division. Signing a document delivered to the Department for filing is in an affirmation under the penalties provided in 18 Pa.C.S. § 4904 (relating to unsworn falsification to authorities) that the facts stated in the document are true in all material respects. This field is required.

Filing of Plan of Division in lieu of Statement of Division
Pursuant to 15 Pa.C.S. §316(a), a plan of division that is signed by the dividing association and meets all of the requirements of §336(b) (relating to Contents of Statement of Division) may be delivered to the Department for filing instead of a Statement of Division.

Pursuant to 15 Pa.C.S. §316(a), a plan as delivered to the Department for filing in lieu of a statement of division may omit all provisions of the plan except provisions, if any, that...
DSCB:15-366--Instructions

(1) are intended to amend or constitute the operative provisions of the public record of a domestic association as in effect subsequent to the effectiveness of the plan;
(2) are required by this chapter in the statement in lieu of which the plan is being delivered to the department for filing; or
(3) allocate or specify the respective property and liabilities of the resulting associations, in the case of a plan of division.

However, if any of the provisions of a plan are omitted as permitted under §3516(a), the plan must state that the full text of the plan is on file at the principal office of the surviving or resulting association or domesticated entity and provide the address thereof in the filing made with the Department.
This form is used to identify additional resulting associations created by division and must be submitted with the Statement of Division form (DSCB: 15-366).

**B. For the resulting association(s) that are created by the division:**

1. The name of the resulting association is: ________________________________

2. The jurisdiction of formation of the resulting association: ________________________________

3. The type of association is (check only one):
   - Business Corporation
   - Limited Partnership
   - Business Trust
   - Nonprofit Corporation
   - Limited Liability (General) Partnership
   - Professional Association
   - Limited Liability Company
   - Limited Liability Limited Partnership
   - Other ________________________________

4. Check and complete one of the following addresses.

   **If the resulting association is a domestic filing association, domestic limited liability partnership or registered foreign association, it registered office address. Complete part (a) OR (b) - not both:**

<table>
<thead>
<tr>
<th>Number and street</th>
<th>City</th>
<th>State</th>
<th>Zip</th>
<th>County</th>
</tr>
</thead>
<tbody>
<tr>
<td>(a)</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>(b) c/o</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Name of Commercial Registered Office Provider</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Country</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

   **If the resulting association is a domestic association that is not a domestic filing association or limited liability partnership, the address, including street and number, if any, of its principal office:**

<table>
<thead>
<tr>
<th>Number and street</th>
<th>City</th>
<th>State</th>
<th>Zip</th>
<th>County</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

   **If the resulting association is a nonregistered foreign association, the address, including street and number, if any, of its registered or similar office, if any, required to be maintained by the law of its jurisdiction of formation; or if it is not required to maintain a registered or similar office, its principal office address:**

<table>
<thead>
<tr>
<th>Number and street</th>
<th>City</th>
<th>State</th>
<th>Zip</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

5. The property and liabilities of the dividing association that are to be allocated to this resulting association are: ________________________________

See DSCB:15-366 Instruction E for attachments which must accompany this form for each new resulting entity.
Pennsylvania Department of State
Bureau of Corporations and Charitable Organizations
P.O. Box 8722
Harrisburg, PA 17105-8722
Web site: www.dos.pa.gov/corps

General Information
Type-written is preferred. If handwritten, the form must be
legible and completed in black or blue-black ink in order
not to permit reproduction.

This form and all accompanying documents shall be mailed to
the address stated above.

Who should file this form?
This form is used to identify additional resulting associations
that have been created by a division and must be submitted
with a completed DSCB:15-366 (Statement of Division)
form.

Form Instructions
B. For the resulting association(s).
Complete the requested information for all new resulting
associations of the division.

B.1. Give the exact name of each new resulting association.
"Resulting association" means a dividing association, if it
survives the division, or a new association that is created by a
division and comes into existence immediately after the
division becomes effective. 15 Pa.C.S. § 312.

The resulting association name must include the appropriate
association designator. For example, if a new corporation is
being created as a resulting association, an acceptable
corporate identifier must be part of the association name. For
domestic filing entity name requirements, see 15 Pa.C.S. §§
201-207. For foreign association name requirements, see 15
Pa.C.S. § 412 and § 414. Statutes are available on the
Pennsylvania General Assembly website,
www.legis.state.pa.us, by following the link for Statutes.

This field is required.

B.2. Give the jurisdiction of formation of the resulting
association. "Jurisdiction of formation" means the jurisdiction
whose law includes the governing statute of the entity. For
example, if the resulting association is a Pennsylvania
corporation, then the jurisdiction of formation is Pennsylvania.

This field is required.

B.3. Check the appropriate box to indicate the resulting
association type. Only one box may be checked. This field is
required.

B.4. Check and complete one of the address boxes for the
resulting association, based on the criteria given. This field is
required.

If the new resulting association is a domestic filing
association, domestic limited liability partnership or registered
foreign association, the address provided must be of its
registered office (a) or Commercial Registered Office Provider
(b) as on file with the Department of State.

If the new resulting association is a domestic association that
is not a domestic filing association or limited liability
partnership, the address given must be the principal office,
including street and number, if any.

If the new resulting association is a non-registered foreign
association, the address provided must be the address,
including street and number, if any, of its registered or similar
office required to be maintained by the law of its jurisdiction
of formation, or if it is not required to maintain a registered or
similar office, its principal office.

Post office boxes are not acceptable for any address. Under 15
Pa.C.S. § 135(c) (relating to addresses) an actual street or rural
route box number must be used as an address, and the
Department of State is required to refuse to receive or file any
document that sets forth only a post office box address.

B.5. In a division, some or all of the property and liabilities are
allocated between the dividing association and the resulting
associations. It is not necessary to list in the statement of
division each individual liability or item of property of the
dividing association to be allocated to a resulting association,
so long as the liabilities and property are described in a
reasonable manner.
PENNSYLVANIA DEPARTMENT OF STATE  
BUREAU OF CORPORATIONS AND CHARITABLE ORGANIZATIONS

Return document by mail to:  
Name:  
Address:  
City  State  Zip Code

Return document by email to: 

Statement of Domestication  
DSCB: 15-375  
(7/1/2015)

Fee: $70

In compliance with the requirements of the applicable provisions of 15 Pa.C.S. § 375 (relating to Statement of domestication), the undersigned entity, desiring to effect domestication, hereby states that:

A. For the domesticating entity:

1. The type of association is (check only one):
   - Business Corporation
   - Nonprofit Corporation
   - Limited Liability Company
   - Limited Liability (General) Partnership
   - Limited Liability Limited Partnership
   - Business Trust
   - Professional Association
   - Other

2. The name of the domesticating entity is:

3. The jurisdiction of formation of the domesticating entity:

4. Date on which the domesticating entity was created, incorporated or formed: (MM/DD/YYYY)

5. Check and complete one of the following addresses.

If the domesticating entity is a domestic filing entity, domestic limited liability partnership or registered foreign association, the current registered office address as on file with the Department of State. Complete part (a) OR (b) – not both:

(a)  
Number and street  City  State  Zip  County

(b) c/o:

Name of Commercial Registered Office Provider  County

If the domesticating entity is a domestic entity that is not a domestic filing entity or limited liability partnership, the address, including street and number, if any, of its principal office:

Number and street  City  State  Zip  County

If the domesticating entity is a nonregistered foreign association, the address, including street and number, if any, of its registered or similar office, if any, required to be maintained by the law of its jurisdiction of formation; or if it is not required to maintain a registered or similar office, its principal office:

Number and street  City  State  Zip

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(377203) No. 490 Sep. 15
DEPARTMENT OF STATE

Pt. I

DSCB: 15-375-2

B. For the domesticated entity:

1. The name of the domesticated entity is: ________________________________

2. The jurisdiction of formation of the domesticated entity:

3. Check and complete one of the following addresses:

   If the domesticated entity is a domestic filing entity, domestic limited liability partnership or registered foreign association, its registered office address. Complete part (a) OR (b) – not both:

   (a) Number and street City State Zip County

   (b) c/o ____________________________

   Name of Commercial Registered Office Provider County

   If the domesticated entity is a domestic entity that is not a domestic filing entity or limited liability partnership, the address, including street and number, if any, of its principal office:

   Number and street City State Zip

   If the domesticated entity is a nonregistered foreign association, the address, including street and number, if any, of its registered or similar office, if any, required to be maintained by the law of its jurisdiction of formation; or if it is not required to maintain a registered or similar office, its principal office:

   Number and street City State Zip

C. Effective date of Statement of Domestication (check, and if appropriate, complete, one of the following):

☐ This Statement of Domestication shall be effective upon filing in the Department of State.

☐ This Statement of Domestication shall be effective on: ____________

D. Approval of domestication by domesticating association (check only one):

☐ For a domesticating entity that is a domestic entity – The domestication was approved in accordance with 15 Pa.C.S. Chapter 3, Subchapter B (relating to approval of entity transactions).

☐ For a domesticating entity that is foreign entity – The domestication was approved in accordance with 15 Pa.C.S. Chapter 3, Subchapter B, §373(b) (relating to approval of domestication).

E. Check if applicable:

☐ The domesticating entity is to be a domestic entity in both this Commonwealth and the foreign jurisdiction.

F. Attachments (see Instructions for required and optional attachments).

IN TESTIMONY WHEREOF, the undersigned association has caused this Statement of Domestication to be signed by a duly authorized officer thereof this ____________ day of ____________________, 20__

Name of Domesticating Entity

Signature

Title

Appx. 62

(377204) No. 490 Sep. 15

Copyright © 2015 Commonwealth of Pennsylvania
General Information
Typewriting is preferred. If handwriting, the form must be legible and completed in black or blue-black ink in order to permit reproduction. The nonrefundable filing fee for this form is $70. Checks should be made payable to the Department of State. Checks must contain a commercially pre-printed name and address.

This form and all accompanying documents, including any necessary governmental approvals, shall be mailed to the address stated above.

Applicable Law

Who should file this form?
A Statement of Domestication must be filed with the Pennsylvania Department of State when a Pennsylvania entity is moving its jurisdiction of formation to another state/jurisdiction or a foreign entity is moving its jurisdiction of formation to Pennsylvania.

The domesticating entity is the same entity as the domesticating entity; it has simply changed the organic law to which it is subject. When a domestication takes effect, the entity continues to exist, but as a domestic entity of the same type under the laws of a different state/jurisdiction.

Definitions
A domestic entity is an entity, the internal affairs of which are governed by the law of this Commonwealth.
A foreign entity is an entity that is not a domestic entity.
A domesticating entity is either: (1) the domestic entity that approves a plan of domestication pursuant to section 373(a) (relating to approval of domestication) or (2) the foreign entity that approves a domestication pursuant to section 373(b).
A domesticated entity is the domesticating entity as it continues in existence after a domestication.
A domestic filing entity is a Pennsylvania business corporation, nonprofit corporation, limited partnership, limited liability company, professional association or business trust.
A registered foreign association is a foreign association (formed in a jurisdiction other than Pennsylvania) that is registered to do business in this Commonwealth pursuant to a filing made in the Department of State.

Public organic record refers to Articles of Incorporation (for corporations), Certificate of Limited Partnership (limited partnerships), Certificate of Organization (limited liability companies), Articles of Association (professional associations) or Declaration or Deed of Trust (business trusts).

Form Instructions
Enter the name and mailing address to which any correspondence regarding this filing should be sent. This field must be completed for the Bureau to return the filing. If the filing is to be returned by email, an email address must be provided. An email will be sent to address provided, containing a link and instructions on how a copy of the filed document or correspondence may be downloaded. Any email or mailing addresses provided on this form will become part of the filed document and therefore public record.

A. For the domesticating entity
A.1. Check the appropriate box to indicate the domesticating entity type. A domesticating entity is one of the following: (1) a Pennsylvania entity that is moving its jurisdiction of formation out of Pennsylvania or (2) a foreign entity that is moving its jurisdiction of formation to Pennsylvania. Only one box for entity type may be checked. This field is required.
A.2. Give the exact name of the domesticating entity. If the domesticating entity is an existing Pennsylvania filing entity or domestic limited liability partnership, or is a foreign association or foreign limited liability partnership already registered in Pennsylvania, the name on this line must match exactly the association name as shown in Department’s records at the time the Statement is submitted for filing. This field is required.
A.3. Give the jurisdiction of formation of the domesticating entity. “Jurisdiction of formation” means the jurisdiction whose law includes the governing statute of the entity. For example, if the domesticating corporation was formed in Delaware and is a Delaware corporation before the domestication, then the jurisdiction of formation is Delaware. This field is required.
A.4. Give the date on which the domesticating entity was originally incorporated or formed. Provide month, day and year. This field is required.
A.5. Check and complete one of the address boxes, based on the criteria given. This field is required.
If the domesticating entity is a domestic filing entity, domestic limited liability partnership or registered foreign association, the address provided must be of its registered office (a) or Commercial Registered Office Provider (b) as on file with the Department of State.

If the domesticating entity is a domestic entity that is not a domestic filing entity or limited liability partnership, the address given must be the principal office, including street and number, if any.

If the domesticating entity is a non-registered foreign association, the address provided must be the address, including street and number, if any, of its registered or similar office required to be maintained by the law of its jurisdiction of formation; or if it is not required to maintain a registered or similar office, its principal office.

Post office boxes are not acceptable for any address. Under 15 Pa.C.S. 135(c)(relating to addresses) an actual street or rural route box number must be used as an address, and the Department of State is required to refuse to receive or file any document that sets forth only a post office box address.

B. For the domesticated entity.

B.1. Give the exact name of the domesticated entity. If the domesticated entity is an existing Pennsylvania filing entity or domestic limited liability partnership, or is a foreign association or foreign limited liability partnership already registered in Pennsylvania, the name on this line must match exactly the association name as shown in Department’s records at the time the Statement is submitted for filing. This field is required.

NOTE – If the domesticated entity is a new filing entity, be sure and include within the name the appropriate association designator. For example, if a domestic corporation is being registered as the domesticated entity, an acceptable corporate identifier must be part of the association name. For domestic filing entity name requirements, see 15 Pa.C.S. §§ 201-207. For foreign association name requirements, see 15 Pa.C.S. §§ 412 and § 414. Statutes are available on the Pennsylvania General Assembly website, www.legis.state.pa.us, by following the link for Statutes.

B.2. Give the jurisdiction of formation of the domesticated entity. “Jurisdiction of formation” means the jurisdiction whose law includes the governing statute of the entity. For example, if the domesticating corporation has become a Pennsylvania corporation, then the jurisdiction of formation is Pennsylvania. This field is required.

B.3. Check and complete one of the address boxes, based on the criteria given. This field is required.

If the domesticated entity is a domestic filing entity, domestic limited liability partnership or registered foreign association, the address provided must be of its registered office (a) or Commercial Registered Office Provider (b) as on file with the Department of State.

If the domesticated entity is a domestic entity that is not a domestic filing entity or limited liability partnership, the address given must be the principal office, including street and number, if any.

If the domesticated entity is a non-registered foreign association, the address provided must be the address, including street and number, if any, of its registered or similar office required to be maintained by the law of its jurisdiction of formation; or if it is not required to maintain a registered or similar office, its principal office.

Post office boxes are not acceptable for any address. Under 15 Pa.C.S. 135(c)(relating to addresses) an actual street or rural route box number must be used as an address, and the Department of State is required to refuse to receive or file any document that sets forth only a post office box address.

C. Effective date. Any date specified as the effective date of the Statement of Domestication must be a future effective date (after the date and time of its delivery to the Department). A specified effective date may not be retroactive (prior to the date and time of the Statement’s delivery to the Department). If a delayed effective date is specified, but no time is given, then the time used will be 12:01 a.m. on the date specified. If neither option for effective date is checked, it will be presumed that no specified delayed effective date is intended and the document will be effective upon filing. This field is required.

D. Approval. See 15 Pa.C.S. §§ 321-330 and 15 Pa.C.S. § 375(b), which set forth the requirements for approval of domestications by domestic entities and foreign entities, respectively. Statutes are available on the Pennsylvania General Assembly website, www.legis.state.pa.us, by following the link for Statutes. This field is required.

E. Check box only if the internal affairs of the domesticating entity are governed by the laws of more than one jurisdiction (one of which is Pennsylvania) at the same time. Under the former domestication provisions in the Business Corporation Law, a domesticating corporation was not required to surrender its foreign charter, thus permitting it to be incorporated in both the foreign jurisdiction and Pennsylvania at the same time. That policy of permitting dual incorporation is continued and generalized to apply to all types of entities. See 15 Pa.C.S. § 375(b)(8). If the internal affairs of an entity are governed by the laws of more than one jurisdiction at the same time, it will no longer be a "registered organization" under the Uniform Commercial Code. See 13 Pa.C.S. § 9102. This field is optional.

F. Attachments

One of the following, in addition to the filing fee, shall accompany this form:

1. One copy of a completed form DSCR:15-134B (Docketing Statement-Changes) for domesticating entities which are domestic filing entities and are domesticating out of Pennsylvania without simultaneously registering as a foreign association.
DSCB:15-375-Instructions

(1) One copy of a completed form DSCB:15-134A (Docketing Statement), with respect to a domesticated association that is a Pennsylvania filing entity, if the domesticated association was not previously registered as a foreign association in Pennsylvania.

The following may be required to accompany this form:

(2) If the domesticated entity is a domestic filing entity, one copy of its public organic record. For example, a completed form DSCB:15-1306-7102 (Articles of Incorporation-For Profit), DSCB:15-3306-7102 (Articles of Incorporation-Nonprofit), DSCB:15-8511 (Certificate of Limited Partnership), DSCB:15-8913 (Certificate of Organization) or other public organic record should be attached to the Statement of Domestication with respect to the domesticated entity. If the domesticated entity is a domestic limited liability partnership or a domestic limited liability limited partnership not using the alternative procedure in 15 Pa.C.S. § 8201(f), a DSCB:15-8203 (Statement of Registration) must be attached. The public organic record does not need to be signed or state the name or address of an incorporator of a corporation, organizer of a limited liability company or similar person with respect to any other type of entity.

(3) One copy of a separate completed form DSCB:15-134A (Docketing Statement), with respect to the domesticated association, unless the domesticated association is a nonqualified foreign corporation.

(4) Any necessary copies of form DSCB:19-37-2 (Consent to Appropriation of Name) or a resolution from the association’s governors adopting an alternate name, if applicable.

(5) Any necessary governmental approvals. A domestication involving a regulated entity may require approval of a government agency before it can become effective. See 15 Pa.C.S. § 103.

(6) Tax clearance certificates are required from the Department of Revenue and the Department of Labor and Industry, evidencing payment of all taxes and charges payable to the Commonwealth, if the domesticated association will be a nonregistered foreign association. It is not necessary to deliver clearance certificates if, simultaneously with the delivery of the statement of domestication, the foreign association that is the domesticated association registers to do business in this Commonwealth, by submitting a DSCB:15-412 (Foreign Registration Statement). The DSCB:15-412 must be accompanied by the applicable fee and attachments.

(7) Optional provisions required or authorized by law may be added in an Exhibit/Attachment.

Signature and Verification

An authorized representative of the domesticating entity must sign the Statement of Domestication. Signing a document delivered to the Department for filing is an affirmation under the penalties provided in 18 Pa.C.S. § 4904 (relating to unsworn falsification to authorities) that the facts stated in the document are true in all material respects. This field is required.

Filing of Plan of Domestication in lieu of Statement of Domestication

Pursuant to 15 Pa.C.S. §375(c) (relating to filing of plan), a plan of domestication that is signed by a domesticating entity that is a domestic entity and meets all of the requirements of §375(b) (relating to contents of Statement of Domestication) may be delivered to the Department for filing instead of a Statement of Domestication.

Pursuant to 15 Pa.C.S. §316(a), a plan as delivered to the Department for filing in lieu of a Statement of Domestication may omit all provisions of the plan except provisions, if any, that:

(1) are intended to amend or constitute the operative provisions of the public organic record of a domestic association as in effect subsequent to the effectiveness of the plan;

(2) are required by this chapter in the statement in lieu of which the plan is being delivered to the department for filing; or

(3) allocate or specify the respective property and liabilities of the resulting associations, in the case of a plan of division.

However, if any of the provisions of a plan are omitted as permitted under §316(a), the plan must state that the full text of the plan is on file at the principal office of the surviving or resulting association or domesticated entity and provide the address thereof in the filing made with the Department.
### Foreign Registration Statement

**DISCB 15-412**  
(rev. 2/2017)

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Read all instructions prior to completing. This form may be submitted online at [https://www.corporations.pa.gov/](https://www.corporations.pa.gov/).

**Fee: $250**

☐ I qualify for a veteran/reservist-owned small business fee exemption (see instructions)

In compliance with the requirements of the applicable provisions of 15 Pa.C.S. § 412 (relating to foreign registration statement), the undersigned foreign association hereby states that:

1. **The type of association is (check only one):**
   - [ ] Business Corporation
   - [ ] Limited Partnership
   - [ ] Business Trust
   - [ ] Nonprofit Corporation
   - [ ] Limited Liability (General) Partnership
   - [ ] Professional Association
   - [ ] Limited Liability Company
   - [ ] Limited Liability Limited Partnership

2. **The full and proper name of the foreign association as registered in its jurisdiction of formation is:**

3. **The jurisdiction of formation is:**

4. **The street and mailing address of the association’s principal office:**

<table>
<thead>
<tr>
<th>Number and street</th>
<th>City</th>
<th>State</th>
<th>Zip</th>
</tr>
</thead>
</table>

4A. **The street and mailing address of the office, if any, required to be maintained by the law of the association’s jurisdiction of formation in that jurisdiction:**

<table>
<thead>
<tr>
<th>Number and street</th>
<th>City</th>
<th>State</th>
<th>Zip</th>
</tr>
</thead>
</table>
5. The (a) address of the association’s proposed registered office in this Commonwealth or (b) name of its Commercial Registered Office Provider and the county of venue is:

Complete part (a) OR (b) – not both:

(a) Number and street          City         OR         State         Zip         County

(b) e/o
Name of Commercial Registered Office Provider
County

6. Check one of the following:

☐ The association may not have series.
☒ The association may have one or more series.

7. Effective date of registration of foreign association (check, and if appropriate complete, one of the following):

☐ The Foreign Registration Statement shall be effective upon filing in the Department of State.
☐ The Foreign Registration Statement shall be effective on: _____________________ at ________________ Hour (if any)

Date (MM/DD/YYYY)

8. To be completed by Limited Liability Companies only. Check, and if appropriate complete, one of the following:

☐ The association is a limited liability company which is not organized to render any of the below professional service(s).
☐ The association is a restricted professional limited liability company organized to render one or more of the following professional service(s): (If this box is checked, one or more of the fields below must be checked.)

☐ Chiropractic ☐ Dentistry ☐ Law
☐ Optometry ☐ Osteopathic medicine and surgery ☐ Pediatric medicine ☐ Medicine and surgery
☐ Psychology ☐ Veterinary medicine ☐ Public accounting

IN TESTIMONY WHEREOF, the undersigned association has caused this Foreign Registration Statement to be signed by a duly authorized representative thereof this __________ day of ___________ 20__

________________________________________

Name of Association

________________________________________

Signature:

________________________________________

Title:

Appx. 67

(386235) No. 510 May 17
General Information

Typewritten is preferred. If handwritten, the form must be legible and completed in black or blue-black ink in order to permit reproduction.

The nonrefundable filing fee for this form is $250. Checks should be made payable to the Department of State. Checks must contain a commercially pre-printed name and address. Filers requesting a veteran/reservist-owned small business fee exemption should attach proof of the veteran’s or reservist’s status to the Foreign Registration Statement form when submitted. For more information on the fee exemption, see Fees and Payments.

This form and all accompanying documents shall be mailed to the address stated above.

A foreign corporation (both business and nonprofit corporation) is required by 15 Pa.C.S. § 4124 or by 15 Pa.C.S. § 6124 (relating to advertisement) to advertise its intention to register or its registration to do business in Pennsylvania. Proof of publication of such advertising should not be submitted to, and will not be filed in, the Department, but should be filed with the minutes of the corporation.

Who should file this form?

Foreign filing associations are corporations for profit, corporations not-for-profit, limited partnerships, limited liability companies, professional associations and business or statutory trusts that were not created or formed under the laws of Pennsylvania. Foreign filing associations and foreign limited liability partnerships desiring to do business in this Commonwealth must register with the Department of State by filing this form. A foreign filing association or foreign limited liability partnership may not do business in this Commonwealth until it registers with the Department. See 15 Pa.C.S. § 403 for activities that do not constitute doing business in this Commonwealth. It is up to the association to determine whether its activities require it to register with the Department of State.

Applicable Law


Association Name Requirements

Generally, the name of an association may not be the same as the name of another association which is already on the records of the Department of State. Depending on the type of association, certain designators must be used in the association name. The minimum requirements for association names can be found at 15 Pa.C.S. §§ 201-209. Provisions relating to foreign association names are at 15 Pa.C.S. § 206 and § 414.

Designators:

Designators are the words or abbreviations used at the end of the association name which designate the type of association. Minimum designator requirements are:

Business corporations - The name of a domestic or registered foreign business corporation must contain:

1. the word “corporation,” “company,” “incorporated” or “limited” or an abbreviation of any of these terms;
2. the word “association,” “fund” or “syndicate”; or
3. words or abbreviations of like import used in a jurisdiction other than this Commonwealth.

The name of a business corporation may not contain the term “limited liability company” or an abbreviation of that term.

Professional corporations - The provisions of § 203(a) (relating to requirements for business corporation names) shall not prohibit the use of a name of a professional corporation if the name contains and is restricted to the name or the last name of one or more of the present, prospective or former shareholders or of individuals who were associated with a predecessor or whose individual name or names appeared in the name of the predecessor. The name of a professional corporation may contain the term “Professional Corporation” or “P.C.” in place of a business corporation designator. The name of a professional corporation may contain the word “associates” but this is not considered an association designator.

Nonprofit corporations - The name of a domestic nonprofit corporation or registered foreign corporation not-for-profit may (but is not required to) contain:

1. the word “corporation,” “company,” “incorporated” or “limited” or an abbreviation of any of these terms;
2. the word “association,” “fund” or “syndicate”; or
3. words or abbreviations of like import used in a jurisdiction other than this Commonwealth.

Limited liability companies - The name of a domestic limited liability company or registered foreign limited liability company must contain:

1. the term “company,” “limited” or “limited liability company” or an abbreviation of one of those terms, or
2. words or abbreviations of like import used in a jurisdiction other than this Commonwealth.

The name of a limited liability company may not contain any words implying that it is a business corporation, such as
Appx. C

FORMS

DCSB:15-412 - Instructions

"corporation" or "incorporated" or an abbreviation of these terms.

Limited liability partnerships. The name of a domestic limited liability partnership or registered foreign limited liability partnership must contain:
(1) the term "company," "limited" or "limited liability partnership" or an abbreviation of one of these terms, or
(2) words or abbreviations of like import used in a jurisdiction other than this Commonwealth.

Limited partnerships. The name of a domestic limited partnership or registered foreign limited partnership is not required to contain a word or abbreviation indicating that it is a limited partnership and may contain the name of a partner. However, if the limited partnership is a limited liability limited partnership, the name must contain:
(1) the term "company," "limited" or "limited liability limited partnership" or an abbreviation of one of these terms, or
(2) words or abbreviations of like import.

Business trusts. The proper name of a domestic business trust or registered foreign business trust is not required to contain a word or abbreviation indicating that it is a business trust.

Restricted names and/or approvals:
Association names may not contain words, phrases or abbreviations prohibited or restricted by statute or regulation, unless in compliance with the restriction, generally with the consent or approval of a government agency, board or commission. These may include certain professional and occupational boards or commissions of the Bureau of Professional and Occupational Affairs, the Department of Education, the Department of Banking and Securities, the Insurance Department or the Public Utility Commission.
There are also words and abbreviations that may be restricted, prohibited, or may be permitted in certain instances as provided in various federal statutes, Attorney General opinions and Bureau regulations.

Attachments
The following, in addition to the filing fee, shall accompany this form:
(1) One copy of a completed form DCSB: 15-134A (Dissolution Statement) for foreign corporations, business trusts and limited liability companies only.
(2) Any necessary copies of form DCSB: 19-12-2 (Consent to Appropriation of Name). If Consent cannot be obtained, the association may adopt, for the purpose of doing business in this Commonwealth, an alternate name as indicated in Instruction 2A.
(3) Any necessary governmental approvals.

Form Instructions
Enter the name and mailing address to which any correspondence regarding this filing should be sent. This field must be completed for the Bureau to return the filing. If the filing is to be returned by email, an email address must be provided. An email will be sent to address provided, containing a link and instructions on how a copy of the filed document or correspondence may be downloaded. Any email or mailing addresses provided on this form will become part of the filed document and therefore public record.

1. Select the type of association. Only one option may be selected. This field is required.

2. Give the exact name of the association in its jurisdiction of formation. This should include the exact spelling, punctuation and any identifier such as "Inc.," "LLC" or "Limited." Jurisdiction of Formation means the state or country of incorporation or domestic registration. For the purposes of this form, the jurisdiction of formation may not be Pennsylvania. This field is required.

2A. Alternate name:
A foreign association must register under its proper name under the laws of its jurisdiction of formation if that name satisfies the requirements of 15 Pa.C.S. §§ 201-209. If the proper name is unavailable because it is not distinguishable on the records of the Department of State from a name already in use, reserved or registered or if the name does not comply with 15 Pa. C.S. §§ 201-209 (relating to names), the foreign association must adopt an alternate name for use in Pennsylvania that complies with 15 Pa. C.S. §§ 201-209 and set forth the resulting name in Paragraph 2A.

An acceptable association identifier must be part of the association name. For foreign association name requirements, see 15 Pa.C.S. § 412 and § 414. Where the name of the foreign association does not comply with 15 Pa.C.S. §§ 201-209 (relating to names), the foreign association must adopt an alternate name that complies with 15 Pa.C.S. §§ 201-209 for use in Pennsylvania. If applicable, enter the name for use in Pennsylvania in 2A. A.

After registering to do business in this Commonwealth under an alternate name, a foreign association shall do business in this Commonwealth under any of the following:
(1) The alternate name.
(2) Its proper name under the law of its jurisdiction of formation, with the addition of the name of its jurisdiction of formation.
(3) A name the foreign association is authorized to use under 15 Pa.C.S. Ch. 7 (relating to fictitious names).

If a foreign association adopts an alternate name in order to register to do business in Pennsylvania, the registered foreign association must use the alternate name in all subsequent documents delivered to the Department for filing. Field 2A is required only if the name in field 2 is unavailable because it is not distinguishable on the records of the Department of State from a name already in use, reserved or registered or if the name does not comply with 15 Pa. C.S. §§ 201-209 (relating to names).
Source

Amendment of Foreign Registration

Amendment of Foreign Registration
AMENDMENT OF FOREIGN REGISTRATION

PENNSYLVANIA DEPARTMENT OF STATE
BUREAU OF CORPORATIONS AND CHARITABLE ORGANIZATIONS

Message

Return document by mail to:

Name
Address
City State Zip Code

Return document by email to:

Amendment of Foreign Registration
DSCB-15-413
(rev. 2/2017)

Read all instructions prior to completing. This form may be submitted online at https://www.corporations.pa.gov/. Fee: $250

In compliance with the requirements of the applicable provisions of 15 Pa.C.S. § 413 (relating to amendment of foreign registration statement), the undersigned registered foreign association hereby states that:

1. The name of the association under which it is registered to do business in this Commonwealth is:

2. The type of association is (check only one):

☐ Business Corporation ☐ Limited Partnership ☐ Business Trust
☐ Nonprofit Corporation ☐ Limited Liability (General) Partnership ☐ Professional Association
☐ Limited Liability Company ☐ Limited Liability Limited Partnership

3. The (a) address of the association's registered office in this Commonwealth or (b) name of its Commercial Registered Office Provider and the county of venue is:

Complete part (a) OR (b) – not both:

(a) Number and street City State Zip County

OR

(b) c/o:
Name of Commercial Registered Office Provider County

4. Effective date of amendment of foreign registration (check, and if appropriate complete, one of the following):

☐ The Amendment of Foreign Registration shall be effective upon filing in the Department of State.
☐ The Amendment of Foreign Registration shall be effective on: Date (MM/DD/YYYY) Hour (if any)

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(386239) No. 510 May 17
5. Check, and if appropriate, complete, one of the following:
   □ The association desires that its registration be amended to change or correct the following information:

   __________________________________________________________________________
   __________________________________________________________________________
   __________________________________________________________________________

   □ The amendment adopted by the association is set forth in full in Exhibit A attached hereto and made a part hereof.

If the amendment reflects a change in name for the association which does not comply with 15 Pa.C.S. §§ 414 and §§ 201-209, the foreign association must adopt an alternate name that complies with 15 Pa.C.S. §§ 201-209 for use in Pennsylvania.

IN TESTIMONY WHEREOF, the undersigned association has caused this Amendment of Foreign Registration Statement to be signed by a duly authorized representative thereof this ______________ day of ____________, 20____________

________________________________________________________
Name of Association

________________________________________________________
Signature

________________________________________________________
Title
PENNSYLVANIA DEPARTMENT OF STATE
BUREAU OF CORPORATIONS AND CHARITABLE ORGANIZATIONS

Statement of Withdrawal
of Foreign Registration
DSCB.15-415417
(7/1/2015)

Read all instructions prior to completing. This form may be submitted online at https://www.corporations.pa.gov/.

Fee: $70

Check One: ☐ Voluntary Withdrawal of Foreign Registration (complete fields 1-5) ☐ Required Withdrawal of Foreign Registration (complete fields 1-6)

In compliance with the requirements of the applicable provisions of 15 Pa.C.S. § 415 or § 417 (relating to withdrawal of foreign registration), the undersigned registered foreign association hereby states that:

1. The name of the association under which it is registered to do business in this Commonwealth is:

2. The jurisdiction of formation of the association is:

3. The (a) address of the association’s registered office in this Commonwealth or (b) name of its Commercial Registered Office Provider and the county of venue is:

Complete part (a) OR (b) – not both:

(a) Name and street

OR

(b) c/o

Name of Commercial Registered Office Provider

County

4. The association is not doing business in this Commonwealth and withdraws its registration to do business in this Commonwealth.

5. This Statement of Withdrawal of Foreign Registration shall take effect upon filing in the Department of State.

Appx. 74

(386242) No. 510 May 17

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For REQUIRED WITHDRAWAL ONLY

6. Check and, if appropriate complete, one of the following. The registered foreign association is:
   ○ A nonsurviving party to a merger in which the survivor is a nonregistered foreign association.
   ○ A dividing association which did not survive the division.
   ○ Dissolved and completed winding up.
   ○ Converted to a domestic or foreign nonfiling association other than a limited liability partnership.
      The type of nonfiling association to which the association has converted is: __________________________
      and the jurisdiction of formation of the converted association is: __________________________
   ○ The domesticating entity in a domestication in which the domesticated entity is a domestic or foreign nonfiling
      association (other than a limited liability partnership).
      The jurisdiction of formation of the domesticated association is: __________________________

IN TESTIMONY WHEREOF, the undersigned foreign association has caused this Statement of Withdrawal of Foreign
Registration to be signed by a duly authorized representative of the association this ______ day of
________ 20_____

__________________________________________
Name of Foreign Association

__________________________________________
Signature

__________________________________________
Title

Appx. 75
DEPARTMENT OF STATE
Pt. I

Pennsylvania Department of State
Bureau of Corporations and Charitable Organizations
P.O. Box 8722
Harrisburg, PA 17105-8722
(717) 787-1097
web site: www.dos.pa.gov/corps

General Information
Typewritten is preferred. If handwritten, the form must be
legible and completed in black or blue-black ink in order to
permit reproduction.

The nonrefundable filing fee for this form is $78. Checks
should be made payable to the Department of State. Checks
must contain a commercially pre-printed name and address.

This form and all accompanying documents shall be mailed to
the address stated above.

Who should file this form?
A registered foreign association may withdraw from
transacting business or conducting affairs in the
Commonwealth of Pennsylvania by delivering to the
Department of State for filing a Statement of Withdrawal of
Registration.

A Statement of Withdrawal will serve to remove the
association from the rolls of active associations in the records of
the Department.

Withdrawal is either voluntary or may be required in certain
circumstances. Those required circumstances are when the
registered foreign association is:
(1) a nonsurviving party to a merger in which the survivor
is a nonregistered foreign association;
(2) a dividing association which did not survive the
division;
(3) dissolved and completed winding up;
(4) converted to a domestic or foreign nonfilng association
other than a limited liability partnership; or
(5) the domesticating entity in a domestication in which the
domesticated entity is a domestic or foreign nonfilng association
other than a limited liability partnership.

Applicable Law
For foreign associations, in general, 15 Pa.C.S. §§ 102, 401-
Statutes are available on the Pennsylvania General Assembly
website, www.legis.state.pa.us, by following the link for
Statutes.

Attachments
The following, in addition to the filing fee, shall accompany this
form:
(1) Tax clearance certificates from the Department of
Revenue and the Department of Labor and Industry
evidencing payment of all taxes and charges payable to
the Commonwealth as described in the following
paragraph.
(2) Any necessary governmental approvals.

Tax clearance certificates:
A registered foreign association may not file a Statement of
Withdrawal of Foreign Registration unless the document is
accompanied by tax clearance certificates from the
Department of Revenue and the Department of Labor and
Industry evidencing the payment by the association of all taxes
and charges due the Commonwealth required by law. To
obtain these clearance certificates, Form REV-181
(Application for Tax Clearance Certificate) must be completed
and submitted to both the Department of Revenue and the
Department of Labor and Industry. The application and
instructions may be downloaded from the Department of
Revenue website at www.revenue.pa.gov or obtained by
calling 717-783-0652.

Advertising:
As required by 15 Pa.C.S. § 4129 or by 15 Pa.C.S. § 6129
(relating to Advertisement of termination of registration to do
business), a corporation must advertise its intention to
withdraw from doing business in Pennsylvania before filing a
Statement of Withdrawal under section 415 (relating to
voluntary withdrawal of registration). Proofs of publication of
such advertising should not be submitted to, and will not be
received by or filed in, the Department, but should be filed
with the minutes of the corporation.

Form Instructions
Enter the name and mailing address to which any
correspondence regarding this filing should be sent. This field
must be completed for the Bureau to return the filing. If the
filing is to be returned by email, an email address must be
provided. An email will be sent to address provided,
containing a link and instructions on how a copy of the filed
document or correspondence may be downloaded. Any email
or mailing addresses provided on this form will become part of
the filed document and therefore public record.

1. Give the exact name of the association as registered to do
business in Pennsylvania and as on file with the Department of
State. If a foreign association has adopted an alternate name in
order to register to do business in Pennsylvania, the registered
foreign association must use the alternate name in response to
a requirement that a document delivered to the Department for
filing state the name of the association. This field is required.

2. “Jurisdiction of formation” means the jurisdiction, other
than Pennsylvania, whose law includes the governing statute of
the withdrawing association. This field is required.

3. Give one of the following: the current registered office
address in the Commonwealth in (a) or the name of a

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DSCB-15-415/417--Instructions

Commercial Registered Office Provider (b) and the county of venue, as on file with the Department of State.

Post office boxes are not acceptable for any address. Under 15 Pa.C.S. § 139(c) (relating to addresses), an actual street or rural route box number must be used as an address, and the Department of State is required to refuse to receive or file any document that sets forth only a post office box address. **This field is required.**

4. Mandatory statement. **This field is required.**

5. Mandatory statement. No delayed effective date may be specified per 15 Pa.C.S. § 450(b). **This field is required.**

6. **This field is required only if the withdrawal is required by law due to one of the following:**
The registered foreign association is:
(1) a nonsurviving party to a merger in which the survivor is a nonregistered foreign association;
(2) a dividing association which did not survive the division;
(3) dissolved and completed winding up;
(4) converted to a domestic or foreign nonfilng association other than a limited liability partnership; or
(5) the domesticating entity in a domestication in which the domesticating entity is a domestic or foreign nonfilng association other than a limited liability partnership.

Check only one of the five boxes and complete all blanks in the associated text.

**Signature and Verification**
An authorized representative of the withdrawing, surviving or converted foreign association must sign the Statement of Withdrawal. Signing a document delivered to the Department for filing is an affirmation under the penalties provided in 18 Pa.C.S. § 4904 (relating to unsworn falsification to authorities) that the facts stated in the document are true in all material respects. **This field is required.**
PENNSYLVANIA DEPARTMENT OF STATE
BUREAU OF CORPORATIONS AND CHARITABLE ORGANIZATIONS

Transfer of Foreign Registration
DCSB 15-416
(rev. 2/2017)

Read all instructions prior to completing. This form may be submitted online at https://www.corporations.pa.gov/.

Fee: $70

In compliance with the requirements of the applicable provisions of 15 Pa.C.S. § 418 (relating to transfer of registration), the undersigned registered foreign association hereby states that:

1. The name of the association under which it is registered to do business in this Commonwealth and before the merger or conversion is:

2. The type of association before the merger or conversion is (check only one):
   - Business Corporation
   - Nonprofit Corporation
   - Limited Partnership
   - Limited Liability Company
   - Limited Liability (General) Partnership
   - Limited Liability Limited Partnership
   - Business Trust
   - Professional Association

3. The name of the association following the merger or conversion:

3A. If the name in 3 does not contain a required designator or if the name in 3 is not available for use in the Commonwealth, the alternate name under which the association is registering in this Commonwealth is:

4. The type of association after the merger or conversion (check only one):
   - Business Corporation
   - Nonprofit Corporation
   - Limited Partnership
   - Limited Liability Company
   - Limited Liability (General) Partnership
   - Limited Liability Limited Partnership
   - Business Trust
   - Professional Association

5. The jurisdiction of formation of the association after the merger or conversion is:

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If different than the information for the registered foreign association before the merger or conversion, all of the following information for the association after the merger or conversion:

6A. The street and mailing address of the association’s principal office is:

<table>
<thead>
<tr>
<th>Number and street</th>
<th>City</th>
<th>State</th>
<th>Zip</th>
</tr>
</thead>
</table>

6B. The street and mailing address of the office, if any, required to be maintained by the law of the association’s jurisdiction of formation in that jurisdiction is:

<table>
<thead>
<tr>
<th>Number and street</th>
<th>City</th>
<th>State</th>
<th>Zip</th>
</tr>
</thead>
</table>

7. The (a) address of the association’s registered office in this Commonwealth or (b) name of its Commercial Registered Office Provider and the county of venue is:

Complete part (a) OR (b) – not both:

(a) Number and street City State Zip County

(b) OR

Name of Commercial Registered Office Provider County

8. Effective date of transfer of foreign registration is (check, and if appropriate complete, one of the following):

☐ The Transfer of Foreign Registration shall be effective upon filing in the Department of State.
☐ The Transfer of Foreign Registration shall be effective on ___________ at ___________ 

Date (MM/DD/YYYY) Hour (if any)

IN TESTIMONY WHEREOF, the undersigned registered foreign association has caused this Transfer of Foreign Registration to be signed by a duly authorized representative of the surviving or converted association this ___________ day of ___________ 20__

Name of Association

Signature

Title
General Information
Typewritten is preferred. If handwritten, the form must be legible and completed in black or blue-black ink in order to permit reproduction.

The nonrefundable filing fee for this form is $70. Checks should be made payable to the Department of State. Checks must contain a commercially pre-printed name and address.

This form and all accompanying documents shall be mailed to the address stated above.

Who should file this form?
If a registered foreign association merge into a nonregistered foreign association or converts to a foreign association required to register with the Department of State to do business in this Commonwealth, the association shall deliver to the Department for filing an application for Transfer of Registration.

When an application for Transfer of Registration takes effect, the registration of the registrant foreign association to do business in this Commonwealth is transferred without interruption to the association into which it has merged or to which it has been converted.

The purpose of this filing is to clarify the status of the registered foreign association in the public records of the Department of State. A Transfer of Registration has the two-fold effect of canceling the authority of the foreign association to do business in Pennsylvania while at the same time registering it as the new type of foreign association. If the registered foreign association subsequently wishes to terminate its registration to do business, it may do so under 15 Pa.C.S. § 419.

Applicable Law

Attachments
The following, in addition to the filing fee, shall accompany this form:
(1) One copy of a completed form DSCB: 15-134B (Docketing Statement - Changes)
(2) Any necessary copies of form DSCB: 19-17.2 (Consent to Appropriation of Name). If Consent cannot be obtained, the association may adopt, for the purpose of doing business in this Commonwealth, an alternate name that complies with 15 Pa.C.S. § 414 and §§ 201-209.

(3) Any necessary governmental approvals.

Form Instructions
Enter the name and mailing address to which any correspondence regarding this filing shall be sent. This field must be completed for the Bureau to return the filing. If the filing is to be returned by email, an email address must be provided. An email will be sent to address provided, containing a link and instructions on how a copy of the filed document or correspondence may be downloaded. Any email or mailing addresses provided on this form will become part of the filed document and therefore public record.

1. Give the exact name of the association as registered to do business in Pennsylvania and as on file with the Department of State. If a foreign association has adopted an alternate name in order to register to do business in Pennsylvania, the registered foreign association must use the alternate name in response to a requirement that a document delivered to the Department for filing state the name of the association. This field is required.

2. Select the type of association before the merger or conversion. Only one option may be selected. This field is required.

3. Give the exact name of the association in the jurisdiction of formation after the merger or conversion. This should include the exact spelling, punctuation and any identifier such as “Inc.” “LLC” or “Limited.” Jurisdiction of formation means the state or country of incorporation or domestic registration following the merger or conversion. For the purposes of this form, the jurisdiction of formation may not be Pennsylvania. This field is required.

3A. Alternate name:
A foreign association must register under its proper name under the laws of its jurisdiction of formation if that name satisfies the requirements of 15 Pa.C.S. §§ 201-209. If the proper name is unavailable because it is not distinguishable on the records of the Department of State from a name already in use, reserved or registered or if the name does not comply with 15 Pa.C.S. §§ 201-209 (relating to names), the foreign association must have consent to use the name or may adopt an alternate name for use in Pennsylvania that complies with 15 Pa.C.S. §§ 201-209 and set forth the resulting name in Paragraph 3A. The consent from the other association must be attached.

An acceptable association identifier must be part of the association name. For foreign association name requirements, see 15 Pa.C.S. § 412 and § 414. Where the name of the foreign association does not comply with 15 Pa.C.S. §§ 201-209 (relating to names), the foreign association must adopt an alternate name that complies with 15 Pa.C.S. §§ 201-209 for

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DSCB:15-418—Instructions

use in Pennsylvania. If applicable, enter the name for use in Pennsylvania in 3A.

After registering to do business in this Commonwealth under an alternate name, a foreign association shall do business in this Commonwealth under any of the following:

(1) The alternate name.
(2) Its proper name under the law of its jurisdiction of formation, with the addition of the name of its jurisdiction of formation.
(3) A name the foreign association is authorized to use under 54 Pa.C.S. Ch. 3 (relating to fictitious names).

This field is required only if the name in field 3 is unavailable because it is not distinguishable on the records of the Department of State from a name already in use, reserved or registered or if the name does not comply with 15 Pa. C.S. §§ 201-209 (relating to names).

4. Select the type of association after the merger or conversion. Only one option may be selected. This field is required.

5. “Jurisdiction of formation” means the jurisdiction, other than Pennsylvania, whose law includes the governing statute of the registering association. This field is required.

6A. The street and mailing address of the association’s principal office in the jurisdiction of formation. This field is required only if different than the information for the registered foreign association before the merger or conversion.

6B. The street and mailing address, if applicable, of the association’s office required in the jurisdiction of formation. This field is required only if the association is required to maintain an office in the association’s jurisdiction of formation and only if different than the information for the registered foreign association before the merger or conversion.

7. This address must be in Pennsylvania. Give one of the following: the registered office address in the Commonwealth in (a) or the name of a Commercial Registered Office Provider (b) and the county of venue.

Post office boxes are not acceptable for any address. Under 15 Pa.C.S. § 1355c (relating to addresses), an actual street or rural route box number must be used in an address, and the Department of State is required to refuse to receive or file any document that sets forth only a post office box address.

This field is required only if different than the information for the registered foreign association before the merger or conversion.

8. Any date specified as the effective date of the Transfer of Registration must be a future effective date (after the date and time of its delivery to the Department). A specified effective date may not be retroactive (prior to the date and time of the delivery of the Transfer of Registration to the Department). If a delayed effective date is specified, but no time is given, then the time used will be 12:01 a.m. on the date specified. If neither option for an effective date is checked, it will be presumed that no specified delayed effective date is intended and the document will be effective upon filing. This field is required.

Signature and Verification

An authorized representative of the surviving or converted foreign association must sign the Transfer of Registration. Signing a document delivered to the Department for filing is an affirmatio under the penalties provided in 18 Pa.C.S. § 4904 (relating to perjury or falsification to authorities) that the facts stated in the document are true in all material respects. This field is required.

Source


(386249) No. 510 May 17

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## PENNSYLVANIA DEPARTMENT OF STATE

### BUREAU OF CORPORATIONS AND CHARITABLE ORGANIZATIONS

<table>
<thead>
<tr>
<th>Return document by mail to:</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Name</td>
<td></td>
</tr>
<tr>
<td>Address</td>
<td></td>
</tr>
<tr>
<td>City</td>
<td>State</td>
</tr>
</tbody>
</table>

### Articles of incorporation - For Profit

03/06/15 3-306/2/10/1130/118/200/1051/13307/112

(Rev. 2/2017)

---

Read all instructions prior to completing. This form may be submitted online at [https://www.corporations.pa.gov/](https://www.corporations.pa.gov/).

**Fee:** $125

- [ ] I qualify for a veteran/reservist-owned small business fee exemption (see instructions)

Check only one:  
- [ ] Business-stock (§ 1306)  
- [ ] Business-nonstock (§ 2102)  
- [ ] Business-statutory close (§ 2303)  
- [ ] Management (§ 2703)  
- [ ] Professional (§ 2903)  
- [ ] Benefit (§ 3303)  
- [ ] Cooperative (§ 7102)  
- [ ] Insurance (§ 3101)

In compliance with the requirements of the applicable provisions (relating to corporations and unincorporated associations), the undersigned, desiring to incorporate a corporation for profit, hereby states that:

1. The name of the corporation (corporate designator required, i.e., “corporation,” “incorporated,” “Limited,” “company,” or any abbreviation thereof; “Professional corporation” or “P.C.” permitted for professional corporations):

2. Complete part (a) or (b) – not both:
   
   (a) The address of this corporation’s proposed registered office in this Commonwealth is:
   
   - Post office box alone is not acceptable

   - Number and Street
   - City
   - State
   - Zip
   - County

   (b) The name of this corporation’s commercial registered office provider and the county of venue is:

   - Name of Commercial Registered Office Provider
   - County


4. Check and complete one:
   
   - [ ] The corporation is organized on a nonstock basis.
   - [ ] The corporation is organized on a stock share basis and the aggregate number of shares authorized is:

---

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5. The name and address, including number and street, if any, of each incorporator (all incorporators must sign below):

<table>
<thead>
<tr>
<th>Name</th>
<th>Address</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

6. The specified future effective date, if any: ________________ month/day/year hour, if any

7. Additional provisions of the articles, if any, attach an 8½ by 11 sheet.

8. Statutory close corporation only: Neither the corporation nor any shareholder shall make an offering of any of its shares of any class that would constitute a “public offering” within the meaning of the Securities Act of 1933 (15 U.S.C. § 77a et seq.)

9. For Cooperative Corporation Only:
   Check and complete one:
   ____ The corporation is a cooperative corporation and the common bond of membership among its members is:
   ____ The corporation is a cooperative corporation and the common bond of membership among its shareholders is:

10. Benefit corporation only: This corporation shall have the purpose of creating general public benefit.
   Strike out if inapplicable: This corporation shall have the purpose of creating the enumerated specific public benefit(s):

   IN TESTIMONY WHEREOF, the incorporator(s) has/have signed these Articles of Incorporation this day of ________.

   ______________
   Signature

   ______________
   Signature

   ______________
   Signature

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(386251) No. 510 May 17
Instructions for Completion of Form (Articles of Incorporation-For Profit):

A. Type-written is preferred. If handwritten, the form shall be legible and completed in black or blue-black ink. In order to permit reproduction. The nonrefundable filing fee for this form is $125 made payable to the Department of State. Checks must contain a commercially pre-printed name and address. Filers requesting a veteran/reservist-owned small business fee exemption should attach proof of the veteran’s or reservist’s status to the Articles of Incorporation form when submitted. For more information on the fee exemption, see Fees and Payments.

Enter the name and mailing address to which any correspondence regarding this filing should be sent. This field must be completed for the Bureau to return the filing. If the filing is to be returned by email, an email address must be provided. An email will be sent to address provided, containing a link and instructions on how a copy of the filed document or correspondence may be downloaded. Any email or mailing addresses provided on this form will become part of the filed document and therefore public record.

B. Under 15 Pa.C.S. § 135(c) (relating to addresses) an actual street or rural route box number must be used as an address, and the Department of State is required to refuse to receive or file any document that sets forth only a post office box address.

C. The following, in addition to the filing fee, shall accompany this form:
   1. One copy of a completed Form DSCB:15-134A (Docketing Statement).
   2. Any necessary copies of form DSCB:19-17.2 (Consent to Appropriation of Name).
   3. Any necessary governmental approvals.

D. For general instructions relating to the incorporation of business corporations see 19 Pa. Code Ch. 23 (relating to business corporations generally). These instructions relate to such matters as corporate name, stated purposes, term of existence, nonstock status, authorized share structure and related authority of the board of directors, par values, inclusion of names of first directors in the Articles of Incorporation, optional provisions on cumulative voting for election of directors, etc.

E. For required provisions in the Articles of a nonstock corporation, see 15 Pa.C.S. §§ 2102-2103 (relating to formation of nonstock corporations and contents of articles).

F. For required provisions in the Articles of a statutory close corporation, see 15 Pa.C.S. § 2304 (relating to additional contents of articles of statutory close corporations).

G. For required provisions in the Articles of a management corporation, see 15 Pa.C.S. § 2703 (relating to additional contents of articles of management corporations).

H. For restrictions on the stated purposes of professional corporations, see 15 Pa.C.S. § 2903 (relating to formation of professional corporations).

I. For required provisions on the stated purposes of benefit corporations, see 15 Pa.C.S. § 3311 (relating to corporate purposes).

J. Articles for a nonprofit cooperative corporation should be filed on Form DSCB:15-3306/7102B (Articles of Incorporation Nonprofit).

K. One or more corporations or natural persons of full age may incorporate a business corporation.

L. 15 Pa.C.S. § 1307 (relating to advertisement) requires that the incorporators shall advertise their intention to file or the corporation shall advertise the filing of articles of incorporation. Proof of publication of such advertising should not be submitted to, and will not be received by or filed in, the Department, but should be filed with the minutes of the corporation.

M. This form and all accompanying documents shall be mailed to the address stated above.

Source

PENNSYLVANIA DEPARTMENT OF STATE  
BUREAU OF CORPORATIONS AND CHARITABLE ORGANIZATIONS  

Statement of Summary of Record  
DSCI:15-1311/3311/5305  
(rev. 7/2015)  

Return document by mail to:  

Name:  
Address:  
City State Zip Code  

Return document by email to:  

Fee: $70  

Check one:  
☐ Business Corporation (§ 1311)  
☐ Nonprofit Corporation (§ 5311)  
☐ Professional Association (§ 9305)  

In compliance with the requirements of the applicable provisions of 15 Pa.C.S. (relating to corporations and unincorporated associations) the undersigned association hereby states that:  

1. The name of the association is:  

2. The (a) address of this association’s current registered office in this Commonwealth or (b) name of its commercial registered office provider and the county of venue is:  

   (Complete only (a) or (b), not both)  

   (a) Number and Street  

   City  

   State  

   Zip  

   County  

   (b) Name of Commercial Registered Office Provider  

   County  

   (c)  

3. The statute by or under which it was incorporated or formed is:  

4. The association was originally incorporated or formed on ________________ under the following name:  

   Date (MM/DD/YYYY)  

   ________________________________  

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FORMS  

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(377227) No. 490 Sep. 15
5. Check and complete one of the following: The association was incorporated or formed by
   Special act as set forth in Paragraph 3 above.
   __ Decree of: __________________________ entered on: __________________________
   Name of Court                         Date (MM/DD/YYYY)
   __ Letters patent duly granted on: __________________________
   Date (MM/DD/YYYY)
   __ Filing of: __________________________ in the: __________________________
   Articles of Incorporation, etc.         Name of Department or other public office

6. The original Articles were recorded on __________________________ in the following place
   Date (MM/DD/YYYY)

7. Check, and if appropriate, complete one of the following:
   __ This certificate is being delivered to the Department of State contemporaneously with an amended
     and restated Articles of the association as set forth in Exhibit A attached hereto and made a part
     hereof.
   __ The currently effective Articles of the association are filed or recorded as follows and the text of
     such currently effective Articles is set forth in Exhibit A attached hereto and made a part hereof
     (except any of such text which appears of record in the Department of State, which text is
     incorporated herein by reference to the records of the Department pursuant to 19 Pa. Code § 13.6
     (relating to incorporation by reference))
     __________________________
     Recorder of Deeds book and page numbers, etc.
   __ Amended and restated Articles of the association which include all the information required to be
     set forth in the Articles of a Professional Corporation are set forth in Exhibit A attached hereto and
     made a part hereof.

8. Check, and if appropriate, complete one of the following:
   __ The association has never adopted any name other than its original name and its current name.
   __ Each name by which the association was known, other than its original name and its current name,
     and the date or dates on which each change of name of the association became effective, are as
     follows:
     Name                  Effective Date of Adoption
IN TESTIMONY WHEREOF, the undersigned association has caused this Statement of Summary of Record to be signed by a duly authorized officer thereof this

____ day of ____________, ______


Name of Association

Signature

Title
Instructions for Completion of Form:

A. Typewritten is preferred. If handwritten, the form shall be legible and completed in black or blue-black ink in order to permit reproduction. The non-refundable filing fee for this form, if applicable (see instruction C below), is $70 made payable to the Department of State. Checks must contain a commercially pre-printed name and address. Enter the name and mailing address to which any correspondence regarding this filing should be sent. This field must be completed for the Bureau to return the filing. If the filing is to be returned by email, an email address must be provided. An email will be sent to address provided, containing a link and instructions on how a copy of the filed document or correspondence may be downloaded. Any email or mailing addresses provided on this form will become part of the filed document and therefore public record.

B. Under 15 Pa.C.S. § 135(c) (relating to addresses) an actual street or rural route box number must be used as an address, and the Department of State is required to refuse to receive or file any document that sets forth only a post office box address.

C. When this form accompanies another filing, e.g., articles of amendment, it will be deemed for filing fee and docketing statement purposes to be incorporated by reference into the filing to which it relates, and no separate filing fee shall be submitted. Otherwise, the following, in addition to the filing fee, shall accompany this form: one copy of a completed form DSCB-15-134A (Docketing Statement).

D. Set forth in Paragraph 6 the place or places, including volume and page numbers of their equivalent where the original Articles were filed or recorded. This information may be omitted if the first alternate of Paragraph 5 is applicable.

E. The first alternate of Paragraph 7 is applicable to a non-surviving party to a plan of merger which restates the Articles of the surviving corporation and to any corporation which is a party to a plan of consolidation.

F. Set forth in the second alternate of Paragraph 7 the place or places, including volume and page numbers or their equivalent, where the documents are filed or recorded, and the date or dates of such filing or recording. Text which appears of record in the Department of State, may be incorporated by reference in this form to the records of the Department. This instruction is an exception to the general rule against incorporation by reference contemplated by 19 Pa. Code § 13.6 (relating to incorporation by reference).

G. The third alternate of Paragraph 7 is applicable only when this form is submitted with form DSCB-15-2905 (Statement of Election of Professional Corporation Status).

H. Include a clear and legible copy of the original Articles of Incorporation and all amendments, or restate the articles in their entirety.

I. A corporation is required to file this form only once.

J. This form and all accompanying documents shall be mailed to the address stated above.

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**Statement of Revival**

Domestic Corporation

[Bar Code]

DSCR15-1341/5341 (rev. 7-2015)

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**PENNSYLVANIA DEPARTMENT OF STATE**

**BUREAU OF CORPORATIONS AND CHARITABLE ORGANIZATIONS**

Return document by mail to:

**Name:**

**Address:**

City State Zip Code

Return document by email to: __________

Read all instructions prior to completing.

Fee: $70

Check one:  [ ] Business Corporation (§ 1341)  [ ] Nonprofit Corporation (§ 5341)

In compliance with the requirements of the applicable provisions (relating to statement of revival), the undersigned forfeited or expired corporation, desiring to procure a revival of its charter or articles, hereby states that:

1. The name of the corporation at the time its charter or articles were forfeited or expired is:

   __________

2. The (a) address of this corporation’s last registered office in this Commonwealth as on file with the Department or (b) name of its commercial registered office provider and the county of venue, as on file with the Department, is:

   (Complete only (a) or (b), not both)

   (a) Number and Street  City  State  Zip  County

   __________

   (b) Name of Commercial Registered Office Provider  County

   __________

3. The statute by or under which it was incorporated:

   __________

4. The date of its incorporation: (MM/DD/YYYY)

   __________
5. (Strike out if inapplicable). The name the corporation adopted as its new name, in view of the prior appropriation of its former name by a senior corporation is:

6. The (a) address of this corporation’s current registered office in this Commonwealth or (b) name of its commercial registered office provider and the county of venue is:

   (Complete only (a) or (b), not both)

<table>
<thead>
<tr>
<th>Number and Street</th>
<th>City</th>
<th>State</th>
<th>Zip</th>
<th>County</th>
</tr>
</thead>
</table>

   (b) Name of Commercial Registered Office Provider: ________________________________________________________________________________

   County: ________________________________________________________________________________

   Zip: ________________________________________________________________________________

7. Check and complete one of the following:

   The charter or articles of the corporation were forfeited by declaration under Section 1704 of the act of April 8, 1929 (P.L.341, No.176), known as The Fiscal Code and published at ______________.

   The charter or articles of the corporation expired by their own terms under the provisions of the charter or articles set forth in full in Exhibit A attached hereto and made a part hereof.

8. The corporate existence of the corporation shall be revived.

9. The filing of this statement has been authorized by the corporation.

   IN TESTIMONY WHEREOF, the undersigned corporation has caused this Statement of Revival to be executed this ______ day of ______________, 2015.

   Name of Corporation: ________________________________________________________________________________

   Signature: ________________________________________________________________________________

   Title: ________________________________________________________________________________
Appx. C

FORMS

DSCB:15-1341/5341 - Instructions

Pennsylvania Department of State
Bureau of Corporations and Charitable Organizations
P.O. Box 8722
Harrisburg, PA 17105-8722
(717) 787-1057
web site: www.dos.pa.gov/corps

Instructions for Completion of Form:

A. Typewritten is preferred. If handwritten, the form shall be legible and completed in black or blue-black ink in order to permit reproduction. The nonrefundable filing fee for this form is $70 made payable to the Department of State. Checks must contain a commercially pre-printed name and address. Enter the name and mailing address to which any correspondence regarding this filing should be sent. This field must be completed for the Bureau to return the filing. If the filing is to be returned by email, an email address must be provided. An email will be sent to address provided, containing a link and instructions on how a copy of the filed document or correspondence may be downloaded. Any email or mailing addresses provided on this form will become part of the filed document and therefore public record.

B. Under 15 Pa.C.S. § 135(c) (relating to addresses) an actual street or rural route box number must be used as an address, and the Department of State is required to refuse to receive or file any document that sets forth only a post office box address.

C. The following, in addition to the filing fee, shall accompany this form:

(1) One copy of a completed form DSCB:15-134B (Docketing Statement-Changes).
(2) Any necessary copies of form DSCB:19-17.2 (Consent to Appropriation of Name).
(3) In the case of a forfeited corporation, tax clearance certificates from the Department of Revenue and from the Bureau of Employment Security of the Department of Labor and Industry evidencing payment of all taxes and charges payable to the Commonwealth.
(4) *Nonprofit Corporation – Any necessary governmental approvals.*

D. There is no official publication requirement incident to the filing of this form.

E. A forfeited or expired corporation may authorize the filing of this form by action of its last directors or may elect directors and officers under the Business/Nonprofit Corporation Law of 1988 for the limited purpose of authorizing the filing.

F. The corporation may not revive its corporate charter where it has been revoked by a court proceeding instituted by the Attorney General’s Office under 15 Pa.C.S. § 503 (relating to actions to revoke corporate franchises).

G. This form and all accompanying documents shall be mailed to the above stated address.
PENNSYLVANIA DEPARTMENT OF STATE
BUREAU OF CORPORATIONS AND CHARITABLE ORGANIZATIONS

Change of Registered Office
DSCB:15-1507/5507/6625/8825
(rev: 2/2017)

Read all instructions prior to completing. This form may be submitted online at https://www.corporations.pa.gov/

Fee: $5 The type of domestic association (check only one):

- Business Corporation
- Limited Liability Company
- Limited Liability Limited Partnership
- Nonprofit Corporation
- Limited Partnership

In compliance with the requirements of the applicable provisions of 15 Pa.C.S. § 1507/1507/6625/8825 (relating to change of registered office), the undersigned domestic corporation, limited liability company, limited partnership or limited liability limited partnership, desiring to effect a change of registered office, hereby states that:

1. The name of the association is:

2. The current registered office address as on file with the Department of State. Complete part (a) OR (b) – not both:

   (a) Number and street
   City State Zip County

   (b) c/o: Name of Commercial Registered Office Provider County

3. New address. Complete part (a) OR (b) – not both:

   (a) The address in this Commonwealth to which the registered office of the corporation, limited partnership, limited liability limited partnership or limited liability company is to be changed is:

   Number and street
   City State Zip County

   (b) The registered office of the corporation, limited partnership, limited liability partnership, limited liability limited partnership or limited liability company shall be provided by:

   c/o: Name of Commercial Registered Office Provider County

4. For corporations only: Such change was authorized by the Board of Directors of the corporation.

IN TESTIMONY WHEREOF, the undersigned has caused this Statement or Certificate of Change of Registered Office to be signed by a duly authorized officer, general partner, member or manager thereof this ______ day of ______, 20__.

__________________________
Name of Corporation/Limited Partnership
Limited Liability Limited Partnership/Limited Liability Company

__________________________
Signature

__________________________
Title

Appx. 92

(386254) No. 510 May 17

Copyright © 2017 Commonwealth of Pennsylvania
General Information

Typewritten is preferred. If handwritten, the form must be legible and completed in black or blue-black ink in order to permit reproduction. The nonrefundable filing fee for this form is $5.

Checks should be made payable to the Department of State. Checks must contain a commercially pre-printed name and address.

This form and all accompanying documents, including any necessary governmental approvals, shall be mailed to the address stated above.

Who should file this form?

Every domestic corporation, limited liability company, limited partnership and limited liability limited partnership shall have and continuously maintain in this Commonwealth a registered office. Before a change of location of registered office becomes effective, the association either shall amend its organic record to reflect the change in location or shall file in the Department of State a statement of change of registered office executed by the association.

This form may be used by a domestic limited partnership which has registered as a limited liability limited partnership pursuant to 15 Pa.C.S. § 8301. A domestic general partnership which has registered as a limited liability limited partnership pursuant to 15 Pa.C.S. § 8301 must use form DSCB15-8201B (Domestic Registered Limited Liability Partnership - Statement of Amendment) to amend the address of its principal place of business. A business trust may change its registered office location by an amendment of the trust instrument. See 15 Pa.C.S. § 9504.

This form may not be used by a foreign corporation, foreign limited liability company, foreign limited partnership or foreign limited liability partnership to change its registered office address. A foreign association that desires to reflect a change in address of registered office, change of name or other arrangements or facts that have changed must amend its foreign registration statement by filing form DSCB 15-413 (Amendment of Foreign Registration).

Applicable Law

For registered office requirements, in general, see 15 Pa.C.S. §§ 1507/1507.6/1507.8/1507.25. Statutes are available on the Pennsylvania General Assembly website, www.legis.state.pa.us, by following the link for Statutes.

Definitions

A registered office is an office maintained by a domestic filing association or registered foreign association in this Commonwealth as required by section 1507 relating to registered office. A domestic filing association or registered foreign association shall have and continuously maintain in this Commonwealth a registered office which may, but need not, be the same as its place of business.

Form Instructions

Enter the name and mailing address to which any correspondence regarding this filing should be sent. This field must be completed for the Bureau to return the filing. If the filing is to be returned by email, an email address must be provided. An email will be sent to address provided, containing a link and instructions on how to get a copy of the filed document or correspondence may be downloaded. Any email or mailing addresses provided on this form will become part of the filed document and therefore public record.

1. Give the exact name of the association. The name on this line must match exactly the association name as shown in Department's records at the time the Statement/Certificate of Change of Registered Office is submitted for filing. This field is required.

2. Current address. The address provided must be the association's registered office address (a) or Commercial Registered Office Provider (b) as on file with the Department of State at the time the Statement/Certificate of Change of Registered Office is submitted for filing. This field is required.

3. New address. The address provided should be the association's new registered office address (a) or Commercial Registered Office Provider (b) after the Statement/Certificate of Change of Registered Office is filed and effective. Post office boxes are not acceptable for any address. Under 15 Pa.C.S. § 135(c) (relating to addresses) an actual street or rural route box number must be used as an address, and the Department of State is required to refuse to receive or file any document that sets forth only a post office box address. This field is required.

4. For business and nonprofit corporations only, a statement must be made that the change was authorized by the board of directors or other body. If the change in registered office was authorized by a body other than the board of directors of the corporation, paragraph 4 should be modified accordingly.

Signature and Verification

An authorized representative of the association must sign the Statement/Certificate of Change of Registered Office. Signing a document delivered to the Department for filing is an affirmation under the penalties provided in 18 Pa.C.S. § 4904 (relating to false pronouncement to authorities) that the facts stated in the document are true in all material respects. This field is required.

Source


(386255) No. 510 May 17
PENNSYLVANIA DEPARTMENT OF STATE
BUREAU OF CORPORATIONS AND CHARITABLE ORGANIZATIONS

Statement with Respect to Shares
Domestic Business Corporation
DSCB:15-1522  (rev. 7/2015)

Return document by mail to:
Name
Address
City State Zip Code

Return document by email to:

Read all instructions prior to completing. This form may be submitted online at https://www.corporations.pa.gov/.

Fee: $70

In compliance with the requirements of 15 Pa.C.S. § 1522(b) (relating to statement with respect to shares), the undersigned corporation, desiring to state the designation and voting rights, preferences, limitations, and special rights, if any, of a class or series of its shares, hereby states that:

1. The name of the corporation is:

<table>
<thead>
<tr>
<th>Name</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
</tr>
</tbody>
</table>

2. Check and complete one of the following:

- The resolution amending the Articles under 15 Pa.C.S. § 1522(b) (relating to divisions and determinations by the board), set forth in full, is as follows:

<table>
<thead>
<tr>
<th>Resolution</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
</tr>
</tbody>
</table>

- The resolution amending the Articles under 15 Pa.C.S. § 1522(b) is set forth in full in Exhibit A attached hereto and made a part hereof.

<table>
<thead>
<tr>
<th>Resolution</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
</tr>
</tbody>
</table>

3. The aggregate number of shares of such class or series established and designated by (a) such resolution, (b) all prior statements, if any, filed under 15 Pa.C.S. § 1522 or corresponding provisions of prior law with respect thereto, and (c) any other provision of the Articles is __________ shares.

<table>
<thead>
<tr>
<th>Shares</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
</tr>
</tbody>
</table>

Appx. 94

(386256) No. 510 May 17

Copyright © 2017 Commonwealth of Pennsylvania
4. The resolution was adopted by the Board of Directors or an authorized committee thereon on:

<table>
<thead>
<tr>
<th>Date (MM/DD/YYYY)</th>
</tr>
</thead>
</table>

5. Check, and if appropriate complete, one of the following:

- The resolution shall be effective upon the filing of this statement with respect to shares in the Department of State.

- The resolution shall be effective on:

<table>
<thead>
<tr>
<th>Date (MM/DD/YYYY)</th>
<th>Hour (if any)</th>
</tr>
</thead>
</table>

IN TESTIMONY WHEREOF, the undersigned corporation has caused this statement to be signed by a duly authorized officer thereof this day of __________, ________

<table>
<thead>
<tr>
<th>Name of Corporation</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Signature</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Title</th>
</tr>
</thead>
</table>

Appx. 95

(377237) No. 490 Sep. 15
DEPARTMENT OF STATE

Pennsylvania Department of State
Bureau of Corporations and Charitable Organizations
P.O. Box 8722
Harrisburg, PA 17105-8722
(717) 787-1057
web site: www.dos.pa.gov/corps

Instructions for Completion of Form:

A. Typewritten is preferred. If handwritten, the form shall be legible and completed in black or blue-black ink in order to permit reproduction. The nonrefundable filing fee for this form is $70 made payable to the Department of State. Checks must contain a commercially pre-printed name and address.

Enter the name and mailing address to which any correspondence regarding this filing should be sent. This field must be completed for the Bureau to return the filing. If the filing is to be returned by email, an email address must be provided. An email will be sent to address provided, containing a link and instructions on how a copy of the filed document or correspondence may be downloaded. Any email or mailing addresses provided on this form will become part of the filed document and therefore public record.

B. A separate form shall be submitted for each class or series of shares affected. If a number of classes or series of shares are affected at the same time, consideration should be given to filing form DSCB:15-1915-5915 (Articles of Amendment-Domestic Corporation).

C. The effective date in Paragraph 5 may not be prior to the filing date, but the resolution may state a prior effective date “for accounting purposes only.”

D. If the corporation was incorporated on or after October 1, 1989, the words “or corresponding provisions of prior law” may be omitted from Paragraph 3.

E. This form and all accompanying documents shall be mailed to the address stated above.

Appx. 96
## PENNSYLVANIA DEPARTMENT OF STATE
**BUREAU OF CORPORATIONS AND CHARITABLE ORGANIZATIONS**

<table>
<thead>
<tr>
<th>Return document by mail to:</th>
<th>Statement of Termination</th>
</tr>
</thead>
<tbody>
<tr>
<td>Name:</td>
<td>Domestic Corporation</td>
</tr>
<tr>
<td>Address:</td>
<td>DSCB1-15-1902-5902</td>
</tr>
<tr>
<td>City:</td>
<td>1902</td>
</tr>
<tr>
<td>State:</td>
<td></td>
</tr>
<tr>
<td>Zip Code:</td>
<td></td>
</tr>
</tbody>
</table>

Read all instructions prior to completing.

Fee: $70

Check one:  ☐ Business Corporation (§ 1902)  ☐ Nonprofit Corporation (§ 5902)

In compliance with the requirements of the applicable provisions of 15 Pa.C.S. § 1902 or § 5902 (relating to Statement of termination), the undersigned, desiring to terminate an amendment that has not yet become effective, hereby certifies that:

1. The name of the association is: ____________________________

2. The current registered office address as on file with the Department of State. Complete part (a) OR (b) - not both:

<table>
<thead>
<tr>
<th>Number and street</th>
<th>City</th>
<th>State</th>
<th>Zip</th>
<th>County</th>
</tr>
</thead>
<tbody>
<tr>
<td>(a)</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

(b) c/o

Name of Corporation: ____________________________

3. A copy of the Articles of Amendment to be terminated is attached and set forth in full in Exhibit A.

4. This Statement of Termination has been signed/executed by the corporation that filed the amendment.

5. The amendment has been terminated in accordance with the provisions thereof set forth therein.

IN TESTIMONY WHEREOF, the undersigned corporation has caused this Statement of Termination to be signed by a duly authorized officer thereof this ____________________ day of ____________________, 20__

______________________________

Name of Corporation

______________________________

Signature

______________________________

Title
General Information
Typewritten is preferred. If handwritten, the form must be legible and completed in black or blue-black ink in order to permit reproduction.

The nonrefundable filing fee for this form is $70. Checks should be made payable to the Department of State. Checks must contain a commercially pre-printed name and address.

This form and all accompanying documents shall be mailed to the address stated above.

Applicable Law
See 15 Pa.C.S. § 1902 and § 1902 for general information on Statement of Termination. Statutes are available on the Pennsylvania General Assembly website, www.legis.state.pa.us, by following the link for Statutes.

Who should file this form?
Only domestic business corporations and domestic nonprofit corporations may use this form. Articles of Amendment which have been previously delivered to the Department of State for filing but which have not yet taken effect may be terminated before they take effect by filing a Statement of Termination. The same can be accomplished by filing a Statement of Abandonment (DSCB 15-141).

Only an amendment that has not yet taken effect may be terminated under this section. If the articles of amendment have taken effect, they may be corrected under 15 Pa.C.S. § 138 if the requirements of that section are satisfied.

Attachments
The following, in addition to the filing fee, shall accompany this form:
(1) One copy of a completed form DSCB-15-134B (Docketing Statement - Changes) with respect to each association affected by the terminated amendment.

Form Instructions
Enter the name and mailing address to which any correspondence regarding this filing should be sent. This field must be completed for the Bureau to return the filing. If the filing is to be returned by email, an email address must be provided. An email will be sent to address provided, containing a link and instructions on how a copy of the filed document or correspondence may be downloaded. Any email or mailing address provided on this form will become part of the filed document and therefore public record.

1. Give the exact name of the association. The name on this line must match exactly the association name as provided in the articles of amendment sought to be terminated and in the Department’s records at the time the Statement of Termination is submitted for filing. This field is required.

2. Current address. The address provided must be the association’s registered office address (a) or Commercial Registered Office Provider (b) as on file with the Department of State at the time this Statement of Termination is submitted for filing. This field is required.

3. A copy of the Articles of Amendment to be terminated must be attached to the Statement of Termination. This field is required.

4. This statement is required.

5. This statement is required.

Signature and Verification
The Statement of Termination must be signed by the corporation that filed the amendment. Signing a document delivered to the Department for filing is an affirmation under the penalties provided in 18 Pa.C.S. § 4904 (relating to unsworn falsification to authorities) that the facts stated in the document are true in all material respects. This field is required.
PENNSYLVANIA DEPARTMENT OF STATE  
BUREAU OF CORPORATION AND CHARITABLE ORGANIZATIONS

**Articles of Amendment**  
Domestic Corporation  
(DSCR.15-1915/5915) (rev. 7/2015)

<table>
<thead>
<tr>
<th>Return document by mail to:</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Name:</td>
<td></td>
</tr>
<tr>
<td>Address:</td>
<td></td>
</tr>
<tr>
<td>City</td>
<td>State</td>
</tr>
</tbody>
</table>

Read all instructions prior to completing. This form may be submitted online at [https://www.corporations.pa.gov/](https://www.corporations.pa.gov/).

Fee: $70

Check one:  
- Business Corporation (§ 1915)  
- Nonprofit Corporation (§ 5915)

In compliance with the requirements of the applicable provisions (relating to articles of amendment), the undersigned, desiring to amend its articles, hereby states that:

1. The name of the corporation is:  

2. The (a) address of this corporation’s current registered office in this Commonwealth or (b) name of its commercial registered office provider and the county of venue is:  

   (Complete only (a) or (b), not both)

   (a) Number and Street  City  State  Zip  County  

   (b) Name of Commercial Registered Office Provider  County  

c/o:  

3. The statute by or under which it was incorporated:  

4. The date of its incorporation:  (MM/DD/YYYY)  

5. Check, and if appropriate complete, one of the following:  

   - The amendment shall be effective upon filing these Articles of Amendment in the Department of State.  
   - The amendment shall be effective on  
     - Date: MM/DD/YYYY  
     - Time:  
     - Hour (if any):  

Appx. 99

(377241) No. 490 Sep. 15
6. **Check one of the following:**
   - [ ] The amendment was adopted by the shareholders or members pursuant to 15 Pa.C.S. § 1914(a) and (b) or § 5914(a).
   - [ ] The amendment was adopted by the board of directors pursuant to 15 Pa. C.S. § 1914(c) or § 5914(b).

7. **Check, and if appropriate complete, one of the following:**
   - [ ] The amendment adopted by the corporation, set forth in full, is as follows

   _____________________________________________________________

   _____________________________________________________________

   _____________________________________________________________

   [ ] The amendment adopted by the corporation is set forth in full in Exhibit A attached hereto and made a part thereof.

8. **Check if the amendment restates the Articles:**
   - [ ] The restated Articles of Incorporation supersede the original articles and all amendments thereto.

   IN TESTIMONY WHEREOF, the undersigned corporation has caused these Articles of Amendment to be signed by a duly authorized officer thereof this ______ day of ____________, _______

   Name of Corporation

   Signature

   Title
Appx. C

FORMS

DSCB:15-1915:3915 - Instructions

Pennsylvania Department of State
Bureau of Corporations and Charitable Organizations
P.O. Box 8722
Harrisburg, PA 17105-8722
(717) 787-1057
web site: www.dos.pas.gov/corps

Instructions for Completion of Form:

A. Typewritten is preferred. If handwritten, the form shall be legible and completed in black or blue-black ink in order to permit reproduction. The nonrefundable filing fee for this form is $70 made payable to the Department of State. Checks must contain a commercially pre-printed name and address.

Enter the name and mailing address to which any correspondence regarding this filing should be sent. This field must be completed for the Bureau to return the filing. If the filing is to be returned by email, an email address must be provided. An email will be sent to address provided, containing a link and instructions on how a copy of the filed document or correspondence may be downloaded. Any email or mailing addresses provided on this form will become part of the filed document and therefore public record.

B. Under 15 Pa.C.S. § 135(c) (relating to addresses) an actual street or rural route box number must be used as an address, and the Department of State is required to refuse to receive or file any document that sets forth only a post office box address.

C. The following, in addition to the filing fee, shall accompany this form:

(1) Two copies of a completed form DSCB:15-134B (Docketing Statement-Changes).

(2) Any necessary copies of form DSCB:19-17.2 (Consent to Appropriation of Name) shall accompany Articles of Amendment effecting a change of name and the change in name shall contain a statement of the complete new name.

(3) Any necessary governmental approvals.

D. Nonprofit Corporations: If the action was authorized by a body other than the board of directors Paragraph 6 should be modified accordingly.

E. This form and all accompanying documents shall be mailed to the above stated address.

Appx. 101

(386257) No. 510 May 17
DEPARTMENT OF STATE
Pt. I

PENNSYLVANIA DEPARTMENT OF STATE
BUREAU OF CORPORATIONS AND CHARITABLE ORGANIZATIONS

Return document by mail to:
Name: __________________________
Address: ________________________
City: ____________________ State: ______ Zip: ______

Return document by email to: __________________________

Read all instructions prior to completing. This form may be submitted online at https://www.corporations.pa.gov/

Fee: $70

Check one:  ☐ By Shareholders or Incorporators - Domestic Business Corporation (§ 1971)
☐ By Members or Incorporators - Domestic Nonprofit Corporation (§ 5971)

In compliance with the requirements of the applicable provisions of 15 Pa.C.S. § 1971 or § 5971 (relating to voluntary dissolution by shareholders, incorporators or members for a corporation that has never transacted business), the undersigned, desiring that the corporation should be dissolved, hereby states that:

1. The name of the corporation is: ______________________________________

2. The current registered office address of the corporation as on file with the Department of State.
Complete part (a) OR (b) — not both:

(a) Number and street: __________________________
City: ____________________ State: ______ Zip: ______ County: ______

(b) c/o: __________________________
Name of Commercial Registered Office Provider: __________________________
County: ______

3. The statute by or under which it was incorporated: __________________________

4. The date of its incorporation: ____________________ (MM/DD/YYYY)

5. Check one of the following:
☐ Business Corporation Only: The corporation has never transacted business or held assets other than money received from subscriptions for shares.
☐ Nonprofit Corporation Only: The corporation has not received any property in trust or otherwise commenced business.

6. The amount, if any, actually paid in on subscriptions for its shares or memberships, less any part thereof disbursed for necessary expenses, has been returned to those entitled thereto.

7. Check one of the following:
☐ All liabilities of the corporation have been discharged.
☐ Adequate provision has been made for the payment of the liabilities of the corporation.
8. **Business Corporation Only**: Check one of the following:
   - ☐ A majority of the incorporators elect that the corporation be dissolved.
   - ☐ A majority in interest of the shareholders elect that the corporation be dissolved.

9. **Nonprofit Corporation Only**:
   - ☐ A majority of the members or incorporators elect that the corporation be dissolved.

IN TESTIMONY WHEREOF, at least a majority of the incorporators or a majority in interest of the shareholders of the above-named business corporation or at least a majority of the members or incorporators of the above-named nonprofit corporation has hereunto set their hands this ______ day of _____________, _________.

____________________________
Signature

____________________________
Signature

____________________________
Signature

Appx. 103
General Information
Typed or printed is preferred. If handwritten, the form must be legible and completed in black or blue-black ink in order to permit reproduction. The non-refundable filing fee for this form is $70, made payable to the Department of State. Checks must contain a commercially pre-printed name and address.

This form and all accompanying documents, including any necessary governmental approvals, shall be mailed to the address stated above.

Who should file this form?
This form may be used to dissolve a domestic business corporation that has never transacted business or has never held assets other than money received from subscriptions for shares. This form may also be used to dissolve a domestic nonprofit corporation that has never received any property in trust or otherwise commenced business.

If a domestic business or nonprofit corporation has transacted business, it must use form DSCB:15-1975/5977 (Articles of Dissolution - Domestic Corporation) to dissolve the corporation.

Applicable Law
For dissolution and winding up requirements for nonprofit corporations, in general, see 15 Pa.C.S. §§ 5971-5979.
Statutes are available on the Pennsylvania General Assembly website, www.legis.state.pa.us, by following the link for Statutes.

Form Instructions
Enter the name and mailing address to which any correspondence regarding this filing should be sent. This field must be completed for the Bureau to return the filing. If the filing is to be returned by email, an email address must be provided. An email will be sent to address provided, containing a link and instructions on how a copy of the filed document or correspondence may be downloaded. Any email or mailing addresses provided on this form will become part of the filed document and therefore public record.

1. Name. Give the exact name of the corporation. The name on this line must match exactly the association name as shown in Department’s records at the time the Voluntary Dissolution (Never Transacted Business) is

submitted for filing. This field is required.

2. Address. The address provided must be the association’s registered office address (a) or Commercial Registered Office Provider (b) as on file with the Department of State at the time the Voluntary Dissolution (Never Transacted Business) is submitted for filing. This field is required.

3. The statute by or under which it was incorporated, i.e. the Business Corporation Law of 1988, the Nonprofit Corporation Law of 1988. This field is required.

4. Give the date of incorporation (month, day and year). This field is required.

5. Check one option based on whether corporation is a business corporation or a nonprofit corporation. This field is required.

6. Mandatory statement. This field is required.

7. Check the appropriate box. A response to this field is required.

8. A response to this field is required for business corporations only. Nonprofit corporations answer field 9.

9. A response to this field is required for nonprofit corporations only. Business corporations answer field 8.

Signature and Verification
The Voluntary Dissolution (Never Transacted Business) must be executed by a majority of the incorporators or a majority in interest of the shareholders or members. When the corporation has more than three executing incorporators or shareholders (business) or three executing incorporators or members (nonprofit), additional signature lines should be added as appropriate. Signing a document delivered to the Department for filing is an affirmation under the penalties provided in 18 Pa.C.S. § 4904 (relating to unsworn falsification to authorities) that the facts stated in the document are true in all material respects. This field is required.

Attachments
The following, in addition to the filing fee, shall accompany this form:

(1) One copy of a completed form DSCB:15-134B (Docking Statement-Changes).

Source

Appx. 104
PENNSYLVANIA DEPARTMENT OF STATE
BUREAU OF CORPORATIONS AND CHARITABLE ORGANIZATIONS

Articles of Dissolution
Domestic Corporation
DSCR:15-1977/5977 (rev. 7/28/15)

Return document by mail to:

Name
Address
City State Zip Code

Return document by email to: ______________________________

Read all instructions prior to completing. This form may be submitted online at https://www.corporations.pa.gov.

Fee: $70

Check one: ☐ Business Corporation (§ 1977) ☐ Nonprofit Corporation (§ 5977)

In compliance with the requirements of the applicable provisions (relating to articles of dissolution), the undersigned corporation, desiring to dissolve, hereby states that:

1. The name of the corporation is:

2. The (a) address of this corporation’s current registered office in this Commonwealth or (b) name of its commercial registered office provider and the county of venue is:

   (Complete only (a) or (b), not both)

   (a) Number and Street City State Zip County

   (b) Name of Commercial Registered Office Provider County

3. The statute by or under which it was incorporated:

4. The date of its incorporation: MMM/DD/YYYY

Appx. 105
5. The names and addresses, including number and street, of its directors are:


6. The names and addresses, including number and street, and official titles of its officers are:


7. Check one of the following:
   __ The proposal to dissolve voluntarily was adopted by the shareholders or members pursuant to 15 Pa.C.S. § 1905 or § 5905.
   __ The proposal to dissolve voluntarily was adopted by the directors and shareholders (or members) pursuant to 15 Pa.C.S. § 1974(a) or directors and member (or shareholders) pursuant to 15 Pa.C.S. § 5974(a).
   __ Option for Nonprofit Corporation Only: The proposal to dissolve voluntarily was adopted by the board of directors pursuant to 15 Pa.C.S. § 5974(b).

8. Check one of the following:
   __ All liabilities of the corporation have been discharged.
   __ Adequate provision has been made for the discharge of the liabilities of the corporation.
   __ The assets of the corporation are not sufficient to satisfy and discharge its liabilities, and all the assets of the corporation have been fairly and equitably applied, as far as they will go, to the payment of such liabilities.

9. Check one of the following:
   __ All remaining assets of the corporation, if any, have been distributed as provided in the Business or Nonprofit Corporation Law of 1988.
   __ The corporation has elected to proceed under 15 Pa.C.S. Subch. 19H or 59H (relating to post dissolution claims) and any remaining assets of the corporation will be distributed as provided in that subchapter.

10. Check one of the following:
    __ There are no actions or proceedings pending against the corporation in any court.
    __ Adequate provision has been made for the satisfaction of any judgment or decree that may be obtained against the corporation in each action or proceeding pending against the corporation.
11. Notice of the winding-up proceedings of the corporation was mailed by certified or registered mail to each known creditor and claimant of the corporation and to each municipal corporation in which the corporation’s registered office or principal place of business in this Commonwealth is located.

IN TESTIMONY WHEREOF, the undersigned corporation has caused these Articles of Dissolution to be signed by a duly authorized officer thereof this ______ day of ______________, ______

________________________________________
Name of Corporation

________________________________________
Signature

________________________________________
Title
Instructions for Completion of Form:

A. Typewritten is preferred. If handwritten, the form shall be legible and completed in black or blue-black ink in order to permit reproduction. The nonrefundable filing fee for this form is $70 made payable to the Department of State. Checks must contain a commercially pre-printed name and address.

Enter the name and mailing address to which any correspondence regarding this filing should be sent. This field must be completed for the Bureau to return the filing. If the filing is to be returned by email, an email address must be provided. An email will be sent to address provided, containing a link and instructions on how a copy of the filed document or correspondence may be downloaded. Any email or mailing addresses provided on this form will become part of the filed document and therefore public record.

B. Under 15 Pa.C.S. § 135(c) (relating to addresses) an actual street or rural route box number must be used as an address, and the Department of State is required to refuse to receive or file any document that sets forth only a post office box address.

C. The second option in Paragraph 8 should be checked by a corporation that elects to proceed under 15 Pa.C.S. Subch. 198 or 591H (relating to post dissolution claims).

D. The following, in addition to the filing fee, shall accompany this form:

   (1) Tax clearance certificates from the Department of Revenue and from the Bureau of Employment Security of the Department of Labor and Industry evidencing payment of all taxes and charges payable to the Commonwealth.

   (2) Any necessary governmental approvals.

E. The corporation is required by 15 Pa.C.S. § 1975(b) or § 5975(b) (relating to notice to creditors and taxing authorities) to publish notice of the winding-up proceedings one time in the legal journal and newspaper of general circulation published in the county of its registered office, or in two newspapers of general circulation if no legal journal exists in such county, or in one newspaper of general circulation if that is the only one published in the county. Proofs of such publication should be kept with the corporate records of the corporation, and should not be submitted to, and will not be received by or filed in, the Department.

F. This form and all accompanying documents shall be mailed to the above stated address.
PENNSYLVANIA DEPARTMENT OF STATE
BUREAU OF CORPORATIONS AND CHARITABLE ORGANIZATIONS

Return document by mail to: 

Articles of Involuntary Dissolution
Domestic Corporation
DSCBR:15-1989/5989 (rev. 7/2013)

Read all instructions prior to completing.

Fee: None

Check one: ☐ Business Corporation (§ 1989) ☐ Nonprofit Corporation (§ 5989)

In compliance with the requirements of the applicable provisions (relating to articles of involuntary dissolution),
the undersigned officer of the office of the clerk of the court of common pleas, desiring to evidence the dissolution of a
corporation, hereby certifies that:

1. The name of the corporation is: ____________________________

2. The (a) address of this corporation’s current registered office in this Commonwealth or (b) name of
   its commercial registered office provider and the county of venue is:
   (Complete only (a) or (b), not both)

   (a) Number and Street  City  State  Zip  County

   (b) Name of Commercial Registered Office Provider  City  State  Zip  County

3. The court, term and number or other identification of the proceeding in which a decree dissolving the
corporation was entered is: ____________________________

Appx. 109
Appx. C

FORMS

4. Check one of the following:

___ The costs and expenses of the foregoing proceeding and the liabilities of the corporation have been discharged and all the remaining assets of the corporation, if any, have been distributed as provided in 15 Pa.C.S. Subch. 19G or 59G (relating to involuntary liquidation and dissolution).

___ The assets of the corporation are not sufficient to discharge such costs, expenses and liabilities, and all the assets of the corporation have been applied, as far as they will go, to the payment of such costs, expenses and liabilities.

5. A certified copy of the decree of dissolution is set forth in full in Exhibit A attached hereto and made a part hereof.

IN TESTIMONY WHEREOF, the undersigned officer of the office of the clerk of the court of common pleas has executed these Involuntary Articles of Dissolution this

___, day of __________, 20__

Name of Court

Signature

Title

Appx. 110

(377252) No. 490 Sep. 15
DEPARTMENT OF STATE  
Pt. I

Instructions for Completion of Form:

A. Typewritten is preferred. If handwritten, the form shall be legible and completed in black or blue-black ink in order to permit reproduction. There is no filing fee with respect to this form.

Enter the name and mailing address to which any correspondence regarding this filing should be sent. This field must be completed for the Bureau to return the filing. If the filing is to be returned by email, an email address must be provided. An email will be sent to address provided, containing a link and instructions on how a copy of the filed document or correspondence may be downloaded. Any email or mailing addresses provided on this form will become part of the filed document and therefore public record.

B. Under 15 Pa.C.S. § 135(c) (relating to addresses) an actual street or rural route box number must be used as an address, and the Department of State is required to refuse to receive or file any document that sets forth only a post office box address.

C. The following shall accompany this form:
   (1) A certified copy of the order of dissolution.
   (2) Any necessary governmental approvals.

D. No tax clearance certificates from the Department of Revenue or from the Bureau of Employment Security of the Department of Labor and Industry evidencing payment of all taxes and charges payable to the Commonwealth are required to be submitted with this form, under the presumption that they have been filed with the Court.

E. This form and all accompanying documents shall be mailed to the address stated above.

Appx. 111
Amendment-Domestic Business Corporation
Election of Nonstock/Statutory Close Status
DSCB-15-2104/2305 (rev. 7-2015)

Read all instructions prior to completing. This form may be submitted online at https://www.corporations.pa.gov/.

Fee: $70

Check one: ☐ Election of Nonstock Status (§ 2104)
☐ Election of Statutory Close Corporation Status (§ 2305)

In compliance with the requirements of the applicable provisions (relating to election of an existing business corporation to become a nonstock corporation or a statutory close corporation), the undersigned business corporation, desiring to amend its Articles to reflect an election to become a non-stock business corporation or a statutory close corporation, hereby states that:

1. The name of the corporation is:

2. The (a) address of this corporation’s current registered office in this Commonwealth or (b) name of its commercial registered office provider and the county of venue is:
   (Complete only (a) or (b), not both)
   (a) Number and Street  City  State  Zip  County
   (b) Name of Commercial Registered Office Provider  County
c/o:

3. The statute by or under which it was incorporated:

4. The date of its incorporation: ____________ (MM/DD/YYYY)

5. Check, and if appropriate complete, one of the following:
   The amendment shall be effective upon filing these Articles of Amendment in the Department of State.
   The amendment shall be effective on: _______ at ________
   Date (MM/DD/YYYY)  Hour (if any)
6. Check one of the following:
   - The amendment was adopted by the shareholders or members pursuant to 15 Pa.C.S. §§ 1905 and 2104(b) or § 2305(b).
   - Option for Non-stock Corporation Only: The amendment was adopted by the board of directors and shareholders (or members) pursuant to 15 Pa.C.S. §§ 1914(a) and (b) and 2104(b).

7. The corporation elects to become a non-stock or statutory close corporation.

8. Check one of the following:
   - For Nonstock Corporation Status Only: The corporation is organized on a nonstock basis.
   - For Statutory Close Corporation Status Only: Neither the corporation nor any shareholder shall make an offering of any of its shares of any class that would constitute a “public offering” within the meaning of the Securities Act of 1933 (15 U.S.C. § 77a et seq.).

9. Check, and if appropriate, complete one of the following:
   - The amendment adopted by the corporation, set forth in full, is as follows:

   ______________________

   ______________________

   ______________________

   ______________________

   - The amendment adopted by the corporation is set forth in full in Exhibit A attached hereto and made a part hereof.

10. Check if the amendment restates the Articles:
    - The restated Articles of Incorporation supersede the original Articles and all amendments thereto.

IN TESTIMONY WHEREOF, the undersigned corporation has caused these Articles of Amendment to be signed by a duly authorized officer thereof this ___ day of ___, ___

__________________________
Name of Corporation

__________________________
Signature

__________________________
Title
Instructions for Completion of Form:

A. Typewritten is preferred. If handwritten, the form shall be legible and completed in black or blue-black ink in order to permit reproduction. The nonrefundable filing fee for this form is $79 made payable to the Department of State. Checks must contain a commercially pre-printed name and address.

Enter the name and mailing address to which any correspondence regarding this filing should be sent. This field must be completed for the Bureau to return the filing. If the filing is to be returned by email, an email address must be provided. An email will be sent to address provided, containing a link and instructions on how a copy of the filed document or correspondence may be downloaded. Any email or mailing addresses provided on this form will become part of the filed document and therefore public record.

B. Under 15 Pa.C.S. § 135(c) (relating to addresses) an actual street or rural route box number must be used as an address, and the Department of State is required to refuse to receive or file any document that sets forth only a post office box address.

C. The following, in addition to the filing fee, shall accompany this form:

   (1) One copy of a completed form DSCB:15-134B (Docketing Statement-Changes).

   (2) Any necessary copies of form DSCB:19-17.2 (Consent to Appropriation or Use of Similar Name) shall accompany Articles of Amendment effecting a change of names and the change in name shall contain a statement of the complete new name.

   (3) Any necessary governmental approvals.

D. For Non-stock Corporation Status Only: Under 15 Pa.C.S. § 2103 (relating to contents of articles and other documents of non-stock corporations) a non-stock corporation may, but need not, have a minimum guaranteed capital which shall be furnished by the subscribers thereto in such proportions as they may agree.

E. For Statutory Close Corporation Status Only: Under 15 Pa.C.S. § 1103 (relating to definitions) a business corporation that has not more than 30 shareholders (counting shares that are held jointly or in common or in trust by two or more persons, as fiduciaries or otherwise, or that are held by spouses, as held by one shareholder) is a "closed corporation" but is not a "statutory close corporation" subject to 15 Pa.C.S. Ch. 23 (relating to statutory close corporations) unless an express election to be a statutory close corporation is set forth in its Articles. For general instructions relating to statutory close corporations see 19 Pa. Code Ch. 27 (relating to statutory close corporations). These instructions relate to such matters as applicability of statutory close corporation provisions, contents of articles, election of existing corporations to become close corporations, voluntary termination of close corporation status, filings with respect to breach and cure of qualifying conditions and preemptive rights, etc.

F. This form and all accompanying documents shall be mailed to the above stated address.
PENNSYLVANIA DEPARTMENT OF STATE
BUREAU OF CORPORATIONS AND CHARITABLE ORGANIZATIONS

Breach/Cure of Qualifying Condition
Domestic Business/Statutory Close Corporation

D9C8:15-2309A/2309B (rev. 7/2015)

Read all instructions prior to completing. This form may be submitted online at https://www.corporations.pa.gov/.

Fee: $70

Check one:  
☐ Statement of Breach of Qualifying Condition (§ 2309A)  
☐ Statement of Cure of Breach of Qualifying Condition (§ 2309B)

In compliance with the requirements of the applicable provisions (relating to involuntary termination of statutory close corporation status; proceedings to prevent loss of status)(relating to notice of cure of breach), the undersigned business corporation which is a statutory close corporation hereby states that:

1. The name of the corporation is:

2. The (a) address of this corporation’s current registered office in this Commonwealth or (b) name of its commercial registered office provider and the county of venue is:
   (Complete only (a) or (b), not both)
   (a) Number and Street   City   State   Zip   County

   (b) Name of Commercial Registered Office Provider   County

3. Check box relating to applicable provision:
   ☐ Statement of Breach: The provision included in its Articles pursuant to 15 Pa.C.S. § 2304(a) (relating to additional contents of articles of statutory close corporations to qualify it as a statutory close corporation has been breached.
   ☐ Statement of Cure of Breach: No breach of the provision included in its Articles pursuant to 15 Pa.C.S. § 2304(a) (relating to additional contents of articles of statutory close corporations to qualify it as a statutory close corporation exists.

Appx. 115
IN TESTIMONY WHEREOF, the undersigned corporation has caused this Statement of Breach of Qualifying Condition/Statement of Cure of Breach of Qualifying Condition to be signed by a duly authorized officer thereof this
____ day of ____________________.

______________________________
Name of Corporation

______________________________
Signature

______________________________
Title.
Pennsylvania Department of State
Bureau of Corporations and Charitable Organizations
P.O. Box 8722
Harrisburg, PA 17105-8722
(717) 787-1467
web site: www.dos.pa.gov/corps

General Instructions for Completion of Form:

A. Typewritten is preferred. If handwritten, the form shall be legible and completed in black or blue-black ink in order to permit reproduction. The nonrefundable filing fee for this form is $70 paid payable to the Department of State. Checks must contain a commercially pre-printed name and address.

Enter the name and mailing address to which any correspondence regarding this filing should be sent. This field must be completed for the Bureau to return the filing. If the filing is to be returned by email, an email address must be provided. An email will be sent to address provided, containing a link and instructions on how a copy of the filed document or correspondence may be downloaded. Any email or mailing addresses provided on this form will become part of the filed document and therefore public record.

B. Under 15 Pa.C.S. § 135(c) (relating to addresses) an actual street or rural route box number must be used as an address, and the Department of State is required to refuse to receive or file any document that sets forth only a post office box address.

C. This form and all accompanying documents shall be mailed to the address listed above.

Instruction for Statement of Breach of Qualifying Condition Only

E. Under 15 Pa.C.S. § 2309(a)(1) this form shall be filed within 30 days after the occurrence of the event amounting to a “public offering” of any of the shares of any class of the corporation within the meaning of the Securities Act of 1933 (15 U.S.C. § 77a et seq.), or within 30 days after the event has been discovered, whichever is later. The corporation shall within the same period furnish a copy of this form to each shareholder.

F. Under 15 Pa.C.S. § 2309(a)(2) the corporation is required concurrently with filing of this form to take such steps as are necessary to correct the situation. When the situation has been remedied this form shall be filed under the direction of Statement of Cure of Breach of Qualifying Condition.
Amendment-Domestic Business Corporation

Election of Management/Professional/Benefit Status

DEPARTMENT OF STATE
Pt. I

Pennsylvania Department of State
Bureau of Corporations and Charitable Organizations

☐ Return document by mail to:

Address:

City State Zip Code:

☐ Return document by email to:

Read all instructions prior to completing. This form may be submitted online at https://www.corporations.pa.gov/

Fee: $70

Check one:
☐ Management Corporation (§ 2704)  ☐ Professional Corporation (§ 2904)  ☐ Benefit Corporation (§ 3304)

In compliance with the requirements of the applicable provisions (relating to election of an existing business corporation to become a management or professional corporation), the undersigned business corporation, desiring to amend its Articles to reflect an election to become a business corporation which is a management/professional corporation hereby states that:

1. The name of the corporation is:

2. The (a) address of this corporation’s current registered office in this Commonwealth or (b) name of its commercial registered office provider and the county of venue is: (Complete only (a) or (b), not both)

(a) Number and Street

City State Zip County

(b) Name of Commercial Registered Office Provider

County

3. The statute by or under which it was incorporated:

4. The date of its incorporation:

5. Check, and if appropriate complete, one of the following:

☐ The amendment shall be effective upon filing these Articles of Amendment in the Department of State.

☐ The amendment shall be effective on:

Date (MM/DD/YYYY) Hour (of any)

6. Check one of the following:

☐ The amendment was adopted by the shareholders or members pursuant to 15 Pa.C.S. §§ 1905 and 2704(b).

☐ The amendment was adopted by the board of directors and shareholders (or members) pursuant to 15 Pa.C.S. §§ 194.6(a) and (b) and 2704(b).

7. ☐ The corporation elects to become a management corporation.

Appx. 118

(377260) No. 490 Sep. 15

Copyright © 2015 Commonwealth of Pennsylvania
Election of Professional Corporation, complete paragraphs 8 and 9

8. ___The amendment was adopted by the unanimous consent of the shareholders (or members) pursuant to 15 Pa.C.S. § 1905 and 2904(b).

9. ___The corporation elects to become a professional corporation.

Election of Benefit Corporation, complete paragraphs 10 and 11

10. ___This corporation shall have the purpose of creating general public benefit.

11. **Strike out if inapplicable**

___This corporation shall have the purpose of creating the enumerated specific public benefit(s):

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12. **Check, and if appropriate complete, one of the following:**

___The amendment adopted by the corporation, set forth in full, is as follows:

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___The amendment adopted by the corporation is set forth in full in Exhibit A attached hereto and made a part hereof.

13. **Check if the amendment restates the Articles:**

___The restated Articles of Incorporation supersede the original Articles and all amendments thereto.

IN TESTIMONY WHEREOF, the undersigned corporation has caused these Articles of Amendment to be signed by a duly authorized officer thereof this ______ day of ______________, 20____.

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DEPARTMENT OF STATE

Instructions for Completion of Form:

A. Typewritten is preferred. If handwritten, the form shall be legible and completed in black or blue-black ink in order to permit reproduction. The nonrefundable filing fee for this form is $70 made payable to the Department of State. Checks must contain a commercially pre-printed name and address.

Enter the name and mailing address to which any correspondence regarding this filing should be sent. This field must be completed for the Bureau to return the filing. If the filing is to be returned by email, an email address must be provided. An email will be sent to address provided, containing a link and instructions on how a copy of the filed document or correspondence may be downloaded. Any email or mailing addresses provided on this form will become part of the filed document and therefore public record.

B. Under 15 Pa.C.S. § 135(c) (relating to addresses) an actual street or rural route box number must be used as an address, and the Department of State is required to refuse to receive or file any document that sets forth only a post office box address.

C. The following, in addition to the filing fee, shall accompany this form:

(1) One copy of a completed form DSCB:15-134B (Docketing Statement-Changes).
(2) Any necessary copies of form DSCB:19-17.2 (Consent to Appropriation of Name) shall accompany Articles of Amendment effecting a change of names and the change in name shall contain a statement of the complete new name.
(3) Any necessary governmental approvals.

D. For Management Corporation Only: Paragraph 6 shall contain the text required by 15 Pa.C.S. § 2703 (relating to additional contents of articles of management corporations).

E. For Professional Corporation Only: For general instructions relating to the incorporation of professional corporations see 19 Pa. Code Ch. 33 (relating to professional corporations). These instructions relate to incorporators, corporate name and stated purposes. For specific information relating to professional corporation names see 19 Pa. Code § 17.9 (relating to professional names).

F. For Benefit Corporation Only: Paragraphs 10 and 11 shall contain the required and optional text specified by 15 Pa.C.S. § 3331 (relating to corporate purposes).

G. This form and all accompanying documents shall be mailed to the above stated address.
Pennsylvania Department of State
Bureau of Corporations and Charitable Organizations

Return document by mail to:

<table>
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<tr>
<th>Name</th>
<th>Address</th>
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Return document by email to:

Fee: $125

In compliance with the requirements of 15 Pa.C.S. § 2905 (relating to election of professional associations to become professional corporations), the undersigned, constituting all of the associates of a professional association, desiring to elect professional corporation status, hereby states that:

1. The name of the association is:

2. Complete part (a) or (b) – not both:
   (a) The address of this corporation’s current registered office in this Commonwealth is:
       (post office box alone is not acceptable)

   Number and Street

   City | State | Zip | County

   (b) The name of this corporation’s commercial registered office provider and the county of venue is:

   Name of Commercial Registered Office Provider

   County

3. The initial Articles of Association of the association were filed in the Office of the Prothonotary of
   _________________ County, Pennsylvania.

4. The associates of the professional association have elected to accept the provisions of 15 Pa.C.S. Ch. 29
   (relating to professional corporations) for the government and regulation of the affairs of the association.

In testimony whereof, the undersigned constituting all of the associates of the professional association, have executed this Statement of Election of Professional Corporation Status this _______ day of ________.

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<th>Printed name</th>
<th>Signature</th>
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Appx. 121
DEPARTMENT OF STATE

Instructions for Completion of Form:

A. Typewritten is preferred. If handwritten, the form shall be legible and completed in black or blue-black ink in order to permit reproduction. The nonrefundable filing fee for this form is $125 made payable to the Department of State. Checks must contain a commercially pre-printed name and address.

Enter the name and mailing address to which any correspondence regarding this filing should be sent. This field must be completed for the Bureau to return the filing. If the filing is to be returned by email, an email address must be provided. An email will be sent to address provided, containing a link and instructions on how a copy of the filed document or correspondence may be downloaded. Any email or mailing addresses provided on this form will become part of the filed document and therefore public record.

B. Under 15 Pa.C.S. § 135(c) (relating to addresses) an actual street or rural route box number must be used as an address, and the Department of State is required to refuse to receive or file any document that sets forth only a post office box address.

C. The following, in addition to the filing fee, shall accompany this form:

1. One copy of a completed form DSCB:134A (Dockering Statement).

2. One copy of a completed form DSCB:1311/5311/9305 (Statement of Summary of Record) and form DSCB:15-1915/5915 (Articles of Amendment—Domestic Corporation), restating the Articles to set forth all of the information required to be set forth in restated articles of a professional corporation. See 15 Pa.C.S. § 1311(a)(8).

D. For general instructions relating to the incorporation of professional corporations see 19 Pa. Code Ch. 33 (relating to professional corporations). These instructions relate to incorporators, corporate name and stated purposes. For specific information relating to professional corporation names see 19 Pa. Code § 17.9 (relating to professional names). For general instructions relating to the incorporation of business corporations see 19 Pa. Code Ch. 23 (relating to business corporations generally). These instructions relate to such matters as corporate name, stated purposes, term of existence, nonstock status, authorized share structure and related authority of the board of directors, inclusion of names of first directors in the Articles of Incorporation, optional provisions on cumulative voting for election of directors, etc.

E. This form and all accompanying documents shall be mailed to the address stated above.
Pennsylvania Department of State
Bureau of Corporations and Charitable Organizations

☐ Return document by mail to:

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☐ Return document by email to:

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<th>City</th>
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Annual Benefit Report
Benefit Corporation
DSCB-18-3331 (rev. 2/2017)

Fee: $70

Read all instructions prior to completing. This form may be submitted online at [https://www.corporations.pa.gov/](https://www.corporations.pa.gov/)

In compliance with the requirements of 15 Pa.C.S. § 3331 (relating to annual benefit report), the undersigned benefit corporation hereby states that:

1. The name of the corporation is:

2. Complete part (a) or (b) – not both:

   (a) The address of this corporation’s current registered office in this Commonwealth is

<table>
<thead>
<tr>
<th>Number and Street</th>
<th>City</th>
<th>State</th>
<th>Zip</th>
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   (b) The name of this corporation’s commercial registered office provider and the county of venue is:

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<th>Commercial Registered Office Provider</th>
<th>County</th>
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3. A narrative description of:

   (i) the ways in which the benefit corporation pursued general public benefit during the year and the extent to which general public benefit was created;

   (ii) the ways in which the benefit corporation pursued any specific public benefit that the articles state is the purpose of the benefit corporation to create and the extent to which that specific public benefit was created;

   (iii) any circumstances that have hindered the creation by the benefit corporation of general or specific public benefit; and

   (iv) the process and rationale for selecting or changing the third-party standard used to prepare the benefit report.

Appx. C

Appx. 123

(386261) No. 510 May 17
4. An assessment of the overall social and environmental performance of the benefit corporation against a third-party standard applied consistently with any application of that standard in prior benefit reports or accompanied by an explanation of the reasons for any inconsistent application.

5. The name of the benefit director and the benefit officer, if any, and the address to which correspondence to each of them may be directed.

6. The compensation paid by the benefit corporation during the year to each director in that capacity.

7. The annual compliance statement of the benefit director described in section 3322(c) (relating to benefit director). Check applicable statements and strike out inapplicable statements.
   - In the opinion of the benefit director, the benefit corporation acted in accordance with its general and any specific public benefit purpose in all material respects during the period covered by this report.
   - In the opinion of the benefit director, the directors and officers complied with sections 3321(a) (relating to standard of conduct for directors) and 3323(a) (relating to standard of conduct for officers), respectively.
   - In the opinion of the benefit director, the benefit corporation or its directors or officers failed so to act. Following is a description of the ways in which the benefit corporation or its directors or officers failed so to act:

8. A statement of any connection between the organization that established the third-party standard, or its directors, officers or any holder of 5% or more of the governance interests in the organization, and the benefit corporation or its directors, officers or any holder of 5% or more of the outstanding shares of the benefit corporation, including any financial or governance relationship which might materially affect the credibility of the use of the third-party standard.

IN TESTIMONY WHEREOF, the undersigned registrant has caused this Annual Benefit Report to be signed by a duly authorized officer this _____ day of __________, 20__

Name of Corporation

_________________________
Signature

_________________________
Title
General Information

Typewritten is preferred. If handwritten, the form must be legible and completed in black or blue-black ink in order to permit reproduction. The nonrefundable filing fee for this form is $70.

Checks should be payable to the Department of State. Checks must contain a commercially pre-printed name and address.

This form and all accompanying documents, including any necessary governmental approvals, shall be mailed to the address stated above.

Who should file this form?

Every domestic benefit corporation must deliver to each shareholder an annual benefit report. Concurrently with the delivery of the benefit report to shareholders, the benefit corporation must deliver a copy of the benefit report to the Department of State for filing.

Applicable Law

For annual benefit report requirements, see 15 Pa.C.S. § 3331. Statutes are available on the Pennsylvania General Assembly website, www.legis.state.pa.us, by following the link for Statutes.

Definitions

A benefit corporation is a business corporation that has elected to become subject to Chapter 33 of the Business Corporations Law and whose status as a benefit corporation has not been terminated. A benefit corporation shall have as a purpose of creating general public benefit. This purpose is in addition to its purpose under 15 Pa.C.S. § 1301 (relating to purposes). The articles of a benefit corporation may identify one or more specific public benefits that it is the purpose of the benefit corporation to create.

Form Instructions

Enter the name and mailing address to which any correspondence regarding this filing should be sent. This field must be completed for the Bureau to return the filing. If the filing is to be returned by email, an email address must be provided. An email will be sent to address provided, containing a link and instructions on how a copy of the filed document or correspondence may be downloaded. Any email or mailing addresses provided on this form will become part of the filed document and therefore public record.

1. Give the exact name of the association. The name on this line must match exactly the association name as shown in Department’s records at the time the Annual Benefit Report is submitted for filing. This field is required.

2. Current address. The address provided must be the association’s registered office address (a) or Commercial Registered Office Provider (b) as on file with the Department of State at the time the Annual Benefit Report is submitted for filing. This field is required.

3. A benefit corporation may change from year to year the standard it uses for assessing its performance. But if a benefit corporation uses the same standard for assessing its performance in more than one year, the standard must either be applied consistently or the benefit corporation must provide an explanation of the reasons for any inconsistent use of the standard.

Fields 3 & 8 are required with the exception that the information in field 6 (relating to compensation paid to directors) and any financial or proprietary information may be omitted from the benefit report as filed with the Department of State.

Signature and Verification

An authorized representative of the association must sign the Annual Benefit Report. Signing a document delivered to the Department for filing is an affirmation under the penalties provided in 18 Pa.C.S. § 4904 (relating to unsworn falsification to authorities) that the facts stated in the document are true in all material respects. This field is required.

Source

PENNSYLVANIA DEPARTMENT OF STATE  
BUREAU OF CORPORATIONS AND CHARITABLE ORGANIZATIONS

<table>
<thead>
<tr>
<th>Return document by mail to:</th>
<th>Annual Statement - Nonprofit Corporation</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>DSCR:15-5110</td>
</tr>
<tr>
<td></td>
<td>(rev. 7/2015)</td>
</tr>
</tbody>
</table>

Read all instructions prior to completing. This form may be submitted online at https://www.corporations.pa.gov/.

Fee: None

In compliance with the requirements of 15 Pa.C.S. § 5110 (relating to annual report), the undersigned domestic or qualified foreign nonprofit corporation, hereby states that:

1. The name of the corporation is:

2. The address of its principal office is:

<table>
<thead>
<tr>
<th>Number and street</th>
<th>City</th>
<th>State</th>
<th>Zip</th>
<th>County</th>
</tr>
</thead>
</table>

3. The names and title of the persons who are its principal officers are:

<table>
<thead>
<tr>
<th>Names</th>
<th>Titles</th>
</tr>
</thead>
</table>

IN TESTIMONY WHEREOF, the undersigned corporation has caused this Annual Statement to be signed by a duly authorized officer thereof this

   Day of ______________, __________

   Name of Corporation

   Signature

   Title

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DSCB-15-3110-Instructions

Pennsylvania Department of State
Bureau of Corporations and Charitable Organizations
P.O. Box 8722
Harrisburg, PA 17105-8722
(717) 787-1067
web site: www.dos.pa.gov/corps

Instructions for Completion of Form:

A. Typeset is preferred. If handwritten, the form shall be legible and completed in black or blue-black ink in order to permit reproduction. There is no filing fee with respect to this form.

Enter the name and mailing address to which any correspondence regarding this filing should be sent. This field must be completed for the Bureau to return the filing. If the filing is to be returned by email, an email address must be provided. An email will be sent to address provided, containing a link and instructions on how a copy of the filed document or correspondence may be downloaded. Any email or mailing addresses provided on this form will become part of the filed document and therefore public record.

B. On or before April 30 of each year where there has been a change in corporate officers during the preceding calendar year, this form shall be filed by each domestic nonprofit corporation which effected any filing in the Department of State after December 31, 1972 and by each registered foreign nonprofit corporation.

C. This form is not a substitute for form DSCB-15-1507-5507/5506/8906 (Statement of Change of Registered Office), and the appropriate form shall be filed to reflect a change in Pennsylvania registered office address.

D. This form and all accompanying documents shall be mailed to the above stated address.
PENNSYLVANIA DEPARTMENT OF STATE
BUREAU OF CORPORATIONS AND CHARITABLE ORGANIZATIONS

Articles of Incorporation - Nonprofit
DSCB: 15-53867102
(rev. 2/2017)

Read all instructions prior to completing. This form may be submitted online at https://www.corporations.pa.gov/.

Fee: $125
☐ I qualify for a veterans/reservist-owned small business fee exemption (see instructions)

Check one: ☐ Domestic Nonprofit Corporation (§ 5306) ☐ Nonprofit Cooperative Corporation (§ 7102)

In compliance with the requirements of the applicable provisions (relating to articles of incorporation or cooperative corporations generally), the undersigned, desiring to incorporate a nonprofit/nonprofit cooperative corporation, hereby state(s) that:

1. The name of the corporation is:

2. Complete part (a) or (b) - not both:
   (a) The address of this corporation’s current registered office in this Commonwealth is:
      (post office box alone is not acceptable)

   Number and Street
   City State Zip County

   (b) The name of this corporation’s commercial registered office provider and the county of venue is:

   Name of Commercial Registered Office Provider
   County

3. The corporation is incorporated under the Nonprofit Corporation Law of 1988 for the following purpose or purposes.

4. The corporation does not contemplate pecuniary gain or profit, incidental or otherwise.

5. Check and complete one:
   ☐ The corporation is organized on a nonstock basis.
   ☐ The corporation is organized on a stock share basis and the aggregate number of shares authorized is

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Copyright © 2017 Commonwealth of Pennsylvania
6. For unincorporated association incorporating as a nonprofit corporation only. Check if applicable:  

   The incorporators constitute a majority of the members of the committee authorized to 
   incorporate such association by the requisite vote required by the organic law of the 
   association for the amendment of such organic law.

7. For Nonprofit Corporation Only:  
   Check one:  
   _______ The corporation shall have no members.  
   _______ The corporation shall have members.

8. For Nonprofit Cooperative Corporation Only:  
   Check and complete one:  
   _______ The corporation is a cooperative corporation and the common bond of membership among its 
   members is:  
   _______ The corporation is a cooperative corporation and the common bond of membership among its 
   shareholders is:

9. The name(s) and address(es) of each incorporator(s) is (are) (all incorporators must sign below):  
   Name(s)  
   Address(es)  

10. The specified effective date, if any, is:  

   month  day  year  hour, if any

11. Additional provisions of the articles, if any, attach an 8½ x 11 sheet.

IN TESTIMONY WHEREOF, the incorporator(s) 
has/have signed these Articles of Incorporation this 
____ day of _________, _______ 

Signature  

Signature  

Signature
DEPARTMENT OF STATE
Pt. I

Pennsylvania Department of State
Bureau of Corporations and Charitable Organizations
P.O. Box 8722
Harrisburg, PA 17105-8722
(717) 787-1057
Website: www.dos.pa.gov/corps

Instructions for Completion of Form – (Articles of Incorporation–Nonprofit):

A. Typewritten is preferred. If handwritten, the forms shall be legible and completed in black or blue-black ink in order to permit reproduction.

The nonrefundable filing fee for this form is $125 made payable to the Department of State. Checks must contain a commercially pre-printed name and address. Filers requesting a veteran/reservist-owned small business for exemption should attach proof of the veteran’s or reservist’s status to the Articles of Incorporation form when submitted. For more information on the fee exemption, see Fees and Payments.

Enter the name and mailing address to which any correspondence regarding this filing should be sent. This field must be completed for the Bureau to return the filing. If the filing is to be returned by email, an email address must be provided. An email will be sent to the address provided, containing a link and instructions on how a copy of the filed document or correspondence may be downloaded. Any email or mailing addresses provided on this form will become part of the filed document and therefore public record.

B. Under 15 Pa.C.S. § 135(c) (relating to addresses) an actual street or rural route box number must be used as an address, and the Department of State is required to refuse to receive or file any document that sets forth only a post office box address.

C. The following, in addition to the filing fee, shall accompany this form:
   (1) One copy of a completed form DSCB-15-134A (Docketing Statement).
   (2) Any necessary copies of form DSCB-19-17.2 (Consent to Appropriation of Name).
   (3) Any necessary governmental approvals.

D. For Domestic Nonprofit Corporation Only: For general instructions relating to the incorporation of nonprofit corporations see 19 Pa. Code Ch. 41 (relating to nonprofit corporations generally). These instructions relate to such matters as corporate name, stated purposes, term of existence, authorized share structure, inclusion of names of first directors in the Articles of Incorporation, provisions on incorporation of unincorporated associations, etc.

E. For Nonprofit Cooperative Corporation Only: For general instructions relating to the incorporation of cooperative corporations see 19 Pa. Code Ch. 31 (relating to cooperative corporations). Under 15 Pa.C.S. § 7103 (relating to use of term “cooperative” in corporate name) the corporate name in Paragraph 1 must, unless otherwise provided by statute, contain one of the terms “cooperative” or “coop.” See 19 Pa. Code § 17.7 (relating to cooperative names). See also the general instructions relating to the incorporation of nonprofit corporations, 19 Pa. Code Ch. 41 (relating to nonprofit corporations generally). These instructions relate to such matters as corporate name, stated purposes, term of existence, authorized share structure, inclusion of names of first directors in the Articles of Incorporation, provisions on incorporation of unincorporated associations, etc.

Under 15 Pa.C.S. § 7102(a) the articles of the corporation must set forth a common bond of membership among its members or shareholders by reason of occupation, residence or otherwise.

F. One or more corporations or natural persons of full age may incorporate a nonprofit/nonprofit cooperative corporation.

G. Per 15 Pa.C.S. § 3507 (relating to advertisement), the incorporators shall advertise their intention to file or the corporation shall advertise the filing of articles of incorporation. Proofs of publication of such advertising should not be submitted to, and will not be received by or filed in, the Department, but should be filed with the minutes of the corporation.

H. This form and all accompanying documents shall be mailed to the address stated above.

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DSCB-15-5306/7102 - Instructions

NONPROFIT CORPORATIONS ONLY

Pursuant to 15 Pa.C.S. § 5110, a nonprofit corporation is required to annually notify the Department of State of any change of its officers. If no change of officers has occurred since the last report, the report need not be filed. These annual reports are submitted on form DSCB-15-5110 (Annual Statement-Nonprofit Corporation). No fee is required for this filing.

Please forward annual report to the Department of State, Bureau of Corporations and Charitable Organizations, P.O. Box 8722, Harrisburg, PA 17105-8722.

ADDITIONAL INFORMATION REGARDING NONPROFIT CORPORATIONS

Nonprofit corporations that solicit funds from citizens of the Commonwealth of Pennsylvania must register with the Bureau of Corporations and Charitable Organizations of the Department of State, unless exempt from registration requirements. Please contact the Bureau of Corporations and Charitable Organizations at 207 North Office Building, Harrisburg, PA 17120, (717) 783-1720 or 1-800-732-6999 within Pennsylvania, for more information on registration.

Pennsylvania sales tax exempt status may be obtained from the Department of Revenue, Registration Division, Exemption Unit, Department 280090, Harrisburg, PA 17128-0901. Any other type of exempt status may be obtained or explained by contacting your local Federal Internal Revenue Service.

Please be advised that the date and signature of the Secretary of the Commonwealth indicate the filing in the Department of State. NO CERTIFICATE OF INCORPORATION IS ISSUED for nonprofit corporations.

Source

PENNSYLVANIA DEPARTMENT OF STATE
BUREAU OF CORPORATIONS AND CHARITABLE ORGANIZATIONS

Articles of Amendment - Election/Termination of Cooperative Corporation Status
DSCB:35-7104/7105/7106/7107 (rev. 7-2015)

Read all instructions prior to completing. This form may be submitted online at https://www.corporations.pa.gov/.

Fee: $70

Check one:  
☐ Domestic Business Corporation - Election (§ 7184)  
☐ Domestic nonprofit Corporation - Election (§ 7186)  
☐ Domestic Cooperative Corporation For Profit - Termination (§ 7105)  
☐ Domestic Nonprofit Cooperative Corporation - Termination (§ 7107)

In compliance with the requirements of the applicable provisions (relating to election of an existing business/nonprofit corporation to become a cooperative corporation)/(relating to termination of status as a cooperative corporation for profit or termination of nonprofit cooperative corporation status), the undersigned business/nonprofit corporation or business/nonprofit cooperative corporation, hereby states that:

1. The name of the corporation is:

2. The (a) address of this corporation’s current registered office in this Commonwealth or (b) name of its commercial registered office provider and the county of venue is (the Department is hereby authorized to correct the following information to conform to the records of the Department):

<table>
<thead>
<tr>
<th>(a) Number and Street</th>
<th>City</th>
<th>State</th>
<th>Zip</th>
<th>County</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>(b) Name of Commercial Registered Office Provider</td>
<td>County</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

3. The statute by or under which it was incorporated:

4. The date of its incorporation: MM/DD/YYYY

5. Check, and if appropriate complete, one of the following:

☐ The amendment shall be effective upon filing these Articles of Amendment in the Department of State.

☐ The amendment shall be effective on: Date (MM/DD/YYYY) at Time (if any)

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(386270) No. 510 May 17  Copyright © 2017 Commonwealth of Pennsylvania
6. **Check one of the following:**
   - The amendment was adopted by the shareholders or members pursuant to 15 Pa.C.S. §§ 1905, 1914 and § 7104(b)(7105(b) or §§ 5905, 5914 and § 7106(b)(7107(b).
   - The amendment was adopted by the board of directors and shareholders (or members) or members (or shareholders) pursuant to 15 Pa.C.S. §§ 1914 and 7104(b)(7105(b) or §§ 5914 and 7106(b)(7107(b).

<table>
<thead>
<tr>
<th>Election of Cooperative Corporation Status Only: complete paragraphs 7, 8 and 9</th>
</tr>
</thead>
<tbody>
<tr>
<td>7. <strong>The corporation elects to become a cooperative corporation.</strong></td>
</tr>
</tbody>
</table>

8. **Complete and strike out the inapplicable term:** The common bond of membership among its (members) (shareholders) is: 

9. **For Domestic Business Corporation Only: Strike out if inapplicable:** The corporation is organized on a non-stock basis.

<table>
<thead>
<tr>
<th>10. Check, and if appropriate, complete one of the following:</th>
</tr>
</thead>
<tbody>
<tr>
<td><em>The amendment adopted by the corporation, set forth in full, is as follows:</em></td>
</tr>
</tbody>
</table>

| _The amendment adopted by the corporation is set forth in full in Exhibit A attached hereto and made a part hereof._ |

<table>
<thead>
<tr>
<th>11. <strong>Check if the amendment restates the Articles:</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td><em>The restated Articles of Incorporation supersede the original Articles and all amendments thereto.</em></td>
</tr>
</tbody>
</table>

---

**IN TESTIMONY WHEREOF,** the undersigned corporation has caused these Articles of Amendment to be signed by a duly authorized officer thereof this 

---

**day of __________________, __________.**

---

**Name of Corporation**

---

**Signature**

---

**Title**
General Instructions for Completion of Form:

A. Typewritten is preferred. If handwritten, the form shall be legible and completed in black or blue-black ink in order to permit reproduction. The nonrefundable filing fee for this form is $70 made payable to the Department of State.

Checks must contain a commercially pre-printed name and address.

Enter the name and mailing address to which any correspondence regarding this filing should be sent. This field must be completed for the Bureau to return the filing. If the filing is to be returned by email, an email address must be provided. An email will be sent to address provided containing a link and instructions on how a copy of the filed document or correspondence may be downloaded. Any email or mailing addresses provided on this form will become part of the filed document and therefore public record.

B. Under 15 Pa.C.S. § 135(c) (relating to addresses) an actual street or rural route box number must be used as an address, and the Department of State is required to refuse to receive or file any document that sets forth only a post office box address.

C. The following, in addition to the filing fee, shall accompany this form:

   (1) Two copies of a completed form DSCB:15-134B (Docking Statement-Changes).

   (2) Any necessary copies of form DSCB:19-17.2 (Consent to Appropriation of Name).

   (3) Any necessary governmental approvals.

D. This form and all accompanying documents shall be mailed to the above stated address.

Instructions for Election of Cooperative Corporation Status

F. For general instructions relating to the incorporation of cooperative corporations see 19 Pa. Code Ch. 51 (relating to cooperative corporations). Under 15 Pa.C.S. § 7103 (relating to use of term “cooperative” in corporate name), the corporate name in Paragraph 10 must, unless otherwise provided by statute, contain one of the terms “cooperative” or “coop.” See 19 Pa. Code § 17.7 (relating to cooperative names).

Instructions for Termination of Cooperative Corporation Status

G. For Domestic Cooperative Corporation for Profit Only: The amendment set forth in Paragraph 10 shall eliminate any provisions permitted or required by 15 Pa.C.S. §§ 2102(a)(1) and 2103 if the corporation is organized as a non-stock corporation and is not to continue as such, shall eliminate the common bond of membership provisions required by 15 Pa.C.S. § 7102(a) and shall change the name of the corporation to comply with 15 Pa.C.S. § 7103 and other applicable provisions of law. See 19 Pa. Code § 17.7 (relating to cooperative names).

H. For Domestic Nonprofit Cooperative Corporation Only: The amendment set forth in Paragraph 10 shall eliminate the common bond of membership provisions required by 15 Pa.C.S. § 7102(a) and shall change the name of the corporation to comply with 15 Pa.C.S. § 7103 and other applicable provisions of law. See 19 Pa. Code § 17.7 (relating to cooperative names).
PENNSYLVANIA DEPARTMENT OF STATE
BUREAU OF CORPORATIONS AND CHARITABLE ORGANIZATIONS

Statement of Registration
Domestic Limited Liability Partnership
DSCB-15-B201A (rev. 2/2017)

<table>
<thead>
<tr>
<th></th>
<th>Return document by mail to:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Name:</td>
<td></td>
</tr>
<tr>
<td>Address:</td>
<td></td>
</tr>
<tr>
<td>City:</td>
<td>State:</td>
</tr>
<tr>
<td>Zip Code:</td>
<td></td>
</tr>
</tbody>
</table>

Return document by email to: ____________________________

Read all instructions prior to completing.

Fee: $125

☐ I qualify for a veteran/reservist-owned small business fee exemption (see instructions)

In compliance with the requirements of 15 Pa.C.S. § 8201 (relating to statement of registration), the undersigned general partnership or limited partnership, desiring to register as domestic limited liability partnership or limited liability limited partnership, hereby certifies that:

1. The name of the domestic limited liability partnership or limited liability limited partnership is (designator is required, i.e., “company,” “limited” or “limited liability partnership” or abbreviation):

2. Check and complete one of the following:

☐ The partnership is a general partnership and the address, including number and street, if any, of its principal place of business is:

<table>
<thead>
<tr>
<th>Number and street</th>
<th>City</th>
<th>State</th>
<th>Zip</th>
<th>County</th>
</tr>
</thead>
</table>

☐ The partnership is a limited partnership and the (a) address of its current registered office in this Commonwealth or (b) name of its commercial registered office provider and the county of venue is: (Complete (a) or (b), not both)

(a) Number and Street: ____________________________

<table>
<thead>
<tr>
<th>City</th>
<th>State</th>
<th>Zip</th>
<th>County</th>
</tr>
</thead>
</table>

(b) Name of Commercial Registered Office Provider: ____________________________

County: ____________________________

3. The general/limited (strike out inapplicable term) partnership registers under 15 Pa.C.S. Chapter 82 Subchapter A.

4. The registration has been authorized by at least a majority in interest of the partners.

5. Effective date of Statement of Registration (check, and if appropriate complete, one of the following):

☐ The Statement of Registration shall be effective upon filing in the Department of State.

☐ The Statement of Registration shall be effective on: __________ Date (MM/DD/YYYY) at ___ Hour (if any)

IN TESTIMONY WHEREOF, the undersigned general partner of the domestic limited liability partnership/limited liability limited partnership has executed this Statement of Registration this ___ day of __________, __________.

Name: ____________________________

Signature: ____________________________

Title: ____________________________

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(386273) No. 510 May 17
DEPARTMENT OF STATE

Pennsylvania Department of State
Bureau of Corporations and Charitable Organizations
P.O. Box 8722
Harrisburg, PA 17105-8722
(717) 787-1057
Website: www.dos.pa.gov/corps

General Information

Type or print. If handwriting, the form must be legible and completed in black or blue-black ink in order to permit reproduction.

The nonrefundable filing fee for this form is $125. Checks should be made payable to the Department of State. Checks must contain a commercially pre-printed name and address. Filers requesting a veteran’s or reservist-owned small business fee exemption should attach proof of the veteran’s or reservist’s status to the Statement of Registration form when submitted. For more information on the fee exemption, see Fees and Payments.

This form and all accompanying documents, including any necessary governmental approvals, shall be mailed to the address stated above.

Who should file this form?
The status of being a limited liability partnership is available for either general partnerships or limited partnerships. In the case of a limited partnership, the limited partners already enjoy limited liability, but registering will provide limited liability for the general partners.

For a general partnership registering as a limited liability partnership, prior registration with the Department of State as a general partnership is not required. For a limited partnership registering as a limited liability limited partnership, the limited partnership must be an existing limited partnership filed with the Department of State in order to use this form.

Registration under 15 Pa.C.S. § 8201 does not change the basic form of organization of the registering partnership as either a general or limited partnership.

Applicable Law

For requirements on limited liability partnerships and limited liability limited partnerships, see 15 Pa.C.S. §§ 8201-8244. Statutes are available on the Pennsylvania General Assembly website, www.legis.state.pa.us, by following the link for Statutes.

Definitions

A limited liability partnership is a domestic or foreign general partnership for which there is in effect:

1) a statement of registration under Chapter 83 (relating to limited liability partnerships and limited liability limited partnerships), or

2) a similar filing under the organic law of a foreign general partnership.

A limited liability limited partnership is a domestic or foreign limited partnership for which there is in effect:

1) a statement of registration under Chapter 82;

2) a provision of its certificate of limited partnership electing to be subject to Chapter 82, or

3) a similar filing or provision under the organic law of a foreign partnership.

Form Instructions

Enter the name and mailing address to which any correspondence regarding this filing should be sent. This field must be completed for the Bureau to return the filing. If the filing is to be returned by email, an email address must be provided. An email will be sent to address provided, containing a link and instructions on how a copy of the filed document or correspondence may be downloaded. Any email or mailing addresses provided on this form will become part of the filed document and therefore public record.

1. Give the exact name of the limited liability partnership or limited liability limited partnership. The proper name of a domestic limited liability partnership must contain the term “company,” “limited” or “limited liability partnership,” or an abbreviation of one of these terms. This field is required.

2. Address. Under 15 Pa.C.S. § 1306(c) (relating to addresses) an actual street or rural route box number must be used as an address, and the Department of State is required to refuse to receive or file any document that sets forth only a post office box address. For a general partnership, the address of the principal place of business should be set forth in the first part of Field 2. For a limited partnership, the registered office address should be set forth in the second part of Field 2. The registered office address may be a number and street address or the name of a Commercial Registered Office Provider. This field is required.

3. The statement in this field is required.

4. The statement in this field is required.

5. Any date specified as the effective date of the Statement of Registration must be a future effective date (after the date and time of its delivery to the Department). A specified effective date may not be retroactive (prior to the date and time of the delivery of the Statement of Registration to the Department). If a delayed effective date is specified, but no time is given, then the time used will be 12:01 a.m. on the date specified. If neither option for an effective date is checked, it will be presumed that no specified delayed effective date is intended and the document will be effective upon filing. This field is required.

Signatures and Verification

This form must be signed by a general partner. Any natural
person of full age, corporation, partnership, limited liability company, business trust, other association, government entity (other than the Commonwealth), estate, trust or foundation may be designated as a general partner in the general partnership or limited partnership which is registering and may execute this form. Signing a document delivered to the Department for filing is an affirmation under the penalties provided in 18 Pa.C.S. § 4904 (relating to unsworn falsification to authorities) that the facts stated in the document are true in all material respects. This field is required.

Attachments
The following, in addition to the filing fee, shall accompany this form:

(1) Any necessary copies of form DSCB:99-17.2
   (Consent to Appropriation of Name).
(2) Any necessary governmental approvals.

Source


Appx. 137

(386275) No. 510 May 17
DEPARTMENT OF STATE

PENNSYLVANIA DEPARTMENT OF STATE
BUREAU OF CORPORATIONS AND CHARITABLE ORGANIZATIONS

Statement of Amendment/Termination
Domestic Limited Liability Partnership
DSCB-18-8201B/8201C (rev. 2/2017)

Read all instructions prior to completing.

Fee: $70

Check one:
☐ Statement of Amendment (§ 8201B)
☐ Statement of Termination (§ 8201C)

In compliance with the requirements of 15 Pa.C.S. § 8201 (relating to amendment of registration/statement of termination), the undersigned desiring to amend/terminate its registration as a domestic limited liability partnership or domestic limited liability limited partnership, hereby certifies that:

1. The name of the domestic limited liability partnership or limited liability limited partnership is:

2. Check and complete one of the following:

☐ The partnership is a general partnership and the address, including number and street, if any, of its principal place of business is:

<table>
<thead>
<tr>
<th>Number and street</th>
<th>City</th>
<th>State</th>
<th>Zip</th>
<th>County</th>
</tr>
</thead>
</table>

☐ The partnership is a limited partnership and the (a) address of its current registered office in this Commonwealth or (b) name of its commercial registered office provider and the county of venue is: (Complete (a) or (b), not both)

(a) Number and Street | City | State | Zip | County
(b) Name of Commercial Registered Office Provider | County

Complete 3-4 for Statement of Amendment Only:

3. The amendment authorized by the partnership is set forth in full in the restated Statement of Registration, attached hereto as an exhibit. The attached restated Statement of Registration supersedes the original Statement of Registration and all previous amendments thereto.

4. The amendment has been authorized by at least a majority in interest of the partners.
Complete 5-6 for Statement of Termination Only:

5. The registration of the partnership under the provisions of 15 Pa.C.S. § 8201 (relating to statement of termination) is hereby terminated.

6. The termination has been authorized by all of the general partners.

7. Effective date of amendment or termination of registration (check, and if appropriate complete, one of the following):

☐ The Statement of Amendment/Termination shall be effective upon filing in the Department of State.

☐ The Statement of Amendment/Termination shall be effective on: __________________________ Date (MM/DD/YYYY) at _______ Hour (if any)

IN TESTIMONY WHEREOF, the undersigned general partner of the domestic limited liability partnership/limited liability limited partnership has executed this Statement of Amendment/Termination this

________ day of ______________, ________.

Name

Signature

Title
General Information
Typewritten is preferred. If handwritten, the form must be legible and completed in black or blue-black ink in order to permit reproduction. The nonrefundable filing fee for this form is $70.

Checks should be made payable to the Department of State. Checks must contain a commercially pre-printed name and address.

This form and all accompanying documents, including any necessary governmental approvals, shall be mailed to the address stated above.

Who should file this form?
A general partnership registered as a limited liability partnership or a limited partnership registered as a limited liability limited partnership may file a Statement of Amendment/Termination to amend its registration or terminate its status as a limited liability partnership.

Applicable Law
For requirements on limited liability partnerships and limited liability limited partnerships, see 15 Pa.C.S. §§ 8201-8244. Statutes are available on the Pennsylvania General Assembly website, www.legis.state.pa.us, by following the link for Statutes.

Definitions
A limited liability partnership is a domestic or foreign general partnership for which there is in effect:

1. a statement of registration under Chapter 2 of the Uniform Limited Liability Partnership Act (related to limited liability partnerships and limited liability limited partnerships) or

2. a similar filing under the organic law of a foreign general partnership.

A limited liability limited partnership is a domestic or foreign limited partnership for which there is in effect:

1. a statement of registration under Chapter 2 of the Uniform Limited Liability Partnership Act; or

2. a similar filing or provision under the organic law of a foreign limited partnership.

Form Instructions
Enter the name and mailing address to which any correspondence regarding this filing should be sent. This field must be completed for the Bureau to return the filing. If the filing is to be returned by email, an email address must be provided. An email will be sent to address provided, containing a link and instructions on how to copy the filed document or correspondence may be downloaded. Any email or mailing addresses provided on this form will become part of the filed document and therefore public record.

1. Give the exact name of the limited liability partnership or limited liability limited partnership. The name on this line must match exactly the association name as shown in Department’s records at the time the Statement of Amendment/Termination is submitted for filing. This field is required.

2. Current address. The address provided must be the limited liability partnership’s principal place of business or the limited liability limited partnership’s registered office address as on file with the Department of State at the time the Statement of Amendment/Termination is submitted for filing. The registered office address may be a number and street address or the name of a Commercial Registered Office Provider.

Under 15 Pa.C.S. § 1326(c) (relating to addresses) an actual street or rural route box number must be used as an address, and the Department of State is required to refuse to receive or file any document that sets forth only a post office box address. This field is required.

Instructions for Amendment Only (3-4):
A Statement of Amendment shall be filed upon the occurrence of any of the following events:

1. A change in the name of the limited liability partnership.

2. A change in address of the limited liability partnership.

This form may be used by both limited liability partnerships and limited liability limited partnerships to file a change in address. 15 Pa.C.S. §§ 8201-8244 (Statement of Certificate of Change of Registered Office) may be used by a domestic limited partnership which has registered as a limited liability limited partnership pursuant to 15 Pa.C.S. § 8201.

However, a domestic general partnership which has registered as a limited liability limited partnership pursuant to 15 Pa.C.S. § 8201 must use this form to amend the address of its principal place of business.

3. The Statement of Amendment shall recite in full the statement of registration. The restated Statement of Registration must be attached as an exhibit. The restated Statement of Registration supersedes the original Statement of Registration and all previous amendments thereto. This exhibit is required.

4. The statement in this field is required for a Certificate of Amendment.
Instructions for Termination Only (5-6):

5. The statement in this field is required for a Certificate of Termination.

6. The statement in this field is required for a Certificate of Termination.

7. Any date specified as the effective date of the Statement of Amendment/Termination must be a future effective date (after the date and time of its delivery to the Department). A specified effective date may not be retroactive (prior to the date and time of the delivery of the Statement of Amendment/Termination to the Department). If a delayed effective date is specified, but no time is given, then the time used will be 12:01 a.m. on the date specified. If neither option for an effective date is checked, it will be presumed that no specified delayed effective date is intended and the document will be effective upon filing. This field is required.

Signature and Verification
This form shall be signed by a general partner. Any natural person of full age, corporation, partnership, limited liability company, business trust, other association, government entity (other than the Commonwealth), estate, trust or foundation may be designated as a general partner in the general partnership or limited partnership which has registered and may execute this form. Signing a document delivered to the Department for filing is an affirmation under the penalties provided in 18 Pa.C.S. § 4904 (relating to unsworn falsification to authorities) that the facts stated in the document are true in all material respects. This field is required.

Attachments
The following, in addition to the filing fee, shall accompany this form:

(1) If this form is being used to amend the Certificate of Registration, the amended and restated Certificate of Registration as an exhibit.
(2) If the amendment reflects a change of name, one copy of a completed form DSCB:15-134B (Docking Statement-Changes).
(3) If the amendment reflects a change of name, any necessary copies of form DSCB:17-17.2 (Consent to Appropriation of Name).
(4) Any necessary governmental approvals.

Source
Source

The provisions of this form DSCB:15-8205 reserved January 27, 2017, effective February 21, 2017, 47 Pa.B. 567. Immediately preceding text appears at serial pages (377284) to (377285).
Appx. C

FORMS

PENNSYLVANIA DEPARTMENT OF STATE
BUREAU OF CORPORATIONS AND CHARITABLE ORGANIZATIONS

☐ Return document by mail to:

Name
Address
City State Zip Code

☐ Return document by email to:

Certificate of Annual Registration

8221

Appx. 143

(395929) No. 535 Jun. 19

Read all instructions prior to completing. This form may be submitted online at https://www.corporations.pa.gov/

Fee: See Instructions C and E.

Check one:
☐ Limited Liability Partnership/Limited Liability Limited Partnership (§ 8221)
☐ Restricted Professional Limited Liability Company (§ 8998)

In compliance with the requirements of the applicable provisions (relating to annual registration), the undersigned domestic or foreign limited liability partnership/restricted professional limited liability company, hereby states that:

1. The name of the limited liability partnership/restricted professional limited liability company is:

2. The prescribed annual base fee of $380 times _____ (the number of persons who were general partners of this partnership on December 31, _____ (year) and who are described in § 8221(b)(1)) accompanies this Certificate of Annual Registration.

3. Check one of the following:

☐ The company engaged only in business permitted by § 8996(a) (relating to purposes of restricted professional companies) during the year with respect to which this certificate is being filed.

☐ The company engaged in business not permitted by § 8996(a) (relating to purposes of restricted professional companies) during the year with respect to which this certificate is being filed.

4. The prescribed annual base fee of $560 times _____ (the number of persons who were members of this company on December 31, _____ (year) and who are described in § 8998(b)(1)) accompanies this Certificate of Annual Registration.

IN TESTIMONY WHEREOF, the undersigned general partner/member has executed this Certificate of Annual Registration this _____ day of _____, ______.

Signature

(395929) No. 535 Jun. 19
Pennsylvania Department of State
Bureau of Corporations and Charitable Organizations
P.O. Box 8722
Harrisburg, PA 17105-8722
(717) 787-1057
Website: www.dos.pa.gov/corps

DEPARTMENT OF STATE
Pt. I

General Instructions

This form is only for limited liability partnerships, limited liability limited partnerships and restricted professional companies. It is not for limited liability companies which do not render restricted professional services (see definitions below).

Definitions

A limited liability partnership is any domestic general partnership which has elected limited liability status with a registration under section 8201(a) (relating to scope) or any foreign general partnership which has registered under section 412 (relating to foreign registration statement).

A limited liability limited partnership is any domestic limited partnership which has elected limited liability status with a registration under section 8201(a) (relating to scope) or any foreign limited partnership which has registered under section 412 (relating to foreign registration statement).

A restricted professional company is a limited liability company that renders one or more restricted professional services.

Restricted professional services are the following professional services: chiropractic, dentistry, law, medicine and surgery, optometry, osteopathic medicine and surgery, podiatric medicine, public accounting, psychology or veterinary medicine.

Form Instructions

Enter the name and mailing address to which any correspondence regarding this filing should be sent. This field must be completed for the Bureau to return the filing. If the filing is to be returned by email, an email address must be provided. An email will be sent to address provided, containing a link and instructions on how to download the filed document or correspondence may be provided. Any email or mailing addresses provided on this form will become part of the filed document and therefore public record.

1. Give the exact name of the limited liability partnership/limited liability limited partnership/restricted professional company. The name on this line must match exactly the association name as shown in Department’s records at the time the Certificate of Annual Registration is submitted for filing. This field is required.

2. To be completed by Limited Liability Partnerships/Limited Liability Limited Partnerships only.

Fill in the number of persons who were general partners of the partnership on December 31 and the year to which that number relates. The annual fee is required to be paid only with respect to a general partner who:

a. In the case of a natural person, had his principal residence in Pennsylvania on December 31, or

b. In the case of any other person, was incorporated or otherwise organized or existing under the laws of Pennsylvania on December 31. See §8221(b)(1).

The nonrefundable annual fee of $380 times the number of persons who were general partners of the partnership on December 31 shall accompany this form and shall be made payable to the Department of State. The base fee was increased to $380 on December 31, 2018. See §8221(b)(2). Failure to file the annual registration by April 15 will result in a lien on the assets of the partnership. If a certificate of annual registration is not filed by May 15, a penalty of $500 will be assessed against the partnership, which will create a second lien on the assets of the partnership.

Failure to file the certificate of annual registration for five consecutive years will result in the automatic termination of the status of a domestic limited liability partnership or limited liability limited partnership as such. Failure to file the certificate of annual registration for five consecutive years will result in the automatic termination of the registration of a foreign limited liability partnership or limited liability limited partnership.

DSCB:15-8221/8998 - Instructions
3. To be completed by Restricted Professional Companies only.

The certificate of annual registration must include a statement by the company as to whether or not it engaged in any business not permitted by section 8996(a) (relating to purposes of restricted professional companies) during the year with respect to which the certificate is being filed.

§ 8996. Restrictions.

(a) Purposes of restricted professional companies. --

A restricted professional company shall not engage in any business other than conducting the practice of the restricted professional service or services for which it was specifically organized, except that a restricted professional company may:

(1) Own real and personal property necessary for or appropriate or desirable in the fulfillment or rendering of its specific restricted professional service or services and it may invest its funds in real estate, mortgages, stocks, bonds or any other type of investment.

(2) Be a partner, shareholder, member or other owner of a partnership, corporation, limited liability company or other association engaged in the business of rendering the restricted professional service or services for which the restricted professional company was organized.

4. To be completed by Restricted Professional Companies only.

Fill in the number of persons who were members of the company on December 31 and the year to which that number relates. The annual fee is required to be paid only with respect to a member who:

a. Was licensed to practice the professional service rendered by the company on December 31; and

b. Had principal residence in Pennsylvania on December 31. See §8998(b)(1).

The nonrefundable annual fee of $500 times the number of persons who were members of the company on December 31 shall accompany this form and shall be made payable to the Department of State. The base fee was increased to $500 on December 31, 2018. See §8998(b)(2). Failure to file the annual registration by April 15 will result in a lien on the assets of the company. If a certificate of annual registration is not filed by May 15, a penalty of $500 will be assessed against the company, which will create a second lien on the assets of the company.

Signature and Verification

An authorized representative of the limited liability partnership, limited liability limited partnership or restricted professional company must sign the Certificate of Annual Registration. Signing a document delivered to the Department for filing is an affirmation under the penalties provided in 18 Pa.C.S. § 4904 (relating to unsworn falsification to authorities) that the facts stated in the document are true in all material respects. This field is required.
In compliance with the requirements of the applicable provisions of 13 Pa.C.S. § 8413 (relating to certificate of partnership authority), the undersigned general partnership desiring to effect a certificate of partnership authority (or amendment or cancellation thereof) hereby states that:

1. Required fields for Certificate, Amendment or Cancellation

   1. The name of the general partnership is: ________________________________

   2. Complete part (a) or (b) - not both:

   (a) The partnership is a domestic general partnership or limited liability partnership and the address, including number and street, if any, of its principal place of business is:

      | Number and street of principal office | City | State | Zip | County |
      |--------------------------------------|------|-------|-----|--------|

   (b) The partnership is a registered foreign limited liability partnership and the (1) address of its current registered office in this Commonwealth or (2) name of its commercial registered office provider and the county of venue is: (Complete (1) or (2), not both)

   (1) Number and Street
   City | State | Zip | County

   (2) Name of Commercial Registered Office Provider
   County

II. Certificate of Partnership Authority Only

1. All persons holding the following position (e.g., General Partner, Managing Partner) with respect to the partnership has the authority to do the following: Check all that apply. For additional positions, attach additional pages as needed.

   ☐ Sign an instrument transferring real property held in the name of the partnership. Other specification or limitation may be provided. Additional pages may be attached as needed.
DSCB-15-8435 – 2

☐ Enter into other transactions on behalf of, or otherwise act for or bind, the partnership. Other specification or limitation may be provided. Additional pages may be attached as needed.

☐ Sign an instrument transferring real property held in the name of the partnership. Other specification or limitation may be provided. Additional pages may be attached as needed.

☐ Enter into other transactions on behalf of, or otherwise act for or bind, the partnership. Other specification or limitation may be provided. Additional pages may be attached as needed.

III. Amendment to Certificate of Partnership Authority
If amending a Certificate of Authority previously filed in the Department of State, check the box below and complete the following:
☐ The Certificate of Partnership Authority that became effective on ___________ is amended.

The contents of the amendment are stated below. Additional pages may be attached as needed.

IV. Cancellation of Certificate of Partnership Authority
If cancelling a Certificate of Authority previously filed in the Department of State, check the box below and complete the following.
☐ The Certificate of Partnership Authority that became effective ___________ is cancelled.

IN TESTIMONY WHEREOF, the undersigned has caused this Certificate/Amendment/Cancellation of Partnership Authority to be signed by a person duly authorized by the general partnership thereof this ______ day of __________, 20__

Name of Partnership

Signature

Title

Appx. 147

(386285) No. 510 May 17
DEPARTMENT OF STATE
Pt. I

General Information
Typewritten is preferred. If handwritten, the form must be legible and completed in black or blue-black ink in order to permit reproduction. The nonrefundable filing fee for this form is $70.

Checks should be made payable to the Department of State.

Checks must contain the commercially pre-printed name and address.

This form and all accompanying documents, including any necessary governmental approvals, shall be mailed to the address stated above.

Who should file this form?
This form may be used by a general partnership to set forth, amend or cancel partnership authority. Each partner is an agent of the partnership for the purpose of its business. An act of a partner, including the signing of an instrument in the partnership name, for apparently carrying on or in the ordinary course, the partnership business or business of the kind carried on by the partnership binds the partnership, unless the party did not have authority to act for the partnership in the particular matter and the person with which the partner was dealing knew or had notice that the partner lacked authority.

This statutory apparent authority may be altered by the filing or recording of a Certificate of Partnership Authority under 15 Pa.C.S. § 8433, which establishes the mechanics for and the legal effect of filing or recording a Certificate of Partnership Authority.

Applicable Law
For relations of partners to persons dealing with partnership, in general, see 15 Pa.C.S. §§ 8431-8438. Statutes are available on the Pennsylvania General Assembly website, www.legis.state.pa.us, by following the link for Statutes.

Form Instructions
Enter the name and mailing address to which any correspondence regarding this filing should be sent. This field must be completed for the Bureau to return the filing. If the filing is to be returned by email, an email address must be provided. An email will be sent to address provided, containing a link and instructions on how to download a copy of the document or correspondence. Any email or mailing addresses provided on this form will become part of the filed document and therefore public record.

Section I. It is required whether setting forth, amending or cancelling partnership authority. To state partnership authority, complete Section I and Section II. To amend partnership authority, complete Section I and Section III. To cancel partnership authority, complete Section I and Section IV. Do not complete any combination of Section II, III, or IV.

Section I. This field is always required.

I. 1. Give the exact name of the partnership. The name on this line must match exactly the partnership name if on file with the Department at the time the Certificate/Amendment/Termination of Partnership Authority is submitted for filing. This field is required.

I. 2. Current address. The address provided must be the address of the partnership’s principal place of business if the partnership is a domestic general partnership or limited liability partnership (a) or the partnership’s registered office address (b) as on file with the Department of State at the time the Certificate/Amendment/Termination of Partnership Authority is submitted for filing, if the partnership is a registered foreign limited liability partnership. This field is required.

Post office boxes are not acceptable for any address. Under 15 Pa.C.S. § 1350(c) (relating to addresses) an actual street or rural route box number must be used as an address, and the Department of State is required to refuse to receive or file any document that sets forth only a post office box address.

Section II. This field is required in addition to Section I only if the general partnership is stating partnership authority.

II. 1. This field is required if the partnership is delegating authority to a position, other than a specific person. List the titles of the position that will possess the delegated authority. Check one or both boxes indicating which authority will be delegated to the listed position. Other specifications or limitations may be provided, per the partnership’s preference. Additional pages may be attached as needed. If the partnership would like to delegate authority to multiple positions, attach additional pages as needed.

II. 2. This field is required if the partnership is delegating authority to a specific individual, rather than a position. Provide the name of the individual that will possess the delegated authority. Check one or both boxes indicating which authority will be delegated to the listed individual. Other specifications or limitations may be provided, per the partnership’s preference. Additional pages may be attached as needed.

Section III. This field is required in addition to Section I only if the general partnership is amending a Certificate of
Partnership Authority which is already on file with the Department of State.

Check the box. List the date that the Certificate of Partnership Authority that is being amended became effective. List verbatim, the content of the amendment. Additional pages may be attached as needed.

Section IV. This field is required in addition to Section I only if the general partnership is canceling a Certificate of Partnership Authority which is already on file with the Department of State.

Check the box. List the date that the Certificate of Partnership Authority that is being canceled became effective.

Signature and Verification
An authorized representative of the partnership must sign the Certificate of Partnership Authority (or amendment or cancellation thereof). Signing a document delivered to the Department for filing is an affirmation under the penalties provided in 18 Pa.C.S. § 9904 (relating to unsworn falsification to authorities) that the facts stated in the document are true in all material respects. This field is required.

Source
DEPARTMENT OF STATE
Pt. I

PENNSYLVANIA DEPARTMENT OF STATE
BUREAU OF CORPORATIONS AND CHARITABLE ORGANIZATIONS

Certificate of Denial - General Partnership
DSCB 15-8434
(2/2017)

Read all instructions prior to completing.

Fee: $70

In compliance with the requirements of the applicable provisions of 15 Pa.C.S. § 8434 (relating to certificate of denial of partnership authority), the undersigned person desiring to effect a certificate of denial of partnership authority hereby states that:

1. The name of the general partnership is: ____________________________

2. Complete part (a) OR (b) – not both:

(a) The partnership is a domestic general partnership or limited liability partnership and the address, including number and street, if any, of its principal place of business:

<table>
<thead>
<tr>
<th>Number and street of principal</th>
<th>City</th>
<th>State</th>
<th>Zip</th>
<th>County</th>
</tr>
</thead>
</table>

(b) The partnership is a registered foreign limited liability partnership and the (1) address of its current registered office in this Commonwealth or (2) name of its commercial registered office provider and the county of venue is: (Complete (1) or (2), not both)

(1) Number and Street

| City | State | Zip | County |

(2) Name of Commercial Registered Office Provider

Name of Commercial Registered Office Provider
County

3. The caption of the Certificate of Authority to which this denial pertains. Additional pages may be attached as needed.

4. I deny the grant of authority in the caption listed above.

IN TESTIMONY WHEREOF, the undersigned has caused this Certificate of Denial of Partnership Authority to be signed thereof this ______ day of __________________ 20______

Name of Partnership

Signature

Title

Appx. 150

(386288) No. 510 May 17
Copyright © 2017 Commonwealth of Pennsylvania
Appx. C
FORMS

DSCB:15-8434 – Instructions

Pennsylvania Department of State
Bureau of Corporations and Charitable Organizations
P.O. Box 9722
Harrisburg, PA 17105-8722
(717) 787-1057
Website: www.dos.pa.gov/corps

General Information
Typewritten is preferred. If handwritten, the form must be legible and completed in black or blue-black ink in order to permit reproduction. The nonrefundable filing fee for this form is $70.
Checks should be made payable to the Department of State.
Checks must contain a commercially pre-printed name and address.
This form and all accompanying documents, including any necessary governmental approvals, shall be mailed to the address stated above.

Who should file this form?
This form may be used by a person named in a filed Certificate of Authority pertaining to a general partnership to deny such authority. The Certificate of Denial operates as a restrictive amendment to the Certificate of Partnership Authority and a certified copy may be recorded by the partnership or the person that delivered the Certificate of Denial to the Department of State for filing. The Certificate of Denial affects only the authority of a person to bind a partnership with respect to persons that are not partners.

Applicable Law
For relations of partners to persons dealing with partnership, in general, see 15 Pa.C.S. §§ 8431-8438. Statutes are available on the Pennsylvania General Assembly website, www.legis.state.pa.us, by following the link for Statutes.

Form Instructions
Enter the name and mailing address to which any correspondence regarding this filing should be sent. This field must be completed for the Bureau to return the filing. If the filing is to be returned by email, an email address must be provided. An email will be sent to address provided, containing a link and instructions on how a copy of the filed document or correspondence may be downloaded. Any email or mailing addresses provided on this form will become part of the filed document and therefore public record.

1. Give the exact name of the partnership. The name on this line must match exactly the partnership name on file with the Department at the time the Certificate of Denial of Partnership Authority is submitted for filing. This field is required.

2. Current address. The address provided must be the address of the partnership’s principal place of business if the partnership is a domestic general partnership or a limited liability partnership (a) or the partnership’s registered office address (b) as on file with the Department of State at the time the Certificate of Denial of Partnership Authority is submitted for filing, if the partnership is a registered foreign limited liability partnership.

Post office boxes are not acceptable for any address. Under 15 Pa.C.S. § 1350(c) (relating to addresses) an actual street or rural route box number must be used as an address, and the Department of State is required to refuse to receive or file any document that sets forth only a post office box address. This field is required.

3. This field should briefly summarize the scope of authority which is being denied. This field is required.

4. Mandatory statement. This field is required.

Signature and Verification
A Certificate of Denial of Partnership Authority by a person must be signed by that person. Signing a document delivered to the Department for filing is an affirmation under the penalties provided in 18 Pa.C.S. § 4904 (relating to unsworn falsification to authorities) that the facts stated in the document are true in all material respects. This field is required.

Source
PENNSYLVANIA DEPARTMENT OF STATE
BUREAU OF CORPORATIONS AND CHARITABLE ORGANIZATIONS

Certificate of Dissociation as Partner
DSCB: 15-8474/8665
(2/2017)

Return document by mail to:

Name:
Address:
City State Zip Code

Return document by email to:

Read all instructions prior to completing. This form may be submitted online at https://www.corporations.pa.gov/

Fee: $70

Check one: ☐ From General Partnership (§ 8474) ☐ From Limited Partnership (§ 8665)

In compliance with the requirements of 15 Pa.C.S. § 8474 or § 8665 (relating to certificate of dissociation), the undersigned person dissociated as a partner, hereby states that:

1. The name of the general or limited partnership is:

2. Complete part (a) OR (b) - not both:

(a) The partnership is a domestic general partnership or limited liability partnership and the address, including number and street, if any, of its principal place of business is:

<table>
<thead>
<tr>
<th>Number and street of principal office</th>
<th>City</th>
<th>State</th>
<th>Zip</th>
<th>County</th>
</tr>
</thead>
<tbody>
<tr>
<td>(1)</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>(2)</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

(b) The partnership is a domestic limited partnership or limited liability limited partnership, and the (1) address of its current registered office in this Commonwealth or (2) name of its commercial registered office provider and the county of venue is: (Complete (1) or (2), not both)

<table>
<thead>
<tr>
<th>Number and Street</th>
<th>City</th>
<th>State</th>
<th>Zip</th>
<th>County</th>
</tr>
</thead>
<tbody>
<tr>
<td>(1)</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>(2)</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

3. The name of the person who has dissociated from the partnership:

4. Check one: The person named in field 3 has: ☐ Dissociated from the general partnership, ☐ Dissociated as a general partner from the limited partnership.

IN TESTIMONY WHEREOF, the undersigned person has caused this Certificate of Dissociation to be executed this ______ day of ________, 20______.

Name of Person
Signature
Title
General Information

Typewritten is preferred. If handwriten, the form must be legible and completed in black or blue-black ink in order to permit reproduction. The nonrefundable filing fee for this form is $70.

Checks should be made payable to the Department of State. Checks must contain a commercially pre-printed name and address.

This form and all accompanying documents, including any necessary governmental approvals, shall be mailed to the address stated above.

Who should file this form?

When a person has dissociated or withdrawn as a general partner from a general or limited partnership, that person may deliver to the Department of State a Certificate of Dissociation.

Applicable Law

For requirements for Certificate of Dissociation, see 15 Pa.C.S. § 874 (general partnerships) and 15 Pa.C.S. § 8665 (limited partnerships). For events which cause dissociation, see 15 Pa.C.S. § 8664 (general partnerships) and 15 Pa.C.S. § 8663 (limited partnerships). Statutes are available on the Pennsylvania General Assembly website, www.legis.state.pa.us, by following the link for Statutes.

Form Instructions

Enter the name and mailing address to which any correspondence regarding this filing should be sent. This field must be completed for the Bureau to return the filing. If the filing is to be returned by email, an email address must be provided. An email will be sent to address provided, containing a link and instructions on how a copy of the filed document or correspondence may be downloaded. Any email or mailing addresses provided on this form will become part of the filed document and therefore public record.

1. Give the exact name of the general or limited partnership. The name on this line must match exactly the association name as shown in Department’s records, if applicable, at the time the Certificate of Dissociation is submitted for filing. This field is required.

2. Current address. The address provided must be the address of the partnership’s principal place of business if the partnership is a domestic general partnership or limited liability partnership (a) or the partnership’s registered office address (b) as on file with the Department of State at the time the Certificate of Dissociation is submitted for filing, if the partnership is a limited partnership or limited liability limited partnership. This field is required.

Post office boxes are not acceptable for any address. Under 15 Pa.C.S. § 133(1) (relating to addresses) an actual street or rural route box number must be used as an address, and the Department of State is required to refuse to receive or file any document that sets forth only a post office box address.

3. Set forth the name of the person who has dissociated from the partnership. This field is required.

4. Check appropriate box for either general or limited partnership. Check only one box. Mandatory statement. This field is required.

Signature and Verification

A Certificate of Dissociation must be signed by the person dissociated as a general partner. Signing a document delivered to the Department for filing is an affirmation under the penalties provided in 18 Pa.C.S. § 4904 (relating to unsworn falsification to authorities) that the facts stated in the document are true in all material respects. This field is required.

Source


Appx. 153

(386291) No. 510 May 17
PENNSYLVANIA DEPARTMENT OF STATE  
BUREAU OF CORPORATIONS AND CHARITABLE ORGANIZATIONS  

Certificate of Dissolution  
Domestic General Partnership  
DSCB: 15-8482(b)(2)(i) (2/2017)  

<table>
<thead>
<tr>
<th>☐ Return document by mail to:</th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Name</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Address</td>
<td></td>
<td></td>
</tr>
<tr>
<td>City</td>
<td>State</td>
<td>Zip Code</td>
</tr>
</tbody>
</table>

☐ Return document by email to:  

Read all instructions prior to completing.

Fee: $70

Caution: This form does not end the existence of the general partnership or remove the general partnership from the rolls of active associations in the records of the Department. Compare to DSCB: 15-8482(b)(2)(vi) (relating to Certificate of Termination).

In compliance with the requirements of the applicable provisions of 15 Pa.C.S. § 8482(b)(2)(i) (relating to Certificate of Dissolution), the undersigned general partnership, desiring to wind up its business, hereby states that:

1. The name of the partnership is: ________________________________

2. The partnership is a domestic general partnership or limited liability partnership and the address, including number and street, if any, of its principal place of business is:

<table>
<thead>
<tr>
<th>Number and street of principal office</th>
<th>City</th>
<th>State</th>
<th>Zip</th>
<th>County</th>
</tr>
</thead>
</table>

3. The partnership is dissolved.

IN TESTIMONY WHEREOF, the undersigned general partnership has caused this Certificate of Dissolution to be signed by a duly authorized representative thereof this ______ day of ______, 20_____

__________________________  
Name of General Partnership

__________________________  
Signature

__________________________  
Title
PENNSYLVANIA DEPARTMENT OF STATE  
BUREAU OF CORPORATIONS AND CHARITABLE ORGANIZATIONS

Certificate of Termination  
Domestic General Partnership  

Read all instructions prior to completing.

Fee: $70

In compliance with the requirements of 15 Pa.C.S. § 8482(b)(2)(vi) (relating to certificate of termination), the undersigned general partnership, desiring to terminate, hereby states that:

1. The name of the general partnership is: ________________________________

2. The partnership is a domestic general partnership or limited liability partnership and the address, including number and street, if any, of its principal place of business is:

<table>
<thead>
<tr>
<th>Number and street of principal office</th>
<th>City</th>
<th>State</th>
<th>Zip</th>
<th>County</th>
</tr>
</thead>
</table>

3. The partnership is terminated.

IN TESTIMONY WHEREOF, the undersigned general partnership has caused this Certificate of Termination to be signed by a duly authorized representative thereof this ______day of ______, 20_____.

______________________________  
Name of General Partnership

______________________________  
Signature

______________________________  
Title

Appx. 156
(386294) No. 510 May 17
Appx. C FORMS

DSCB-15-8482(b)(2)(vi)-Instructions

Pennsylvania Department of State
Bureau of Corporations and Charitable Organizations
P.O. Box 9722
Harrisburg, PA 17105-9722
(717) 787-1657
Website: www.dos.pa.gov/corporns

General Information
Typewritten is preferred. If handwritten, the form must be legible and completed in black or blue-black ink in order to permit reproduction.

The nonrefundable filing fee for this form is $70. Checks should be made payable to the Department of State. Checks must contain a commercially pre-printed name and address.

This form and all accompanying documents shall be mailed to the address stated above.

Who should file this form?
When all debts, obligations and other liabilities of the general partnership have been paid and discharged or adequate provision has been made therefor and all of the remaining property and assets of the partnership have been distributed to the partners, a domestic general partnership (which may have filed a Statement of Registration as a domestic limited liability partnership) may execute a Certificate of Termination and deliver it to the Department of State for filing, along with the certificates required by section 139 (relating to tax clearance of certain fundamental transactions).

A Certificate of Termination will serve to remove the general partnership from the rolls of active associations in the records of the Department, if applicable. Upon the filing of a Certificate of Termination, the existence of the general partnership shall cease, except for the purpose of legal actions, other proceedings and appropriate action as provided by law.

Applicable Law
For dissolution, winding up and termination of general partnerships, in general, see 15 Pa.C.S. §§ 8481-8486. Statutes are available on the Pennsylvania General Assembly website, www.legis.state.pa.us, by following the link for Statutes.

Attachments
The following, in addition to the filing fee, shall accompany this form:
(1) Tax clearance certificates from the Department of Revenue and the Department of Labor and Industry evidencing payment of all taxes and charges payable to the Commonwealth as described in the following paragraph.
(2) Any necessary governmental approvals.

Tax clearance certificates:
A domestic general partnership may not file a Certificate of Termination unless the document is accompanied by tax clearance certificates from the Department of Revenue and the Department of Labor and Industry evidencing the payment by the association of all taxes and charges due the Commonwealth required by law. To obtain these clearance certificates, a Form REV-181 (Application for Tax Clearance Certificate) must be completed and submitted to both the Department of Revenue and the Department of Labor and Industry. The application and instructions may be downloaded from the Department of Revenue website at www.revenue.pa.gov or obtained by calling 717-783-6052.

Form Instructions
Enter the name and mailing address to which any correspondence regarding this filing should be sent. This field must be completed for the Bureau to return the filing. If the filing is to be returned by email, an email address must be provided. An email will be sent to address provided, containing a link and instructions on how a copy of the filed document or correspondence may be downloaded. Any email or mailing address provided on this form will become part of the filed document and therefore public record.

1. Give the exact name of the general partnership as on file with the Department of State, if applicable. This field is required.

2. Current address. The address provided must be the address of the partnership’s principal place of business as on file with the Department of State, if applicable, at the time the Certificate of Termination is submitted for filing. This field is required.

Post office boxes are not acceptable for any address. Under 15 Pa.C.S. § 1356(c)(1) (relating to addresses) an actual street or rural route box number must be used as an address, and the Department of State is required to refuse to receive or file any document that sets forth only a post office box address.

3. Mandatory statement. This field is required.

Signatures and Verification
An authorized representative of the partnership must sign the Certificate of Termination. See 15 Pa.C.S. § 8418. Signing a document delivered to the Department for filing is an affirmation under the penalties provided in 18 Pa.C.S. § 4904 (relating to unsworn falsification to authorities) that the facts stated in the document are true in all material respects. This field is required.

Source

Appx. 157

(386295) No. 510 May 17
Source

Appx. C

FORMS

Source

The provisions of this form DSCB:15-8519 reserved January 27, 2017, effective February 21, 2017, 47 Pa.B. 567. Immediately preceding text appears at serial pages (377298) to (377300).
PENNSYLVANIA DEPARTMENT OF STATE
BUREAU OF CORPORATIONS AND CHARITABLE ORGANIZATIONS

Certificate of Limited Partnership
DSCB:15-8621
(Rev. 2/2017)

Return document by mail to:

Name:__________________________________________
Address:__________________________________________
City:_________ State:_________ Zip:_________

Return document by email to:__________________________________________

Read all instructions prior to completing. This form may be submitted online at https://www.corporations.pa.gov/.

Fee: $125
☐ I qualify for a veteran/reservist-owned small business fee exemption (see instructions)

In compliance with the requirements of 15 Pa.C.S. § 8621 (relating to certificate of limited partnership), the undersigned, desiring to form a limited partnership, hereby certifies that:

1. The name of the limited partnership (may contain the word “company,” “limited” or “limited partnership” or any abbreviation of these terms):

2. Complete part (a) or (b)—not both:
   (a) The address of this limited partnership’s registered office in this Commonwealth is:
       (post office box alone is not acceptable)

       Number and Street:__________________________________________
       City:_________ State:_________ Zip:_________ County:

   (b) The name of this limited partnership’s commercial registered office provider and county of venue is:

       Name of Commercial Registered Office Provider:__________________________________________
       County:__________________________________________

3. The name and address, including street and number, if any, of each general partner is:

   Name:__________________________________________
   Address:__________________________________________

4. Effective date of Certificate (check, and if appropriate complete, one of the following):
   ☐ The Certificate of Limited Partnership shall be effective upon filing in the Department of State.
   ☐ The Certificate of Limited Partnership shall be effective on: _________________________
       Date (MM/DD/YYYY) ______________ Hour (if any) _________________________

IN TESTIMONY WHEREOF, the undersigned general partner(s) of the limited partnership has (have) executed this Certificate of Limited Partnership this __________ day of __________, __________.

Signature:__________________________________________

Signature:__________________________________________

Signature:__________________________________________

Appx. 160

(386298) No. 510 May 17
Copyright © 2017 Commonwealth of Pennsylvania
Pensylvania Department of State
Bureau of Corporations and Charitable Organizations
P.O. Box 8722
Harrisburg, PA 17105-8722
(717) 787-1605
Website: www.dos.pa.gov/corps

General Information
Typewritten is preferred. If handwritten, the form must be legible and completed in black or blue-black ink in order to permit reproduction.

The nonrefundable filing fee for this form is $125. Checks should be made payable to the Department of State. Checks must contain a commercially pre-printed name and address. Filer requesting a veterans/reservist-owned small business fee exemption should attach proof of the veteran’s or reservist’s status to the Certificate of Limited Partnership form when submitted. For more information on the fee exemption, see Fees and Payments.

This form and all accompanying documents shall be mailed to the address stated above.

Who should file this form?
One or more persons forming a limited partnership must file a certificate of limited partnership in the Department of State.

Applicable Law

Statutes are available on the Pennsylvania General Assembly website, www.legis.state.pa.us, by following the link for Statutes.

Limited Partnership Name Requirements
Generally, the name of an association may not be the same as the name of another association which is already on the records of the Department of State. Depending on the type of association, certain designators must be used in the association name. Designators are the words or abbreviations used at the end of the association name which designate the type of association. The minimum requirements for limited partnership names can be found at 15 Pa.C.S. §§ 301, 202 and 204.

The name of a domestic limited partnership is not required to contain a word or abbreviation indicating that it is a limited partnership and may contain the name of a partner. However, if the limited partnership is a limited liability limited partnership, the name must contain the term “company,” “limited” or “limited liability limited partnership” or a term of like import; or an abbreviation of one of those terms.

Form Instructions
Enter the name and mailing address to which any correspondence regarding this filing should be sent. This field must be completed for the Bureau to return the filing. If the filing is to be returned by email, an email address must be provided. An email will be sent to address provided, containing a link and instructions on how to copy of the filed document or correspondence may be downloaded. Any email or mailing addresses provided on this form will become part of the filed document and therefore public record.

1. Give the exact name of the limited partnership. This should include the exact spelling, punctuation and a permissible designator, if any. This field is required.

2. Address. This address must be in Pennsylvania. Give one of the following: the registered office address in the Commonwealth in (a) or the name of a Commercial Registered Office Provider in (b) and the county of venue.

Listing a Commercial Registered Office Provider in lieu of providing a registered office address is an option for any association that does not have a physical location or mailing address in Pennsylvania. Prior to listing a Commercial Registered Office Provider address, the association should enter into a contract for the services of the Commercial Registered Office Provider.

Post office boxes are not acceptable for any address. Under 15 Pa.C.S. § 135(c) (relating to addresses), an actual street or rural route box number must be used as an address, and the Department of State is required to refuse to receive or file any document that sets forth only a post office box address. This field is required.

3. A general partner may include a corporation, partnership, limited liability company, business trust, other association, government entity (other than the Commonwealth), estate, trust, foundation or natural person. When the limited partnership has more than three general partners, additional lines should be added as appropriate.

An actual street or rural route box number must be used as an address, and the Department of State is required to refuse to receive or file any document that sets forth only a post office box address. This field is required.

4. Effective date. Any date specified as the effective date of the Certificate of Limited Partnership must be a future effective date (after the date and time of its delivery to the Department). A specified effective date may not be retroactive (prior to the date and time of the Certificate’s delivery to the Department). If a delayed effective date is specified, but no time is given, then the time used will be 12:01 a.m. on the date specified. If no effective date is provided, it will be presumed that no specified delayed effective date is intended and the document will be effective upon filing. This field is required.
Additional provisions. A Certificate of Limited Partnership may contain statements as to matters other than those required by 35 Pa.C.S. § 8623(b), but may not vary or otherwise affect the provisions specified under § 8623(c) and (d) (relating to contents of partnership agreement) in a manner inconsistent with that section. Additional provisions of the certificate, if any, should be attached on 8 1/2 x 11 sheet(s).

Signature and Verification
All general partners must sign the Certificate of Limited Partnership. If a general partner is not a natural person, an authorized representative of the organizing association must sign the Certificate. When the limited partnership has more than three executing general partners, additional signature lines should be added as appropriate. Signing a document delivered to the Department for filing is an affirmation under the penalties provided in 18 Pa.C.S. § 4904 (relating to unsworn falsification to authorities) that the facts stated in the document are true in all material respects. This field is required.

Attachments
The following, in addition to the filing fee, shall accompany this form:
(1) Any necessary copies of form DSCB:19-17-2 (Consent to Appropriation of Name).
(2) Any necessary governmental approvals.


Appx. 162

(386300) No. 510 May 17

Copyright © 2017 Commonwealth of Pennsylvania
Read all instructions prior to completing. This form may be submitted online at https://www.corporations.pa.gov/

Fee: $70

Check one:  □ Limited Partnership (§ 8622)  □ Limited Liability Company (§ 8822)

In compliance with the requirements of the applicable provisions (relating to Amendment or Restatement of Certificate), the undersigned, desiring to amend or restate its Certificate of Limited Partnership/Certificate of Organization, hereby certifies that:

1. The name of the limited partnership/limited liability company is: _______________________________________________________________________

2. The date of filing of the original Certificate of Limited Partnership/Certificate of Organization is: _______________________________________________________________________

3. The current registered office address as on file with the Department of State. Complete part (a) OR (b) – not both:

   (a)  
   Number and street  City  State  Zip  County

   (b)  
   Name of Commercial Registered Office Provider  County

4. Check, and if appropriate complete, one of the following:
   □ The amendment adopted by the limited partnership/limited liability company, set forth in full, is as follows:
   ____________________________________________________________________________
   ____________________________________________________________________________
   □ The amendment adopted by the limited partnership/limited liability company is set forth in full in Exhibit A attached hereto and made a part hereof.

5. Effective date of amendment (check, and if appropriate complete, one of the following):
   □ The amendment shall be effective upon filing this Certificate of Amendment in the Department of State.
   □ The amendment shall be effective on: ____________________ at ____________________

   Date (MM/DD/YYYY)  Hour (if any)

(PENNSYLVANIA DEPARTMENT OF STATE)
(BUREAU OF CORPORATIONS AND CHARITABLE ORGANIZATIONS)

(386301) No. 510 May 17
DEPARTMENT OF STATE

Pt. I

6. Check if the amendment restates the Certificate of Limited Partnership/Certificate of Organization:
   □ The restated Certificate of Limited Partnership/Certificate of Organization supersedes the original Certificate of
     Limited Partnership/Certificate of Organization and all previous amendments thereto.

IN TESTIMONY WHEREOF, the undersigned limited partnership/limited liability company has caused this Certificate
of Amendment to be executed by a duly authorized person thereof this ________ day of

______________________________
Name of Limited Partnership/Limited Liability Company

______________________________
Signature

______________________________
Title

Appx. 164

(386302) No. 510 May 17  Copyright © 2017 Commonwealth of Pennsylvania
General Information

Typewritten is preferred. If handwriting, the form must be legible and completed in black or blue-black ink in order to permit reproduction. The nonrefundable filing fee for this form is $70.

Checks should be made payable to the Department of State.

Checks must contain a commercially pre-printed name and address.

This form and all accompanying documents, including any necessary governmental approvals, shall be mailed to the address stated above.

Who should file this form?

A certificate of limited partnership may be amended or restated at any time.

A limited partnership shall promptly deliver to the Department of State for filing an amendment to its certificate of limited partnership to reflect:

1. The admission of a new general partner;
2. The dissolution of a person as a general partner;
3. The appointment of a person to wind up the partnership’s activities and affairs under section 882(c) or (d) (relating to winding up and filing of certificates).

If a general partner knows that any information in a filed certificate of limited partnership is inaccurate, the general partner shall promptly cause the certificate to be amended. Form DSCB: 15-1507/7907/8625/8825 (Statement or Certificate of Change of Registered Office) may be used if the only change in the certificate is a change of registered office.

A certificate of organization may be amended or restated at any time. If a member of a member-managed limited liability company, or a manager of a manager-managed limited liability company, knows that any information in a filed certificate of organization is inaccurate, the member or manager shall promptly cause the certificate to be amended. Form DSCB: 15-1507/7907/8625/8825 (Statement or Certificate of Change of Registered Office) may be used if the only change in the certificate is a change of registered office.

Applicable Law

For amendment and restatement requirements for limited partnerships, see 15 Pa.C.S. § 8622. For amendment and restatement requirements for limited liability companies, see 15 Pa.C.S. § 8622. Statutes are available on the Pennsylvania General Assembly website, www.legis.state.pa.us, by following the link for Statutes.

Form Instructions

Enter the name and mailing address to which any correspondence regarding this filing should be sent. This field must be completed for the Bureau to return the filing. If the filing is to be returned by email, an email address must be provided. An email will be sent to address provided, containing a link and instructions on how to download the document or correspondence may be downloaded. Any email or mailing addresses provided on this form will become part of the filed document and therefore public record.

1. Give the exact name of the limited partnership/limited liability company. The name on this line must match exactly the association name as shown in Department’s records at the time the Certificate of Amendment is submitted for filing. This field is required.

2. Give the date of filing of the original Certificate of Limited Partnership/Certificate of Organization (month, day and year). This field is required.

3. Current address. The address provided must be the limited partnership/limited liability company’s registered office address (a) or Commercial Registered Office Provider (b) as on file with the Department of State at the time the Certificate of Amendment is submitted for filing. This field is required.

4. Set forth the amendment in full or attach as an exhibit. This field is required.

5. Any date specified as the effective date of the Certificate of Amendment must be a future effective date (after the date and time of its delivery to the Department). A specified effective date may not be retroactive (prior to the date and time of the Certificate’s delivery to the Department). If a delayed effective date is specified, but no time is given, then the time used will be 12:01 a.m. on the date specified. If neither option for effective date is checked, it will be presumed that no specified delayed effective date is intended and the document will be effective upon filing. This field is required.

6. To restate its certificate of limited partnership, a limited partnership must deliver to the Department for filing a certificate of amendment that is designated as a restatement and includes a statement that the restated certificate supersedes the original certificate and all previous amendments. Similarly, to restate its certificate of organization, a limited liability company must deliver to the Department for filing a certificate of amendment that is designated as a restatement and includes a statement that the restated certificate supersedes the original certificate and all
Source

previous amendments.

Signature and Verification
An authorized representative of the association must sign the Certificate of Amendment. See 15 Pa.C.S. § 8623 and § 8823 (both relating to Signing of filed documents), for the required signatures for documents submitted by limited partnerships and limited liability companies, respectively. Signing a document delivered to the Department for filing is an affirmation under the penalties provided in 18 Pa.C.S. § 4904 (relating to unsworn falsification to authorities) that the facts stated in the document are true in all material respects. This field is required.

Attachments
The following, in addition to the filing fee, shall accompany this form:

If the amendment effects a change of name,
   (1) One copy of a completed form DSCB:15-134B (Docketing Statement-Changes).
   (2) Any necessary copies of form DSCB:19-17.2 (Consent to Appropriation of Name).
   (3) Any necessary governmental approvals.

PENNSYLVANIA DEPARTMENT OF STATE  
BUREAU OF CORPORATIONS AND CHARITABLE ORGANIZATIONS

Certificate of Negation  
DSCB-15-8636  
(2/2017)

Read all instructions prior to completing.

Fee: $70

In compliance with the requirements of 15 Pa.C.S. § 8636 (relating to person erroneously believing self to be limited partner), the undersigned person who erroneously but in good faith believed himself to be a limited partner, hereby states that:

1. The name of the limited partnership is: ____________________________

2. The current registered office address as on file with the Department of State. Complete part (a) OR (b) – not both:

(a) Number and street City State Zip County

(b) via: Name of Commercial Registered Office Provider County

3. The name of the person delivering this certificate to the Department for filing: ____________________________

4. The person named in paragraph 3 is not a general partner and withdraws from future participation as an owner in the enterprise.

IN TESTIMONY WHEREOF, the undersigned person has caused this Certificate of Negation to be executed this ____________________________ day of ____________________________, 20__________________

__________________________
Name of Person

__________________________
Signature

__________________________
Title

Appx. C FORMS

Appx. 167

Appx. 168
PENNSYLVANIA DEPARTMENT OF STATE
BUREAU OF CORPORATIONS AND CHARITABLE ORGANIZATIONS

Return document by mail to:

Name

Address

City State Zip Code

Return document by email to:

Voluntary Termination [Never Transacted Business]
Domestic Limited Partnership
DSCB 15-05811 (2/2017)

Read all instructions prior to completing.

Fee: $70

In compliance with the requirements of the applicable provisions 15 Pa.C.S. § 8681.1 (relating to voluntary termination by partners for a limited partnership that has never transacted business), the undersigned, desiring that the limited partnership be terminated, hereby states that:

1. The name of the limited partnership is: ____________________________

2. The current registered office address of the partnership as on file with the Department of State.
   Complete part (a) OR (b) – not both:
   (a) Number and street

   City State Zip County

   (b) c/o Name of Commercial Registered Office Provider

   County

3. The partnership has never transacted business or held assets other than money received as capital contributions.

4. The amounts, if any, actually paid in as contributions, less any part disbursed for necessary expenses, have been returned to those entitled to the return of the amounts.

5. A majority of the general partners elect that the limited partnership be terminated.

6. Check one of the following:
   □ All liabilities of the partnership have been discharged.
   □ Adequate provision has been made for the payment of the liabilities of the partnership.

IN TESTIMONY WHEREOF, at least a majority of the general partners of the above-named limited partnership have hereunto set their hands this ______ day of __________.

______________________________
Signature

______________________________
Signature

______________________________
Signature
Form No. 510 May 17

 PENNSYLVANIA DEPARTMENT OF STATE  
 BUREAU OF CORPORATIONS AND CHARITABLE ORGANIZATIONS

Certificate of Termination  
Limited Partnership  
DSCB 15-8682(e) (rev. 2/2017)  

Return document by mail to:  
Name  
Address  
City  State  Zip Code  
Return document by email to:  

Fee: $70

In compliance with the requirements of 15 Pa.C.S. § 8682(c) (relating to certificate of termination), the undersigned limited partnership, desiring to terminate, hereby states that:

1. The name of the limited partnership is: 

2. The current registered office address as on file with the Department of State. Complete part (a) OR (b) – not both:
   (a)  
   Number and street  
   City  State  Zip  County  
   (b) c/o:  
   Name of Commercial Registered Office Provider  
   County  

3. Check one of the following:
   □ All debts, obligations and other liabilities of the limited partnership have been paid and discharged.
   □ Adequate provision has been made for the payment and discharge of the debts, obligations and other liabilities of the limited partnership.

4. All the remaining property and assets of the limited partnership have been distributed among its partners in accordance with their respective rights and interests.

5. Check one of the following:
   □ There are no actions pending against the limited partnership in any court.
   □ Adequate provision has been made for the satisfaction of any judgment that may be entered against the limited partnership in any pending action.

6. The limited partnership is terminated.

IN TESTIMONY WHEREOF, the undersigned limited partnership has caused this Certificate of Termination to be signed by a duly authorized representative thereof this ______ day of ______, 20_____

Name of Limited Partnership

Signature

Title

Appx. 171
The provisions of this form DSCB:15-8513 renumbered as DSCB:15-8682(c) and amended January 27, 2017, effective February 21, 2017, 47 Pa.B. 567. Immediately preceding text appears at serial pages (377293) to (377294).
Return document by mail to:

<table>
<thead>
<tr>
<th>Name</th>
<th>Address</th>
<th>City</th>
<th>State</th>
<th>Zip Code</th>
</tr>
</thead>
</table>

Return document by email to: [Email Address]

Statement of Election - Partnership
Election/Amendment/Termination
DSCB: 15:8701A-8701B-8701C (Rev. 7/2015)

Read all instructions prior to completing.

Fee: $125 – Election
$70 – Amendment/Termination

Check one:
☐ Statement of Election (§ 8701A)
☐ Statement of Amendment (§ 8701B)
☐ Statement of Termination of Election (§ 8701C)

In compliance with the requirements of the applicable provisions (relating to scope and definition), the undersigned partnership, desiring to elect or which has elected to be governed by 15 Pa.C.S. Ch. 87 (relating to electing partnerships), and desiring to form/amend/terminate its statement of election, hereby states that:

1. The name of the partnership is:

2. The location of its principal place of business is:

<table>
<thead>
<tr>
<th>Number and street</th>
<th>City</th>
<th>State</th>
<th>Zip</th>
<th>County</th>
</tr>
</thead>
</table>

3. The name of each general partner of the partnership as of the date of this statement is:

<table>
<thead>
<tr>
<th>General Partner Name</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
</tr>
<tr>
<td></td>
</tr>
<tr>
<td></td>
</tr>
</tbody>
</table>

Appx. 173

(386311) No. 510 May 17
4. **Check Boxes for Electing Partnership Only:**
   - [ ] The partnership elects to be governed by 15.C.S. Ch.87 (relating to electing partnerships).
   - [ ] The election has been authorized by at least a majority in interest of the partners.

5. **Check Box for Statement of Amendment Only:**
   - [ ] The election to be governed by 15 Pa.C.S. Ch. 87 (relating to electing partnerships) is amended to reflect the information set forth in this statement in lieu of the information previously of record.

6. **Check Bases for Statement of Termination Only:**
   - [ ] The election to be governed by 15 Pa.C.S. Ch. 87 (relating to electing partnerships) is hereby terminated.
   - [ ] The termination has been authorized by at least a majority in interest of the partners.

---

IN TESTIMONY WHEREOF, the undersigned partnership has caused this Statement of Election/Amendment/Termination of Election to be executed this

____ day of ____________, ________

______________________________________________
Name of Partnership

______________________________________________
Signature

______________________________________________
Title
Pennsylvania Department of State
Bureau of Corporations and Charitable Organizations
P.O. Box 8722
Harrisburg, PA 17105-8722
(717) 787-1657
Web site: www.dos.pa.gov/corps

Instructions for Completion of Form:

A. Typewritten is preferred. If handwritten, the form shall be legible and completed in black or blue-black ink in order to permit reproduction. The nonrefundable filing fee for the Statement of Election is $125. The nonrefundable filing fee for the Statement of Amendment or the Statement of Termination of Election is $70 made payable to the Department of State. Checks must contain a commercially pre-printed name and address.

Enter the name and mailing address to which any correspondence regarding this filing should be sent. This field must be completed for the Bureau to return the filing. If the filing is to be returned by email, an email address must be provided. An email will be sent to address provided, containing a link and instructions on how a copy of the filed document or correspondence may be downloaded. Any email or mailing addresses provided on this form will become part of the filed document and therefore public record.

B. This form and all accompanying documents shall be mailed to the address stated above.

Appx. 175
DEPARTMENT OF STATE

PENNSYLVANIA DEPARTMENT OF STATE
BUREAU OF CORPORATIONS AND CHARITABLE ORGANIZATIONS

Certificate of Organization
Domestic Limited Liability Company
DSCB:15-8821 (rev. 2/2017)

Read all instructions prior to completing. This form may be submitted online at https://www.corporations.pa.gov/.

Fee: $25  ☐ I qualify for a veteran/reservist-owned small business fee exemption (see instructions)

In compliance with the requirements of 15 Pa.C.S. § 8821 (relating to certificate of organization), the undersigned desiring to organize a limited liability company, hereby certifies that:

1. The name of the limited liability company is: ____________________________
   (designator is required, e.g., “company,” “limited” or “limited liability company” or any abbreviation thereof)

2. Complete part (a) or (b) - not both:
   (a) The address of this limited liability company’s registered office in this Commonwealth is:
       (post office box alone is not acceptable)

       Number and Street

       City

       State

       Zip

       County

   (b) The name of this limited liability company’s commercial registered office provider and county of venue is:

       Name of Commercial Registered Office Provider

       County

3. The name of each organizer is (all organizers must sign on page 2):

       __________________________________________

       __________________________________________

       __________________________________________

4. Effective date of Certificate of Organization (check, and if appropriate complete, one of the following):
   ☐ The Certificate of Organization shall be effective upon filing in the Department of State.
   ☐ The Certificate of Organization shall be effective on: ____/____/____ at ______

Appx. 176

(386314) No. 510 May 17

Copyright © 2017 Commonwealth of Pennsylvania
5. Restricted professional companies only.
Check the box if the limited liability company is organized to render a restricted professional service and check the type of restricted professional service(s).

☐ The company is a restricted professional company organized to render the following restricted professional service(s):
- Chiropractic
- Dentistry
- Law
- Medicine and surgery
- Optometry
- Osteopathic medicine and surgery
- Podiatric medicine
- Public accounting
- Psychology
- Veterinary medicine

6. Benefit companies only.
Check the box immediately below if the limited liability company is organized as a benefit company:

☐ This limited liability company shall have the purpose of creating general public benefit.

Optional specific public benefit purpose. Check the box immediately below if the benefit company is organized to have one or more specific public benefits and supply the specific public benefit(s).
See instructions for examples of specific public benefit.

☐ This limited liability company shall have the purpose of creating the enumerated specific public benefit(s):

7. For additional provisions of the certificate, if any, attach 8½ x 11 sheet(s).

IN TESTIMONY WHEREOF, the organizer(s) have executed this Certificate of Organization this

_____ day of ____________, 20____.

__________________________
Signature

__________________________
Signature

__________________________
Signature

Appx. 177

(386315) No. 510 May 17
DEPARTMENT OF STATE

Pennsylvania Department of State
Bureau of Corporations and Charitable Organizations
P.O. Box 8722
Harrisburg, PA 17105-8722
(717) 787-1057
Website: www.dos.pa.gov/corps

General Information

Typewritten is preferred. If handwritten, the form must be legible and completed in black or blue-black ink in order to permit reproduction.

The nonrefundable filing fee for this form is $125. Checks should be made payable to the Department of State. Checks must contain a commercially pre-printed name and address. Filers requesting a veteran/reservist-owned small business fee exemption should attach proof of the veteran’s or reservist’s status to the Certificate of Organization form when submitted. For more information on the fee exemption, see Fees and Payments.

This form and all accompanying documents shall be mailed to the address stated above.

Who should file this form?

One or more persons acting as organizers to form a limited liability company must file a certificate of organization in the Department of State.

Applicable Law

See 15 Pa.C.S. § 821 for general information on Formation of Limited Liability Company and Certificate of Organization. Statutes are available on the Pennsylvania General Assembly website, www.legis.state.pa.us, by following the link for Statutes. See also 15 Pa.C.S. § 8998 and § 8998 for provisions on annual reports/registrations that are required of benefit companies and restricted professional companies, respectively.

Limited Liability Company Name Requirements

Generally, the name of an association may not be the same as the name of another association which is already on the records of the Department of State. Depending on the type of association, certain designators must be used in the association name. Designators are the words or abbreviations used at the end of the association name which designate the type of association. The minimum requirements for limited liability company names can be found at 15 Pa.C.S. §§ 201, 202 and 204.

The name of a domestic limited liability company must contain:

(1) the term “company,” “limited” or “limited liability company” or an abbreviation of one of these terms, or
(2) words or abbreviations of like import used in a jurisdiction other than this Commonwealth.

The name of a limited liability company may not contain any words implying that it is a business corporation, such as “corporation” or “incorporated” or an abbreviation of these terms.

Reserved words and/or approvals:

Association names may not contain words, phrases or abbreviations prohibited or restricted by statute or regulation, unless in compliance with the restriction, generally with the consent or approval of a government agency, board or commission. These may include certain professional and occupational boards or commissions of the Bureau of Professional and Occupational Affairs, the Department of Education, the Department of Banking and Securities, the Insurance Department or the Public Utility Commission. There are also words and abbreviations that may be restricted, prohibited, or may be permitted in certain instances as provided in various federal statutes, Attorney General opinions and Bureau regulations.

Attachments

The following, in addition to the filing fee, shall accompany this form:

(1) One copy of a completed form DSCB:15-134A (Docketing Statement).
(2) Any necessary copies of form DSCB:19-17.2 (Consent to Appropriation of Name).
(3) Any necessary governmental approvals.

Form Instructions

Enter the name and mailing address to which any correspondence regarding this filing should be sent. This field must be completed for the Bureau to return the filing. If the filing is to be returned by email, an email address must be provided. An email will be sent to address provided, containing a link and instructions on how a copy of the filed document or correspondence may be downloaded. Any email or mailing addresses provided on this form will become part of the filed document and therefore public record.

1. Give the exact name of the limited liability company. This should include the exact spelling, punctuation and a permissible designator. This field is required.

2. Address. This address must be in Pennsylvania. Give one of the following: the registered office address in the Commonwealth in (a) or the name of a Commercial Registered Office Provider in (b) and the county of venue.

Listing a Commercial Registered Office Provider in lieu of providing a registered office address is an option for any association that does not have a physical location or mailing address in Pennsylvania. Prior to listing a Commercial Registered Office Provider address, the association should enter into a contract for the services of the Commercial Registered Office Provider.

Appx. 178

(386316) No. 510 May 17
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Source

Appx. 179
(386317) No. 510 May 17
Certificate of Limited Liability Company Authority
(D12-15-6532)

Read all instructions prior to completing.

For: $70

In compliance with the requirements of the applicable provisions of 15 Pa.C.S. § 8832 (relating to certificate of authority), the undersigned limited liability company, desiring to effect a certificate of authority (or amendment or cancellation thereof) hereby states that:

I. Required fields for Certificate, Amendment or Cancellation

1. The name of the limited liability company is: ________________________________

2. The current registered office address as on file with the Department of State. Complete part (a) OR (b) — not both:

   (a) Number and street ________________________________ City __________________ State ___________________ Zip Code __________________ County __________________

   Name of Commercial Registered Office Provider _____________________________ County __________________

   (b) c/o __________________________

II. Certificate of Company Authority Only

1. All persons holding the following position (e.g., Managing Member, Manager) ____________________________ with respect to the company has the authority to do the following: Check all that apply. For additional positions, attach additional pages as needed.

   □ Sign an instrument transferring real property held in the name of the company. Other specification or limitation may be provided. Additional pages may be attached as needed.

   □ Enter into other transactions on behalf of, or otherwise act for or bind, the company. Other specification or limitation may be provided. Additional pages may be attached as needed.

   □ ____________________________
2. The following named person (i.e., John Smith) ______________________ has the authority to do the following: Check all that apply. For additional persons, attach additional pages as needed.

☐ Sign an instrument transferring real property held in the name of the company. Other specification or limitation may be provided. Additional pages may be attached as needed.

☐ Enter into other transactions on behalf of, or otherwise act for or bind, the company. Other specification or limitation may be provided. Additional pages may be attached as needed.

III. Amendment to Certificate of Company Authority
If amending a Certificate of Authority previously filed in the Department of State, check the box below and complete the following:

☐ The Certificate of Company Authority that became effective on _______________________ is amended.

Date (MM/DD/YYYY)

The contents of the amendment are stated below. Additional pages may be attached as needed.

IV. Cancellation of Certificate of Company Authority
If cancelling a Certificate of Authority previously filed in the Department of State, check the box below and complete the following.

☐ The Certificate of Company Authority that became effective ________________ is cancelled.

Date (MM/DD/YYYY)

IN TESTIMONY WHEREOF, the undersigned has caused this Certificate of Company Authority to be signed by a person duly authorized by the company thereof this _______ day of ______________, 20___.

_______________________________
Name of Limited Liability Company

_______________________________
Signature

_______________________________
Title

Appx. 181

(386319) No. 510 May 17
General Information
Typewritten is preferred. If handwritten, the form must be legible and completed in black or blue-black ink in order to permit reproduction. The nonrefundable filing fee for this form is $70.
Checks should be made payable to the Department of State. Checks must contain a commercially pre-printed name and address.
This form and all accompanying documents, including any necessary governmental approvals, shall be mailed to the address stated above.

Who should file this form?
This form may be used by a limited liability company to set forth, amend, or cancel company authority. With the exception of manager-managed limited liability companies identified as such in their certificates of organization, other law – especially the common law of agency – determines the apparent authority to bind a limited liability company. This apparent authority may be altered by the filing or recording of a Certificate of Company Authority under 15 Pa.C.S. § 8332, which establishes the mechanics for and the legal effect of filing or recording a Certificate of Company Authority.

Applicable Law
For relations of members and managers to persons dealing with limited liability company, in general, see 15 Pa.C.S. §§ 8811-8835. Statutes are available on the Pennsylvania General Assembly website, www.legis.state.pa.us, by following the link for Statutes.

Form Instructions
Enter the name and mailing address to which any correspondence regarding this filing should be sent. This field must be completed for the Bureau to return the filing. If the filing is to be returned by email, an email address must be provided. An email will be sent to address provided, containing a link and instructions on how to copy of the filed document or correspondence may be downloaded. Any email or mailing addresses provided on this form will become part of the filed document and therefore public record.

Section I. is required whether setting forth, amending or cancelling company authority. To state company authority, complete Section I and Section II. To amend company authority, complete Section I and Section III. To cancel company authority, complete Section I and Section IV. Do not complete any combination of Section II, III, or IV.

Section I. This field is always required.
Check the box. List the date that the Certificate of Company Authority that is being canceled became effective.

Signature and Verification
An authorized representative of the limited liability company must sign the Certificate of Company Authority (or amendment or cancellation thereto). Signing a document delivered to the Department for filing is an affirmation under the penalties provided in 18 Pa.C.S. § 4904 (relating to unsworn falsification to authorities) that the facts stated in the document are true in all material respects. This field is required.

Source
# Certificate of Denial - Limited Liability Company

**Certificate of Denial - Limited Liability Company**

**DSCB-15-0033**

(2017)

Read all instructions prior to completing.

Fee: $70

In compliance with the requirements of the applicable provisions of 15 Pa.C.S. § 833 (relating to certificate of denial of limited liability company authority), the undersigned person desiring to effect a certificate of denial of limited liability company authority hereby states that:

1. The name of the limited liability company is: ____________________________

2. The current registered office address as on file with the Department of State: *Complete part (a) OR (b) – not both:*

   (a) Number and street
   
   City
   
   State
   
   Zip
   
   County

   (b) c/o:
   
   Name of Commercial Registered Office Provider
   
   County

3. The date the Certificate of Authority to which this denial pertains was filed: ____________

4. I deny the grant of authority in the Certificate of Authority listed above.

IN TESTIMONY WHEREOF, the undersigned has caused this Certificate of Denial of Limited Liability Company Authority to be signed thereof this ______ day of ________, 20________.

Name of Limited Liability Company

Signature

Title

---

Appx. 184

(386322) No. 510 May 17

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General Information
Typewritten is preferred. If handwriten, the form must be legible and completed in black or blue-black ink in order to permit reproduction. The nonrefundable filing fee for this form is $70.
Checks should be made payable to the Department of State.
Checks must contain a commercially pre-printed name and address.
This form and all accompanying documents, including any necessary governmental approvals, shall be mailed to the address stated above.

Who should file this form?
This form may be used by a person named in a filed Certificate of Authority pertaining to a limited liability company to deny such authority. The Certificate of Denial operates as a restrictive amendment to the Certificate of Company Authority and a certified copy may be recorded by the company or the person that delivered the Certificate of Denial to the Department of State for filing. The Certificate of Denial affects only the authority of a person to bind a company with respect to persons that are not partners.

Applicable Law
For relations of members and managers to persons dealing with limited liability company, in general, see 15 Pa.C.S. §§ 831-835. Statutes are available on the Pennsylvania General Assembly website, www.legis.state.pa.us, by following the link for Statutes.

Form Instructions
Enter the name and mailing address to which any correspondence regarding this filing should be sent.
This field must be completed for the Bureau to return the filing. If the filing is to be returned by email, an email address must be provided. An email will be sent to address provided, containing a link and instructions on how a copy of the filed document or correspondence may be downloaded. Any email or mailing addresses provided on this form will become part of the filed document and therefore public record.

1. Give the exact name of the limited liability company. The name on this line must match exactly the company name as on file with the Department at the time the Certificate of Denial of Company Authority is submitted for filing. This field is required.

2. Current address. The address provided must be the company’s registered office address on file with the Department of State at the time the Certificate of Denial of Company Authority is submitted for filing. This field is required.

Post office boxes are not acceptable for any address. Under 15 Pa.C.S. § 1325(c) (relating to addresses) an actual street or rural route box number must be used as an address, and the Department of State is required to refuse to receive or file any document that sets forth only a post office box address.

Source
Certificate of Dissolution
Domestic Limited Liability Company

PENNSYLVANIA DEPARTMENT OF STATE
BUREAU OF CORPORATIONS AND CHARITABLE ORGANIZATIONS

Return document by mail to:
Name: ____________________________
Address: __________________________
City: ____________________________ State: ____________ Zip Code: ____________

Return document by email to: __________________________

Read all instructions prior to completing.

Fee: $70

Caution: This form does not end the existence of the limited liability company or remove the limited liability company from the rolls of active associations in the records of the Department. Compare to DSSB:15-8872(f) (relating to Certificate of Termination).

In compliance with the requirements of the applicable provisions of 15 Pa.C.S. § 8872(b)(2)(i) (relating to certificate of dissolution), the undersigned limited liability company, desiring to wind up its activities and affairs, hereby states that:

1. The name of the limited liability company is: ____________________________

2. The current registered office address as on file with the Department of State. Complete part (a) OR (b) – not both:

(a) Number and street: ____________________________
City: ____________________________ State: ____________ Zip: ____________ County: ____________________________

(b) c/o: ____________________________
Name of Commercial Registered Office Provider: ____________________________
County: ____________________________

3. The company is dissolved.

IN TESTIMONY WHEREOF, the undersigned limited liability company has caused this Certificate of Dissolution to be signed by a duly authorized representative thereof this ____________ day of ____________ 20__

__________________________
Name of Limited Liability Company

__________________________
Signature

__________________________
Th[e}
Appx. C

FORMS

DSCB:15-8872(b)(2) Instructions

Pennsylvania Department of State
Bureau of Corporations and Charitable Organizations
P.O. Box 872
Harrisburg, PA 17105-8722
(717) 787-1057
Website: www.dos.pa.gov/corps

General Information
Typeswritten is preferred. If handwritten, the form must be
legible and completed in black or blue-black ink in order to
permit reproduction.

The nonrefundable filing fee for this form is $70. Checks
should be made payable to the Department of State. Checks
must contain a commercially pre-printed name and address.

This form and all accompanying documents shall be mailed to
the address stated above.

Who should file this form?
A dissolved limited liability company shall wind up its
activities and affairs and the company continues after
dissolution only for the purpose of winding up. In winding up
its activities and affairs, a limited liability company shall
discharge the company’s debts, obligations and other
liabilities, settle and close the company’s activities and affairs,
and marshal and distribute the assets of the company. It may
deliver to the Department of State for filing a Certificate of
Dissolution.

The term “dissolution” indicates the beginning of the end for
unincorporated associations such as partnerships and limited
liability companies. The word itself is labeled “termination.”
See 15 Pa.C.S. § 8872(f).

A Certificate of Dissolution will not serve to remove the
limited liability company from the rolls of active associations
in the records of the Department. Upon the filing of a
Certificate of Dissolution, the limited liability company may
preserve the company’s activities, affairs and property as a
going concern for a reasonable time; prosecute and defend
actions and proceedings, whether civil, criminal or
administrative; transfer the company’s property; settle disputes
by mediation or arbitration; and perform other acts necessary
or appropriate to the winding up.

Applicable Law
For dissolution, winding up and termination of limited liability
companies, in general, see 15 Pa.C.S. §§ 8871-8878. Statutes
are available on the Pennsylvania General Assembly website,
www.legis.state.pa.us, by following the link for Statutes.

Attachments
The following, in addition to the filing fee, shall accompany
this form:
(1) Any necessary governmental approvals.

Form Instructions
Enter the name and mailing address to which any
correspondence regarding this filing should be sent.
This field must be completed for the Bureau to return the
filing. If the filing is to be returned by email, an email address
must be provided. An email will be sent to address provided,
containing a link and instructions on how to copy of the filed
document or correspondence may be downloaded. Any email
or mailing addresses provided on this form will become part
of the filed document and therefore public record.

1. Give the exact name of the limited liability company as on
file with the Department of State. This field is required.
2. Current address. The address provided must be the limited
liability company’s registered office address (a) or
Commercial Registered Office Provider (b) as on file with the
Department of State at the time the Certificate of Dissolution
is submitted for filing. This field is required.
3. Mandatory statement. This field is required.

Signature and Verification
An authorized representative of the limited liability company
must sign the Certificate of Dissolution. Signing a document
delivered to the Department for filing is an affirmation under
the penalties provided in 18 Pa.C.S. § 4904 (relating to
unsworn falsification to authorities) that the facts stated in the
document are true in all material respects.
This field is required.

Source
The provisions of this DSCB:15-8872(b)(2)(i) adopted January 27, 2017, effective February 21,

Appx. 187

(386325) No. 510 May 17
In compliance with the requirements of the applicable provisions of 15 Pa.C.S. § 8872(f) (relating to certificate of termination), the undersigned limited liability company, desiring to terminate, hereby states that:

1. The name of the limited liability company is: ________________________________

2. The current registered office address as on file with the Department of State. Complete part (a) OR (b) – not both:

   (a) 
   Number and street: ____________________________
   City: ____________________________
   State: ____________________________
   Zip: ____________________________
   County: ____________________________

   (b) c/o: ____________________________
   Name of Commercial Registered Office Provider: ____________________________
   County: ____________________________

3. Check one of the following:
   [ ] All debts, obligations and other liabilities of the limited liability company have been paid and discharged.
   [ ] Adequate provision has been made for the payment and discharge of the debts, obligations and other liabilities of the limited liability company.

4. All the remaining property and assets of the limited liability company have been distributed among its members in accordance with their respective rights and interests.

5. Check one of the following:
   [ ] There are no actions pending against the limited liability company in any court.
   [ ] Adequate provision has been made for the satisfaction of any judgment that may be entered against the limited liability company in any pending action.

6. The limited liability company is terminated.

IN TESTIMONY WHEREOF, the undersigned limited liability company has caused this Certificate of Termination to be signed by a duly authorized representative thereof this __________ day of ____________________________ 20______

Name of Limited Liability Company

______________________________
Signature

______________________________
Title
Appx. C

FORMS

DSCB:15-8975—Instructions

Pennsylvania Department of State
Bureau of Corporations and Charitable Organizations
P.O. Box 8722
Harrisburg, PA 17105-8722
(717) 787-1407
Web site: www.dos.pa.gov/corps

General Information
Typesetter is preferred. If handwritten, the form must be
legible and completed in black or blue-black ink in order
to permit reproduction.
The nonrefundable filing fee for this form is $70. Checks
should be made payable to the Department of State. Checks
must contain a commercially pre-printed name and address.

This form and all accompanying documents shall be mailed to
the address stated above.

Who should file this form?
When all debts, liabilities and obligations of a limited liability
company have been paid and discharged or adequate provision
has been made therefor and all of the remaining property and
assets of the company have been distributed to the members, a
domestic limited liability company shall execute a certificate
of dissolution and deliver it to the Department of State for
filing.

A Certificate of Dissolution will serve to remove the limited
liability company from the rolls of active associations in the
records of the Department. Upon the filing of a certificate of
dissolution, the existence of the limited liability company shall
cease, except for the purpose of legal actions, other
proceedings and appropriate action as provided in this chapter.

Applicable Law
For dissolution of limited liability companies, in general, 15
Pa.C.S. §§ 8971-8977. Statutes are available on the
Pennsylvania General Assembly website, www.legis.state.pa.us, by following the link for Statutes.

Attachments
The following, in addition to the filing fee, shall accompany this
form:

(1) Tax clearance certificates from the Department of
Revenue and the Department of Labor and Industry
evidencing payment of all taxes and charges payable to
the Commonwealth as described in the following
paragraph.
(2) Any necessary governmental approvals.

Tax clearance certificates:
A domestic limited liability company may not file a Certificate
of Dissolution unless the document is accompanied by tax
clearance certificates from the Department of Revenue and the
Department of Labor and Industry evidencing the payment by
the association of all taxes and charges due the
Commonwealth required by law. To obtain these clearance
certificates, a Form RE1-181 (Application for Tax Clearance
Certificate) must be completed and submitted to both the
Department of Revenue and the Department of Labor and
Industry. The application and instructions may be downloaded
from the Department of Revenue website at
www.revenue.pa.gov or obtained by calling 717-787-6052.

Form Instructions
Enter the name and mailing address to which any
correspondence regarding this filing should be sent. This field
must be completed for the Bureau to return the filing. If the
filing is to be returned by email, an email address must be
provided. An email will be sent to address provided
containing a link and instructions on how to copy of the filed
document correspondence may be downloaded. Any email
or mailing addresses provided on this form will become part
of the filed document and therefore public record.

1. Give the exact name of the limited liability company as on
file with the Department of State. This field is required.

2. Check only one of the boxes, based on the status or
situation of the dissolving company. This field is required.

3. Mandatory statement. This field is required.

4. Check only one of the boxes, based on the status or
situation of the dissolving company. This field is required.

Signature and Verification
An authorized representative of the limited liability company
must sign the Certificate of Dissolution. Signing a document
delivered to the Department for filing is an affirmation under
the penalties provided in 18 Pa.C.S. § 4904 (relating to
unlawful falsification to authorities) that the facts stated in the
document are true in all material respects.
This field is required.

Source
The provisions of this form DSCB:15-8975 renumbered as DSCB:15-8872(f) and amended Janu-
ary 27, 2017, effective February 21, 2017, 47 Pa.B. 367. Immediately preceding text appears at serial
pages (377309) to (377310).

Appx. 189

(386327) No. 510 May 17
PENNSYLVANIA DEPARTMENT OF STATE
BUREAU OF CORPORATIONS AND CHARITABLE ORGANIZATIONS

☐ Return document by mail to:

Name

Address

City State Zip Code

☐ Return document by email to:

Fee: $70

In compliance with the requirements of the applicable provisions 13 Pa.C.S. § 8878 (relating to voluntary termination by members or organizers for a limited liability company that has never transacted business), the undersigned, desiring that the company should be terminated, hereby states that:

1. The name of the company is:

2. The current registered office address of the company as on file with the Department of State.
   Complete part (a) OR (b) – not both:
   (a) Number and street City State Zip County
   (b) c/o Name of Commercial Registered Office Provider County

3. The company has never transacted business or held assets other than money received as capital contributions.

4. The amounts, if any, actually paid in as capital contributions, less any part disbursed for necessary expenses, have been returned to those entitled to the return of the amounts.

5. A majority of the organizers or a majority in interest of the members elect that the company be terminated.

6. Check one of the following:
   ☐ All liabilities of the company have been discharged.
   ☐ Adequate provision has been made for the payment of the liabilities of the company.

IN TESTIMONY WHEREOF, at least a majority of the organizers or a majority in interest of the members of the above-named company has hereunto set their hands this _____ day of __________, ________.

____________________________
Signature

____________________________
Signature

____________________________
Signature

Appx. 190
General Information
Typewritten is preferred. If handwritten, the form must be legible and completed in black or blue-black ink in order to permit reproduction. The nonrefundable filing fee for this form is $70, made payable to the Department of State. Checks must contain a commercially pre-printed name and address.

This form and all accompanying documents, including any necessary governmental approvals, shall be mailed to the address stated above.

Who should file this form?
This form may be used to terminate a domestic limited liability company that has never transacted business or held assets other than money received as capital contributions.

If a domestic limited liability company has transacted business, it must use form DSCB:15-8872(f) (Certificate of Termination - Domestic Limited Liability Company) to terminate the company.

Applicable Law
For termination, dissolution, and winding up requirements of a limited liability company, in general, see 15 Pa.C.S. §§ 871-878. Statutes are available on the Pennsylvania General Assembly website, www.legis.state.pa.us, by following the link for Statutes.

Form Instructions
Enter the name and mailing address to which any correspondence regarding this filing should be sent. This field must be completed for the Bureau to return the filing. If the filing is to be returned by email, an email address must be provided. An email will be sent to address provided, containing a link and instructions on how a copy of the filed document or correspondence may be downloaded. Any email or mailing addresses provided on this form will become part of the filed document and therefore public record.

1. Name. Give the exact name of the company. The name on this line must match exactly the association name as shown in Department’s records at the time the Voluntary Termination [Never Transacted Business] is submitted for filing. This field is required.

2. Address. The address provided must be the association’s registered office address (a) or Commercial Registered Office Provider (b) as on file with the Department of State at the time the Voluntary Dissolution [Never Transacted Business] is submitted for filing. This field is required.

3. Mandatory statement. This field is required.

4. Mandatory statement. This field is required.

5. Mandatory statement. This field is required.

6. Check the appropriate box. A response to this field is required.

Signature and Verification
The Voluntary Termination [Never Transacted Business] must be executed by a majority of the organizers or a majority in interest of the members. When the company has more than three executing organizers or members, additional signature lines should be added as appropriate. Signing a document delivered to the Department for filing is an affirmation under the penalties provided in 18 Pa.C.S. § 4904 (relating to unsworn falsification to authorities) that the facts stated in the document are true in all material respects. This field is required.

Attachments
The following, in addition to the filing fee, shall accompany this form:
(1) One copy of a completed form DSCB:15-134B (Docking Statement-Changes).

Source

Appx. 191

(386329) No. 510 May 17
In compliance with the requirements of 15 Pa.C.S. § 8898 (relating to annual benefit report), the undersigned benefit company hereby states that:

1. The name of the limited liability company is:

   [Name]

2. Complete part (a) or (b) – not both:

   (a) The address of this limited liability company’s current registered office in this Commonwealth is:

   Number and Street
   City
   State
   Zip
   County

   (b) The name of this limited liability company’s commercial registered office provider and the county of venue is:

   Name of Commercial Registered Office Provider
   County

3. A narrative description of:
   (i) the ways in which the benefit company pursued general public benefit during the year and the extent to which general public benefit was created;

   (ii) the ways in which the benefit company pursued any specific public benefit that the certificate of organization states is the purpose of the benefit company to create and the extent to which that specific public benefit was created;

   (iii) any circumstances that have hindered the creation by the benefit company of general or specific public benefit; and

   (iv) the process and rationale for selecting or changing the third-party standard used to prepare the benefit report.
4. An assessment of the overall social and environmental performance of the benefit company against a third-party standard applied consistently with any application of that standard in prior benefit reports or accompanied by an explanation of the reasons for any inconsistent application.

5. A statement of any connection between the organization that established the third-party standard, or its directors, officers or any holder of 5% or more of the governance interests in the organization, and the benefit company or its members, managers or officers or any holder of 5% or more of the outstanding interests in the benefit company, including any financial or governance relationship which might materially affect the credibility of the use of the third-party standard.

IN TESTIMONY WHEREOF, the undersigned benefit limited liability company has caused this Annual Benefit Report to be signed by a duly authorized officer this ______ day of _______________, 20___.

_________________________
Name of Company

_________________________
Signature

_________________________
Title
DEPARTMENT OF STATE

Pennsylvania Department of State
Bureau of Corporations and Charitable Organizations
P.O. Box 8722
Harrisburg, PA 17105-8722
(717) 787-1057
Website: www.dos.pa.gov/corps

General Information
Typewritten is preferred. If handwritten, the form must be legible and completed in black or blue-black ink in order to permit reproduction. The nonrefundable filing fee for this form is $71.
Checks should be made payable to the Department of State. Checks must contain a commercially pre-printed name and address.
This form and all accompanying documents, including any necessary governmental approvals, shall be mailed to the address stated above.

Who should file this form?
Every domestic limited liability which is a benefit company must deliver to each member an annual benefit report. Concurrently with the delivery of the benefit report to members, the benefit company must deliver a copy of the benefit report to the Department of State for filing.

Applicable Law
For annual benefit report requirements, see 15 Pa.C.S. § 8898. Statutes are available on the Pennsylvania General Assembly website, www.legis.state.pa.us, by following the link for Statutes.

Definitions
A benefit company is a limited liability company that has elected to become subject to Chapter 88, Subchapter 1 of the Pennsylvania Uniform Limited Liability Company Act of 2016. A benefit company shall have a purpose of creating general public benefit. This purpose is in addition to its purpose under 15 Pa.C.S. § 8813(b) (relating to characteristics of limited liability company). The certificate of organization of a benefit company may identify one or more specific public benefits that it is the purpose of the benefit company to create in addition to its general public benefit purpose under 15 Pa.C.S. § 8894(a) and its purpose under 15 Pa.C.S. § 8813(b).

Form Instructions
Enter the name and mailing address to which any correspondence regarding this filing should be sent. This field must be completed for the Bureau to return the filing. If the filing is to be returned by email, an email address must be provided. An email will be sent to address provided containing a link and instructions on how a copy of the filed documents or correspondence may be downloaded. Any email or mailing addresses provided on this form will become part of the filed document and therefore public record.

1. Give the exact name of the limited liability company. The name on this line must match exactly the association name as shown in Department’s records at the time the Annual Benefit Report is submitted for filing. This field is required.
2. Current address. The address provided must be the company’s registered office address (a) or Commercial Registered Office Provider (b) as on file with the Department of State at the time the Annual Benefit Report is submitted for filing. This field is required.
3. - 5. See 15 Pa.C.S. § 8898 for more information. Additional pages may be attached as needed.

A benefit company may change from year to year the standard it uses for assessing its performance. But if a benefit company uses the same standard for assessing its performance in more than one year, the standard must either be applied consistently or the benefit company must provide an explanation of the reasons for any inconsistent use of the standard.

Fields 3-5 are required with the exception that any financial or proprietary information may be omitted from the benefit report as filed with the Department of State.

Signatures and Verification
An authorized representative of the benefit company must sign the Annual Benefit Report. Signing a document delivered to the Department for filing is an affirmation under the penalties provided in 18 Pa.C.S. § 9094 (relating to unlawful falsification to authorities) that the facts stated in the document are true in all material respects. This field is required.

Source

Appx. 194

(386332) No. 510 May 17 Copyright © 2017 Commonwealth of Pennsylvania
Unincorporated Nonprofit Association
Agent for Service of Process
Appointment/Amendment/Cancellation
DSCB:15-9120 (rev. 7/2015)

Complete boxes 1-3 for appointment, amendment and cancellation filings

1. The name of the unincorporated nonprofit association is:

2. The address, if any, in this Commonwealth of the above-named association is:

   Number and Street
   City  State  Zip  County

3. The name and address in this Commonwealth of the person authorized to receive service of process for the above-named association is:

   Name

   Number and Street
   City  State  Zip  County
DEPARTMENT OF STATE

For amendment of statement appointing agent only

4. The name and address in this Commonwealth of the person authorized to receive service of process for the above-named association is changed to:

<table>
<thead>
<tr>
<th>Name</th>
<th>Number and Street</th>
<th>City</th>
<th>State</th>
<th>Zip</th>
<th>County</th>
</tr>
</thead>
</table>

For cancellation of statement appointing agent only

5. The status of the agent [named in box 3] authorized to receive service of process for the above-named association has been cancelled by the association.

IN TESTIMONY WHEREOF, the undersigned have caused this Statement, Amendment or Cancellation of agent for service of process to be executed this day of __________________________ , __________________________ .

<table>
<thead>
<tr>
<th>Name of Unincorporated Nonprofit Association</th>
<th>Name of Agent</th>
</tr>
</thead>
<tbody>
<tr>
<td>Signature</td>
<td>Signature</td>
</tr>
<tr>
<td>Title</td>
<td>Title</td>
</tr>
</tbody>
</table>
Instructions for Completion of Form:

A. Typewritten is preferred. If handwritten, the form shall be legible and completed in black or blue-black ink in order to permit reproduction. The nonrefundable filing fee for this form is $70 made payable to the Department of State. Checks must contain a commercially pre-printed name and address.

Enter the name and mailing address to which any correspondence regarding this filing should be sent. This field must be completed for the Bureau to return the filing. If the filing is to be returned by email, an email address must be provided. An email will be sent to address provided, containing a link and instructions on how a copy of the filed document or correspondence may be downloaded. Any email or mailing addresses provided on this form will become part of the filed document and therefore public record.

B. Agents resigning must use Resignation of Agent form (DSCB:15-9120D).

B. Under 15 Pa.C.S. § 135(c) (relating to addresses) an actual street or rural route box number must be used as an address, and the Department of State is required to refuse to receive or file any document that sets forth only a post office box address.

C. Appointment, amendment and cancellation of agent for service of process must be signed by both (i) a person authorized to manage the affairs of the nonprofit association; and (ii) the person appointed as the agent.

D. This form and all accompanying documents shall be mailed to the address stated above.
In compliance with the requirements of 15 Pa.C.S. § 9120(d) (relating to resignation of agent to receive service of process), the undersigned agent hereby states that:

1. The name of the unincorporated nonprofit association is:

2. The last known address, if any, in this Commonwealth of the above-named association is:

   Number and Street
   City
   State
   Zip
   County

3. The name and address in this Commonwealth of the resigning agent (the person currently authorized to receive service of process for the above-named association) is:

   Name
   Number and Street
   City
   State
   Zip
   County

4. I resign as the person authorized to receive service of process for the above-named association.

IN TESTIMONY WHEREOF, the undersigned Agent has caused this Resignation of Agent for Service of Process to be executed this ___ day of __________, __________.

   Name of Agent
   Signature

   Title
Appx. C

FORMS

DSCB-15-9120D-Instructions

Pennsylvania Department of State
Bureau of Corporations and Charitable Organizations
P.O. Box 8722
Harrisburg, PA 17105-8722
(717) 787-1657
Web site: www.dos.pa.gov/corps

Instructions for Completion of Form:

A. Typewritten is preferred. If handwritten, the form shall be legible and completed in black or blue-black ink in order to permit reproduction. The nonrefundable filing fee for this form is $40 made payable to the Department of State. Checks must contain a commercially pre-printed name and address.

Enter the name and mailing address to which any correspondence regarding this filing should be sent. This field must be completed for the Bureau to return the filing. If the filing is to be returned by email, an email address must be provided. An email will be sent to address provided, containing a link and instructions on how to print a copy of the filed document or correspondence may be downloaded. Any email or mailing addresses provided on this form will become part of the filed document and therefore public record.

B. Under 15 Pa.C.S. § 135(c) (relating to addresses) an actual street or rural route box number must be used as an address, and the Department of State is required to refuse to receive or file any document that sets forth only a post office box address.

C. Resignation of an agent for service of process must be signed by the person resigning as the agent. In addition to filing this form with the Department, the resigning agent must also give notice of the resignation to the nonprofit association.

D. This form and all accompanying documents shall be mailed to the address stated above.

Appx. 199

(386337) No. 510 May 17
Pursuant to 19 Pa. Code § 17.2 (relating to appropriation of the name of a senior corporation), the undersigned association, desiring to consent to the appropriation of its name by another association, hereby certifies that:

1. The name of the association executing this Consent to Appropriation of Name is:

2. The (a) address of the consenting association’s current registered office in this Commonwealth or (b) name of its commercial registered office provider and the county of venue is:

Complete part (a) OR (b) – not both:

(a) __________________________________________________________________________________________________________
Number and street                                    City                  State                     Zip                  County
OR
(b) _______________________________________________________________________________________________________
Name of Commercial Registered Office Provider                                                                            County

3. The date of incorporation or other organization of the consenting association is: ________________________________

4. The association(s) entitled to the benefit of this Consent to Appropriation of Name is(are):

5. The consenting association is (check only one):

☐ About to change its name
☐ About to cease to do business
☐ Being wound up
☐ A foreign association about to withdraw from doing business in the Commonwealth

IN TESTIMONY WHEREOF, the undersigned association has caused this Consent to Appropriation of Name be signed by a duly authorized officer thereof this __________ day of __________________________, 20________.

______________________________
Signature

______________________________
Title
General Information
Typewritten is preferred. If handwritten, the form must be legible and completed in black or blue-black ink in order to permit reproduction. There is no fee for this document.

Who should complete this form?
A domestic filing entity, a domestic limited liability partnership, an electing partnership, a registered foreign association or an association registered at any time under 54 Pa.C.S. Ch. 5 (relating to corporate and other association names) may consent to the use of its name by another association as long as the consenting association has stated that it is about to change its name, is about to cease to do business, is being wound up or is a foreign association about to withdraw from doing business in this Commonwealth, and the statement and a consent to the adoption of the name are delivered to the Department of State for filing.

This form will be deemed to be incorporated by reference into the filing to which it relates, e.g., articles of incorporation, articles of amendment effecting a change of name, articles of merger effecting a change of name, articles of division, application for a certificate of authority, application for an amended certificate of authority, certificate of limited partnership, amended certificate of limited partnership effecting a change of name, documents merging a partnership or other association effecting a change of name, instrument with respect to a business trust, amended instrument with respect to a business trust effecting a change of name, etc.

Therefore an executed copy (which may be a photocopy) of this form should be attached to each copy of the filing to which it relates which is submitted to the Department and no separate docketing statement should be submitted with respect to this form.

Applicable Law
For names, in general, see 15 Pa.C.S. § 414 and §§ 201-209. Statutes are available on the Pennsylvania General Assembly website, www.legis.state.pa.us, by following the link for Statutes.

Instructions for Completion of Form:
1. Give the exact name of the consenting association. The name on this line must match exactly the association name as shown in Department’s records at the time the Consent for Appropriation is submitted for filing. This field is required.

2. The address provided must be of the consenting association’s registered office (a) or Commercial Registered Office Provider (b) as on file with the Department of State. Post office boxes are not acceptable for any address. Under 15 Pa.C.S. § 135(c) (relating to addresses) an actual street or rural route box number must be used as an address, and the Department of State is required to refuse to receive or file any document that sets forth only a post office box address. This field is required.

3. Give the date on which the consenting association was originally incorporated or formed. Provide month, day and year. This field is required.

4. Give the exact name(s) of the association(s) that will use the name. This field is required.

5. Check and complete one of the boxes, based on the status or situation of the consenting association. This field is required.

Signature and Verification
An authorized representative of the consenting association must sign the Consent to Appropriation of Name. Signing a document delivered to the Department for filing is an affirmation under the penalties provided in 18 Pa.C.S. § 4904 (relating to unsworn falsification to authorities) that the facts stated in the document are true in all material respects. This field is required.
DEPARTMENT OF STATE
Pt. I

PENNSYLVANIA DEPARTMENT OF STATE
BUREAU OF CORPORATIONS AND CHARITABLE ORGANIZATIONS

Return document by mail to:

Name
Address
City  State  Zip Code

Return document by email to:

Registration of Fictitious Name
DSCB: 54-311
(rev. 2/2017)

Read all instructions prior to completing. This form may be submitted online at https://www.corporations.pa.gov/.

Fee: $70  ☐ I qualify for a veteran/reservist-owned small business fee exemption (see instructions)

In compliance with the requirements of 54 Pa.C.S. § 311 (relating to registration), the undersigned entity(ies) desiring to register a fictitious name under 54 Pa.C.S. Ch. 3 (relating to fictitious names), hereby state(s) that:

1. The fictitious name is:

2. A brief statement of the character or nature of the business or other activity to be carried on under or through the fictitious name is:

3. The address, including number and street, if any, of the principal place of business (P.O. Box alone is not acceptable):

   Number and street  City  State  Zip  County

4. The name and address, including number and street, if any, of each individual interested in the business is:

   Name  Number and Street  City  State  Zip


Appx. 202

(386340) No. 510 May 17

Copyright © 2017 Commonwealth of Pennsylvania
5. Each entity, other than an individual, interested in such business is (are):

<table>
<thead>
<tr>
<th>Name</th>
<th>Form of Organization</th>
<th>Organizing Jurisdiction</th>
</tr>
</thead>
<tbody>
<tr>
<td>Principal Office Address</td>
<td></td>
<td></td>
</tr>
<tr>
<td>PA Registered Office, if any</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Name</th>
<th>Form of Organization</th>
<th>Organizing Jurisdiction</th>
</tr>
</thead>
<tbody>
<tr>
<td>Principal Office Address</td>
<td></td>
<td></td>
</tr>
<tr>
<td>PA Registered Office, if any</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

6. The applicant is familiar with the provisions of 54 Pa.C.S. § 332 (relating to effect of registration) and understands that filing under the Fictitious Names Act does not create any exclusive or other right in the fictitious name.

7. (Optional) The name(s) of the agent(s), if any, any one of whom is authorized to execute amendments to, withdrawals from or cancellation of this registration in behalf of all then existing parties to the registration, is (are):

IN TESTIMONY WHEREOF, the undersigned have caused this Application for Registration of Fictitious Name to be executed this _______ day of __________, __________.

<table>
<thead>
<tr>
<th>Individual Signature</th>
<th>Individual Signature</th>
</tr>
</thead>
<tbody>
<tr>
<td>Individual Signature</td>
<td>Individual Signature</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Entity Name</th>
<th>Signature</th>
</tr>
</thead>
<tbody>
<tr>
<td>Entity Name</td>
<td>Signature</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Title</th>
<th></th>
</tr>
</thead>
</table>
DEPARTMENT OF STATE

Instructions

Pennsylvania Department of State
Bureau of Corporations and Charitable Organizations
P.O. Box 8722
Harrisburg, PA 17105-8722
(717) 787-1057
Website: www.dos.pa.gov/corps

Instructions for Completion of Form:

A. Typewritten is preferred. If handwritten, the form shall be legible and completed in black or blue-black ink in order to permit reproduction. The nonrefundable filing fee for this form is $70 made payable to the Department of State. Checks must contain a commercially pre-printed name and address. Firms requesting a veteran/reservist-owned small business fee exemption should attach proof of the veteran’s or reservist’s status to the Registration of Fictitious Name form when submitted. For more information on the fee exemption, see Fees and Payments.

Enter the name and mailing address to which any correspondence regarding this filing should be sent. This field must be completed for the Bureau to return the filing. If the filing is to be returned by email, an email address must be provided. An email will be sent to address provided, containing a link and instructions on how a copy of the filed document or correspondence may be downloaded. Any email or mailing addresses provided on this form will become part of the filed document and therefore public record.

B. Under 15 Pa.C.S. § 135(c) (relating to addresses) an actual street or rural route box number must be used as an address, and the Department of State is required to refuse to receive or file any document that sets forth only a post office box address.

C. The following, in addition to the filing fee, shall accompany this form:
   (1) Any necessary copies of form DSCB:19-17.2 (Consent to Appropriation of Name).
   (2) Any necessary governmental approvals.

D. For general instructions relating to fictitious name registration see 19 Pa. Code Subch. 17C (relating to fictitious names). These instructions relate to such matters as voluntary and mandatory registration, general restrictions on name availability, use of corporate designators, agent for effecting amendments, etc., execution, official advertising when an individual is a party to the registration, and effect of registration and non-registration.

E. The name of a commercial registered office provider may not be used in Paragraph 3 in lieu of an address.

F. Insert in Paragraph 5 for each entity which is not an individual the following information: (i) the name of the entity and a statement of its form of organization, e.g., corporation, general partnership, limited partnership, business trust, (ii) the name of the jurisdiction under the laws of which it is organized, (iii) the address, including street and number, if any, of its principal office under the laws of its domicile jurisdiction and (iv) the address, including street and number, if any, of its registered office, if any, in this Commonwealth. If any of the entities has an association which has designated the name of a commercial registered office provider in lieu of a registered office address as permitted by 15 Pa.C.S. § 109, the name of the provider and the venue county should be inserted in the last column.

G. Every individual whose name appears in Paragraph 4 of the form must sign the form exactly as the name is set forth in Paragraph 4. The name of every other entity listed in Paragraph 5 shall be signed on its behalf by an officer, trustee or other authorized person. See 19 Pa. Code § 33.8(b) (relating to execution), which permits execution pursuant to power of attorney. A copy of the underlying power of attorney or other authorization should not be submitted to, and will not be received by or filed in, the Department.

H. An entity (which includes an individual) that registers a fictitious name is required by 54 Pa.C.S. § 311(g) to advertise its intention to file or the filing of an application for registration of fictitious name. Proof of publication of such advertising should not be submitted to the Department, and will not be received by or filed in the Department, but should be kept with the permanent records of the business.

I. This form and all accompanying documents shall be mailed to the address stated above.

Source


Appx. 204

(386342) No. 510 May 17

Copyright © 2017 Commonwealth of Pennsylvania
Fee: $70

Check one:  Amendment (§ 312)  Withdrawal (§ 313)  Cancellation (§ 313)

In compliance with the requirements of 54 Pa.C.S. Ch.3 (relating to fictitious names), the undersigned entity or entities, desiring to amend, withdraw or cancel from a fictitious name registration, hereby state(s) that:

1. The fictitious name is:

2. The address of the principal place of business, including number and street, if any, is:

   Number and street
   City
   State
   Zip
   County

3. The last preceding filing with respect to this fictitious name was made in the Department on

   Date (MM/DD/YYYY)

4. A brief statement of the character or nature of the business or other activity to be carried on under or through the fictitious name is:

   Statement

Return document by mail to:

Name
Address
City
State
Zip Code

Return document by email to: _________________________________

Fictitious Name
Amendment, Withdrawal, Cancellation
DSCR-54-312/313 (rev. 7/2015)

3123
5. Check one or more of the following, as appropriate:

- The fictitious name has been changed to:

- The principal place of business set forth in paragraph 2 has been changed to (PO Box alone not acceptable):

<table>
<thead>
<tr>
<th>Number and street</th>
<th>City</th>
<th>State</th>
<th>Zip</th>
<th>County</th>
</tr>
</thead>
</table>

- The following party(ies) has (have) been added to the registration and their signature(s) appear(s) at the end of this application.

<table>
<thead>
<tr>
<th>Name</th>
<th>Number and street</th>
<th>City</th>
<th>State</th>
<th>Zip</th>
</tr>
</thead>
</table>

- The following party(ies) has (have) withdrawn from the business and their signature(s) appear(s) at the end of this application.

<table>
<thead>
<tr>
<th>Name</th>
<th>Number and street</th>
<th>City</th>
<th>State</th>
<th>Zip</th>
</tr>
</thead>
</table>

- The fictitious name registration is cancelled.

6. Check box for Application for Amendment Only:

- This amendment, without reference to any other filing sets forth all information with respect to the fictitious name which would be required in an original filing under the Fictitious Names Act.

7. Optional-See Instruction F: This application has been executed by an agent heretofore designated for that purpose in a prior filing in this registration.
IN TESTIMONY WHEREOF, the undersigned has (have) caused this Application for Amendment, Withdrawal or Cancellation of/from Fictitious Name to be executed this ___ day of ______________, 20__.

<table>
<thead>
<tr>
<th>Adding party(ies) signature(s)</th>
<th>Withdrawing party(ies) signature(s)</th>
<th>All current party(ies) signature(s)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
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<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Name of Entity                  Name of Entity                  Name of Entity
|                               |                                     |                                     |
|                               |                                     |                                     |
|                               |                                     |                                     |

Signature                      Signature                      Signature
|                               |                                     |                                     |
|                               |                                     |                                     |
|                               |                                     |                                     |

Title                          Title                          Title
|                               |                                     |                                     |
|                               |                                     |                                     |
|                               |                                     |                                     |
Instructions for Completion of Form:

A. Typewritten is preferred. If handwritten, the form shall be legible and completed in black or blue-black ink in order to permit reproduction. The nonrefundable filing fee for this form is $70 made payable to the Department of State. Checks must contain a commercially pre-printed name and address.

Enter the name and mailing address to which any correspondence regarding this filing should be sent. This field must be completed for the Bureau to return the filing. If the filing is to be returned by email, an email address must be provided. An email will be sent to address provided, containing a link and instructions on how a copy of the filed document or correspondence may be downloaded. Any email or mailing addresses provided on this form will become part of the filed document and therefore public record.

B. Under 15 Pa.C.S. § 135(c) (relating to addresses) an actual street or rural route box number must be used as an address, and the Department of State is required to refuse to receive or file any document that sets forth only a post office box address.

C. The following, in addition to the filing fee, shall accompany this form:

   (1) If the amendment effects a change of name, any necessary copies of form DSCB:19-17.2 (Consent to Appropriation of Name).
   (2) Any necessary governmental approvals.

D. For general instructions relating to fictitious name registration see 19 Pa. Code Subch. 17C (relating to Fictitious names). These instructions relate to such matters as voluntary and mandatory registration, general restrictions on name availability, use of corporate designators, agent for effecting amendments, etc., execution, official advertising when an individual is a party to the registration, and effect of registration and non-registration.

E. The name of a commercial registered office provider may not be used in Paragraph 2 or 4B in lieu of an address.

F. An amendment or cancellation shall be signed by all parties to the registration immediately preceding the filing unless an agent is authorized in the original registration and the agent signs the application. If the amendment adds a new party, the party added by the amendment must sign the form. In the case of withdrawal, the form need only be signed by the withdrawing party.

G. If the filing involves a deceased party, the form should be signed by an executor or other fiduciary. It is not necessary to submit a short certificate showing appointment as fiduciary, etc. See 15 Pa.C.S. § 135(b).

H. There is no requirement that the parties involved in an amended, canceled or withdrawal application advertise their intention to file or the filing of such application.

I. No certificate will be issued by the Department in response to this filing.

J. This form and all accompanying documents shall be mailed to the address stated above.
Pennsylvania Department of State
Bureau of Corporations and Charitable Organizations

Return document by mail to:

Registration or Renewal of Unincorporated Association Name
DSCB S4-502 (rev. 2/2017)

Name
Address
City  State  Zip Code

Return document by email to:

Read all instructions prior to completing. This registration expires on December 31 of each year and must be renewed annually between October 1 and December 31.

Fee: $70

Check one:  ☐ Initial registration  ☐ Renewal of registration

In compliance with the requirements of 54 Pa.C.S. § 502 (b) and (d) (relating to certain additions to register), the undersigned domestic unincorporated association, desiring to register with the Department of State the name under which it is doing business or operating, hereby states that:

1. The name to be registered is:

2. The address of the association is:

   Number and street  City  State  Zip  County

3. The length of time, if any, during which the name has been used by the applicant is:

IN TESTIMONY WHEREOF, the undersigned domestic unincorporated association has caused this Application for Registration of Unincorporated Association Name to be signed by a duly authorized officer this ______ day of ______, 20__.

Name of Domestic Unincorporated Association

__________________________
Signature

__________________________
Title

(386347) No. 510 May 17
General Information
Typeset in preferred. If handwritten, the form must be legible and completed in black or blue-black ink in order to permit reproduction. The nonrefundable filing fee for this form is $70. Checks should be made payable to the Department of State. Checks must contain a commercially pre-printed name and address.

This form and all accompanying documents, including any necessary governmental approvals, shall be mailed to the address stated above.

Who should file this form?
Any domestic unincorporated association seeking to register an association name for a period of up to one year may file this form. This form is only to be used when the association is not otherwise required to be formed or organized by another type of filing. This registration will NOT formally incorporate, organize or form an association. See the Department’s Registration Forms page for necessary forms. This form also will NOT register a dba or fictitious name. Use DSCB-54-311 (Registration of Fictitious Name). Available names will be registered through December 31 of the year in which the registration is filed. Registrations may be renewed annually between October 1 and December 31 for the following calendar year. Initial registrations filed between October 1 and December 31 will expire on December 31 of the following calendar year.

Applicable Law
For registration of name of unincorporated association, 54 Pa.C.S. § 302, for names, in general, 15 Pa.C.S. §§ 201-209. Statutes are available on the Pennsylvania General Assembly website, www.legis.state.pa.us, by following the link for Statutes.

Association Name Requirements
Generally, the name of an association may not be the same as the name of another association which is already on the records of the Department of State. A name registered using this form may NOT use certain designations indicating it is incorporated or has limited liability (e.g. Inc., LLC, Limited, etc.)

Restricted word and/or approvals:
Association names may not contain words, phrases or abbreviations prohibited or restricted by statute or regulation, unless in compliance with the restriction, generally with the consent or approval of a government agency, board or commission. These may include certain professional and occupational boards or commissions of the Bureau of Professional and Occupational Affairs, the Department of Education, the Department of Banking and Securities, the Insurance Department or the Public Utility Commission. There are also words and abbreviations that may be restricted, prohibited, or may be permitted in certain instances as provided in various federal statutes, Attorney General opinions and bureau regulations.

Attachments
The following, in addition to the filing fee, shall accompany this form:
1. Any necessary copies of form DSCB-19-17-2 (Consent to Appropriation of Name).
2. Any necessary governmental approvals.

Form Instructions
Enter the name and mailing address to which any correspondence regarding this filing should be sent. This field must be completed for the Bureau to return the filing. If the filing is to be returned by email, an email address must be provided. An email will be sent to address provided, containing a link and instructions on how a copy of the filed document or correspondence may be downloaded. Any email or mailing addresses provided on this form will become part of the filed document and therefore public record.

Indicate whether the application is an initial registration or whether the application is being renewed. Renewals must be submitted for filing between October 1 and December 31 for the following calendar year.
1. Give the exact name of the association. This should include the exact spelling and punctuation. This field is required.
2. The street and mailing address of the association’s principal office. This address should be located in this Commonwealth. P.O. Box addresses are not acceptable for any address. Under 15 Pa.C.S. § 135(c) (relating to addresses), an actual street or rural route box number must be used as an address, and the Department of State is required to refuse to receive or file any document that sets forth only a post office box address. This field is required.
3. The length of time which the registrant has used the name. An exact date is preferred but not required.

Signature and Verification
An authorized representative of the domestic association must sign this form. Signing a document delivered to the Department for filing is an affiliation under the penalties provided in 18 Pa.C.S. § 8904 (relating to falsification to authorities) that the facts stated in the document are true in all material respects. This field is required.
Read all instructions prior to completing.

Fee: $70

In compliance with the requirements of 54 Pa.C.S. § 503 (relating to decennial filings required) the undersigned association hereby states that:

1. The name of the association to which this report relates is: ____________________________________________________________________________________________

2. The address of this association’s current registered office in the Commonwealth or name of its commercial registered office provider and the county of venue is: ____________________________________________________________________________________________

3. Complete part A or B if applicable:
   A. The address to which the registered office of the association in this Commonwealth is to be changed to: ____________________________________________________________________________________________
   B. The registered office of the association shall be provided by: ____________________________________________________________________________________________

4. The association has not made any filing in the Department from January 1, 2002 through December 31, 2011, in accordance with 54 Pa.C.S. § 503(b).

5. The Association continues to exist.

IN TESTIMONY WHEREOF, the undersigned association has caused this Decennial Report of Association Continued Existence to be signed by a duly authorized officer this _____ day of _________________, 20_______.

_______________________________________________________
Name of Association

_______________________________________________________
Signature

_______________________________________________________
Title
Instructions for Completion of Form:

A. Typewritten is preferred. If handwritten, the form shall be legible and completed in black or blue-black ink in order to permit reproduction. The nonrefundable filing fee for this form is $70 made payable to the Department of State. Checks must contain a commercially pre-printed name and address.

Enter the name and mailing address to which any correspondence regarding this filing should be sent. This field must be completed for the Bureau to return the filing. If the filing is to be returned by email, an email address must be provided. An email will be sent to address provided, containing a link and instructions on how a copy of the filed document or correspondence may be downloaded. Any email or mailing addresses provided on this form will become part of the filed document and therefore public record.

B. Enter the entity name as identified in the records of the Department of State in Item 1. If the name has been changed, an Amendment form must be filed separately to effect this change on the Department’s records.

C. Enter the registered office as identified in the records of the Department of State in Item 2. If the address has been changed, the current registered office or Commercial Registered Office Provider and County of Venue should be identified in Item 3. Under 15 Pa.C.S. § 135(c) (relating to addresses), an actual street or rural route box number must be used as an address, and the Department of State is required to refuse to receive or file any document that sets forth only a post office box address.

D. In accordance with 54 Pa.C.S. § 503(b), no filing of this form is required if the association has made any filing in the Department from January 1, 2002 through December 31, 2011, other than a decennial report, application for registration of fictitious name, consent to appropriation of name, name searches or name reservations. Additionally, no filing of this form is required if the association has had officer information forwarded to the department by the Department of Revenue from January 1, 2002 through December 31, 2011, under 15 Pa.C.S. § 1110 (relating to annual report information).

E. This form and all accompanying documents shall be mailed to the address shown above.
Fee: $70

In compliance with the requirements of 54 Pa.C.S. § 506 (relating to voluntary termination of registration by corporations and other associations), the undersigned association, desiring to terminate the registration of its name with the Department of State, hereby states that:

1. The name of the association is:

2. The address of the association in this Commonwealth as on file with the Department of State is:

3. The name of the association was registered on __________ under the following statute:

4. The registration of the name of the association under 54 Pa.C.S. Ch.5 (relating to corporation and other association names) is hereby terminated.

IN TESTIMONY WHEREOF, the undersigned association has caused this Statement of Termination of Registration of Name to be signed by a duly authorized officer this __________ day of __________, __________.

Name of Association

Signature

Title

Appx. 213

(386351) No. 510 May 17
Instructions for Completion of Form:

A. Typewritten is preferred. If handwritten, the form shall be legible and completed in black or blue-black ink in order to permit reproduction. The nonrefundable filing fee for this form is $70 made payable to the Department of State. Checks must contain a commercially pre-printed name and address.

Enter the name and mailing address to which any correspondence regarding this filing should be sent. This field must be completed for the Bureau to return the filing. If the filing is to be returned by email, an email address must be provided. An email will be sent to address provided, containing a link and instructions on how a copy of the filed document or correspondence may be downloaded. Any email or mailing addresses provided on this form will become part of the filed document and therefore public record.

B. Under 15 Pa.C.S. § 135(c) (relating to addresses) an actual street or rural route box number must be used as an address, and the Department of State is required to refuse to receive or file any document that sets forth only a post office box address.

C. The applicable statute to be inserted in Paragraph 3 should be determined by reference to the basis of registration set forth in 54 Pa.C.S. § 501(a) (relating to register established).

D. This form and all accompanying documents shall be mailed to the address stated above.
Registration of Trademark or Service Mark
DSCB:54-1112
(rev. 7/2015)

Read all instructions prior to completing.

Fee: $50

In compliance with the requirements of the 54 Pa.C.S. § 1112 (relating to application for registration), the undersigned, having adopted and used a trademark or service mark in this Commonwealth and desiring to register such mark, hereby states that:

1. The name of the applicant is (see instruction A):

2. The residence, location or place of business of the applicant is (see instruction B):

<table>
<thead>
<tr>
<th>Number and street</th>
<th>City</th>
<th>State</th>
<th>Zip</th>
<th>County</th>
</tr>
</thead>
</table>

3. The name and description of the mark is (a facsimile of the mark to be registered accompanies this application as Exhibit A and is incorporated herein by reference):

4. General class in which such goods or services fall is (use only one of the classifications as set forth in the general classes of goods and services established by the United States Patent and Trademark Office and set forth in instruction G):
5. The goods or services on or in connection with which the mark is used and the mode or manner in which the mark is used on or in connection with such goods or services are:

6. The date when the mark was first used anywhere is:

7. The date when the mark was first used in this Commonwealth by the applicant or the predecessor in interest is:

8. The date, if any, an application to register the mark, or portions or a composite thereof, was filed by the applicant or a predecessor in interest in the United States Patent and Trademark Office. Also provide filing date and serial number of each application, the status thereof and, if any application was finally refused registration, or has otherwise not resulted in a registration, the reasons therefore. (Please attach 8½ x 11 sheet(s) if more space is needed.)

9. Applicant is the owner of the mark, the mark is in use and, to the applicant’s knowledge, no other person has registered, either federally or in this Commonwealth or has the right to use such mark, either in the identical form thereof or in such near resemblance thereto as to be likely, when applied to the goods or services of such other person, to cause confusion or to cause mistake, or to deceive.

IN TESTIMONY WHEREOF, the undersigned person has caused this Application for Registration of Mark to be executed this day of 

____________

Name of Applicant

____________

Signature

____________

Title
Pennsylvania Department of State
Bureau of Corporations and Charitable Organizations
P.O. Box 8722
Harrisburg, PA 17105-8722
(717) 787-1057
Web site: www.dos.pa.gov/corps

Instructions for Completion of Form:

A. Enter the name and mailing address to which any correspondence regarding this filing should be sent. This field must be completed for the Bureau to return the filing. If the filing is to be returned by email, an email address must be provided. An email will be sent to address provided, containing a link and instructions on how a copy of the filed document or correspondence may be downloaded. Any email or mailing addresses provided on this form will become part of the filed document and therefore public record.

B. If the applicant is a corporation, limited liability company or business trust, set forth the association name in Paragraph 1 and also give jurisdiction of incorporation. If a general or limited partnership, set forth the partnership name in Paragraph 1 and also give the jurisdiction in which the partnership is organized and the names of the general partners.

C. The name of a commercial registered office provider may not be used in Paragraph 2 in lieu of an address.

D. An application for registration of a mark is limited to a single general class of goods or services, but a mark may be made the subject of multiple registrations in two or more general classes. (See general classes of goods and services established by the United States Patent and Trademark Office in accordance with the International Classification System, as listed in H below).

E. Typewritten is preferred. If handwritten, the form shall be legible and completed in black or blue-black ink in order to permit reproduction. The nonrefundable filing fee for this form is $50 made payable to the Department of State.

F. This registration is effective for a term of five years from the date of registration. Application to renew for a similar term must be made on form DSCB:54-1114 (Application for Renewal of Registration of Mark) within six months prior to the expiration of such term.

G. This form and all accompanying documents shall be mailed to the address listed above.

H. Schedule of classes of goods and services

GOODS

CLASS 1 – Chemicals
Chemicals used in industry, science and photography, as well as in agriculture, horticulture and forestry; unprocessed artificial resins, unprocessed plastics; manures; fire extinguishing compositions; tempering and soldering preparations; chemical substances for preserving foodstuffs; tanning substances; adhesives used in industry;

CLASS 2 – Paints
Paints, varnishes, lacquers, preservatives against rust and against deterioration of wood; colorants; mordants; raw natural resins; metals in foil and powder form for painters, decorators, printers and artists;

CLASS 3 – Cosmetics and cleaning preparations
Bleaching preparations and other substances for laundry use; cleaning, polishing, scouring and abrasive preparations; soaps; perfumery, essential oils, cosmetics, hair lotions; dentifrices;

CLASS 4 – Lubricants and fuels
Industrial oils and greases; lubricants; dust absorbing, wetting and binding compositions; fuels (including motor spirit) and illuminants; candles and wicks for lighting;

CLASS 5 – Pharmaceuticals
Pharmaceutical and veterinary preparations; sanitary preparations for medical purposes; dietetic food and substances adapted for medical or veterinary use, food for babies; dietary supplemants for humans and animals, plants, materials for dressing, material for stopping teeth, dental wax, disinfectants, preparations for destroying vermin, fungicides, herbicides;

CLASS 6 – Metal goods
Common metals and their alloys; metal building materials; transporatable buildings of metal; materials of metal for railway tracks; non-electric cables and wires of common metal; nonferrous, small items of metal hardware; pipes and tubes of metal; silver; goods of common metal not included in other classes, ores;

CLASS 7 – Machinery
Machines and machine tools; motors and engines (except for land vehicles); machine coupling and transmission components (except for land vehicles); agricultural implements other than hand-operated, incubators for eggs, automatic vending machines;

CLASS 8 – Hand tools
Hand tools and implements (hand-operated); cutlery; side arms; razors.

Appx. 217

(386355) No. 510 May 17
### DEPARTMENT OF STATE

**Pt. I**

<table>
<thead>
<tr>
<th>CLASS 9</th>
<th>Electrical and scientific apparatus</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Scientific, mechanical, surveying, photographic, cinematographic, optical, weighing, measuring, signalling, checking (supervision), life-saving and teaching apparatus and instruments, apparatus and instruments for conducting, switching, transforming, accumulating, regulating or controlling electricity; apparatus for recording, transmission or reproduction of sound or images; magnetic, data carriers, recording discs; compact discs, DVDs and other digital recording media; mechanisms for coin-operated apparatus; cash registers, calculating machines, data processing equipment, computers, computer software, fire-extinguishing apparatus</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>CLASS 10</th>
<th>Medical apparatus</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Hospital, medical, dental and veterinary apparatus and instruments, artificial limbs, eyes and teeth; orthopedic articles; sutures materials</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>CLASS 11</th>
<th>Environmental control apparatus</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Apparatus for lighting, heating, steam generating, cooking, refrigerating, drying, ventilating, water supply and sanitary purposes.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>CLASS 12</th>
<th>Vehicles</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Vehicles; apparatus for locomotion by land, air or water.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>CLASS 13</th>
<th>Firearm</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Firearms; ammunition and projectiles; explosive; fireworks.</td>
</tr>
</tbody>
</table>

| CLASS 14 | Precious and semifinished precious metals and their alloys and goods in precious metals or of these materials and not included in other classes; precious stones; horological and chronometric instruments. |

<table>
<thead>
<tr>
<th>CLASS 15</th>
<th>Musical Instruments</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Musical instruments.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>CLASS 16</th>
<th>Paper goods and printed matter</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Paper, cardboard and goods made from those materials, not included in other classes; printed matter; bookbinding material; photographic; stationery; adhesives for stationery or household purposes; artists' materials; paint brushes; typewriters and office requisites (except furniture); mechanical and teaching material (except apparatus); plastic materials for packaging (not included in other classes); primers; types; printing blocks.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>CLASS 17</th>
<th>Rubber goods</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Rubber, gutta-percha, gau, asbestos, inca and goods made from those materials and not included in other classes; plastic in extruded form for use in manufacture; packing, stopping and insulating materials; flexible pipes, not of metal.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>CLASS 18</th>
<th>Leather goods</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Leather and imitations of leather, and goods made of those materials and not included in other classes; animal skins, bags, boxes; trunks and travelling cases; umbrellas, parasols and walking sticks; whips, harness and saddlery.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>CLASS 19</th>
<th>Nonmetallic building materials</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Building materials (non-metallic), non-metallic rigid pipes for building, asphalt, pitch and bitumen, non-metallic; portable buildings, monuments, not of metal.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>CLASS 20</th>
<th>Furniture and articles not otherwise classified</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Furniture, mirrors, picture frames, goods (not included in other classes) of wood, cork, reed, cane, wicker, horn, bone, ivory, whiting, shell, amber, mother-of-pearl, onyx and similar materials and not included in other classes.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>CLASS 21</th>
<th>Housewares and glass</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Household or kitchen utensils and containers, combs and spoons; brushes (except paint brushes); brush-making materials; articles for cleaning purposes; glass (not glass used in building); glassware, porcelain and earthenware not included in other classes.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>CLASS 22</th>
<th>Cordage and fibers</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Ropes, strings, nets, twines, soring, twarines, sails, sacks and hags (not included in other classes); padding and stuffing materials (except of rubber or plastics); raw fibrous textile materials.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>CLASS 23</th>
<th>Yarns and threads</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Yarns and threads, for textile use.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>CLASS 24</th>
<th>Fabrics</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Textiles and textile goods, not included in other classes; bed cover; table covers.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>CLASS 25</th>
<th>Clothing</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Clothing, footwear, headgear.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>CLASS 26</th>
<th>Fancy goods</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Lace and embroidery, ribbons and braid; buttons, hooks and eyes, pins and needles; artificial flowers.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>CLASS 27</th>
<th>Finery coverings</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Carpets, rugs, mats and matting, linoleum and other materials for covering floors; wall hangings (non-textile).</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>CLASS 28</th>
<th>Toys and sporting goods</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Games and playthings; gymnastic and sporting articles not included in other classes; decorations for Christmas trees.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>CLASS 29</th>
<th>Meats and processed foods</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Meats, fish, poultry and game; meat extracts; preserved, frozen, dried and cooked fruits and vegetables; jellies, jams, compotes; eggs, milk and milk products; edible oils and fats.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>CLASS 30</th>
<th>Staple foods</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Coffee, tea, cocoa and artificial coffee; rice, tapioca and sago; flour and preparations made from cereals; bread, pastry and confectionery; edible tea; sugar, honey; treacle; yeast, baking powder; salt, mustard, vinegar, sauces (condiments); spices; ice.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>CLASS 31</th>
<th>Natural agricultural products</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Grains and agricultural, horticultural and forestry products not included in other classes; live animals; fresh fruits and vegetables; seeds; natural and treated plants and flowers; foodstuffs for animals, milk.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>CLASS 32</th>
<th>Light beverages</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Beers; mineral and carbonated waters and other non-alcoholic beverages; fruit beverages and fruit juices; syrups and other preparations for making beverages.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>CLASS 33</th>
<th>Wines and spirits</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Alcoholic beverages (except beers).</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>CLASS 34</th>
<th>Tobacco products</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Tobacco; smokers' articles; matches.</td>
</tr>
</tbody>
</table>

### SERVICES

<table>
<thead>
<tr>
<th>CLASS 35</th>
<th>Advertising and business</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Advertising; public relations; business administration; office functions.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>CLASS 36</th>
<th>Insurance and financial services</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Insurance; financial affairs; monetary affairs; real estate affairs.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>CLASS 37</th>
<th>Building construction and repair</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Building construction; repair; installation services.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>CLASS 38</th>
<th>Telecommunications</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Telecommunications.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>CLASS 39</th>
<th>Transportation and storage</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Transport, packaging and storage of goods; travel arrangement.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>CLASS 40</th>
<th>Treatment of materials</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Education and entertainment services.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>CLASS 41</th>
<th>Education and training</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Education; providing of training; entertainment; sporting and cultural activities.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>CLASS 42</th>
<th>Computer and scientific services</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Scientific and technological services and research and design relating thereto; industrial analysis and research services; design and development of computer hardware and software.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>CLASS 43</th>
<th>Health and hospitality services</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Services for providing food and drinks; temporary accommodation.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>CLASS 44</th>
<th>Medical and veterinary services</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Medical services; veterinary services; hygienic and beauty care for human beings or animals; agriculture, horticulture and forestry services.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>CLASS 45</th>
<th>Legal services</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Legal services; security services for the protection of property and individuals; personal and social services rendered by others to meet the needs of individuals.</td>
</tr>
</tbody>
</table>
PENNSYLVANIA DEPARTMENT OF STATE  
BUREAU OF CORPORATIONS AND CHARITABLE ORGANIZATIONS

Read all instructions prior to completing.

Fee: $50 - Renewal  
$50 - Assignment

Check one:  □ Renewal of Registration of Mark (§ 1114)  □ Assignment of Registration of Mark (§ 1115)

In compliance with the requirements of the applicable provisions (relating to duration and renewal or relating to assignment), the undersigned, having heretofore duly registered a trademark or service mark in this Commonwealth and desiring to renew/assign such registration, hereby states that:

1. Check one pertaining to registration:
   - Renewal: The name and description of the mark is (a specimen of the mark the registration of which is to be renewed showing actual use of the mark on or in conjunction with the goods or services accompanies this application as Exhibit A and is incorporated herein by reference):
   - Assignment: The name and description of the mark is (a facsimile of the mark the registration of which is to be assigned accompanies this assignment as Exhibit A and is incorporated herein by reference):

2. The residence, location or place of business of the applicant/assignor is:

<table>
<thead>
<tr>
<th>Number and street</th>
<th>City</th>
<th>State</th>
<th>Zip</th>
<th>County</th>
</tr>
</thead>
</table>

Return document by mail to:

Name  
Address  
City  State  Zip Code  

Return document by email to: _________________________________

Trademark/Service Mark Renewal or Assignment
DSCB:54-1114/1115  (rev. 7/2015)

Appx. C FORMS

Appx. 219

(386357) No. 510 May 17
3. Check one pertaining to registration:
   __ Renewal: The name of the applicant is (see instruction D):

   __ Assignment: The name of the assignor and present owner of record of the mark is (if a corporation, also give jurisdiction of incorporation):

4. The general class in which the existing registration/registration to be assigned applies is:

5. (a) The date when the mark was first registered is: __________________________

(b) The date of last renewal of the registration is: __________________________

6. (Strike out if inapplicable): The present applicant is entitled to make the present application by virtue of an assignment to the applicant recorded with the Department of State on _______________ showing an assignment from: _______________ Date _______________

   Name of Assignor

7. The date, if any, an application to register the mark, or portions or a composite thereof, was filed by the applicant or a predecessor in interest in the United States Patent and Trademark Office. Also provide filing date and serial number of each application, the status thereof and, if any application was finally refused registration, or has otherwise not resulted in a registration, the reasons, therefore. (Please attach 8½ x 11 sheet(s) if more space is needed).

8. __ The mark to be renewed is still in use in this Commonwealth.
ASSIGNMENT: Complete Paragraphs 9, 10, 11 & 12

9. The mark is being assigned with the goodwill of the business connected with its use or with that part of the goodwill of the business connected with the use of and symbolized by the mark.

10. The mark is hereby assigned to and the name of the assignee of the mark is (if a corporation, also give jurisdiction of incorporation):

11. The residence, location or place of business of the assignee is:

Number and street      City       State       Zip       County

12. (Strike out if inapplicable) The present assignor is entitled to make the present assignment by virtue of a previous assignment to the present assignor recorded with the Department of State on __________________________.

Date

Name of Previous Assignor

IN TESTIMONY WHEREOF, the undersigned person has caused this Application for Renewal of Registration of Mark/Assignment of Registration of Mark to be executed this _________ day of __________________.

__________________________
Name of Applicant/Assignor

__________________________
Signature

__________________________
Title
Pennsylvania Department of State
Bureau of Corporations and Charitable Organizations
P.O. Box 8722
Harrisburg, PA 17105-8722
(717) 787-1057
Web site: www.dos.pa.gov/corps

General Instructions for Completion of Form:

A. Typewritten is preferred. If handwritten, the form shall be legible and completed in black or blue-black ink in order to permit reproduction. The nonrefundable filing fee for Renewal of Registration of Mark is $50 and Assignment of Registration of Mark is $50, made payable to the Department of State. Checks must contain a commercially pre-printed name and address.

Enter the name and mailing address to which any correspondence regarding this filing should be sent. This field must be completed for the Bureau to return the filing. If the filing is to be returned by email, an email address must be provided. An email will be sent to address provided, containing a link and instructions on how a copy of the filed document or correspondence may be downloaded. Any email or mailing addresses provided on this form will become part of the filed document and therefore public record.

B. This form and all accompanying documents shall be mailed to the above stated address.

Instructions for Renewal Only:

D. If a corporation, set forth the name in Paragraph 1 and also give jurisdiction of incorporation. If a partnership, set forth the name in Paragraph 1 and also give the jurisdiction in which the partnership is organized and the names of the general partners.

E. The name of a commercial registered office provider may not be used in Paragraph 2 in lieu of an address.

F. If the chain of title to the registration includes more than one assignment, Paragraph 6 should be modified accordingly. Only assignments during the immediately preceding term shall be set forth.

G. This renewal is effective for a term of 5 (five) years from the expiration date. Application to renew for a similar term must be made on this form within 6 (six) months prior to the expiration date.

Instructions for Assignment Only:

H. The name of a commercial registered office provider may not be used in Paragraph 2 and 11 in lieu of an address.

I. If the chain of title to the registration includes more than one assignment, Paragraph 12 should be modified accordingly. Only assignments during the current term shall be set forth.

J. If the instrument evidencing the assignment and signed by the assignor is in a different format than this form, the assignee may execute and attach this form as a cover sheet to a copy of the definitive assignment instrument.
Read all instructions prior to completing.

Fee: $70

Check one:  ☐ Application for registration (§ 1311)  ☐ Application for Amendment (§ 1312)

In compliance with the requirements of the applicable provisions (relating to registration/amendment of insignia), the undersigned organization desiring the register/amend its insignia, hereby states that:

1. The name of the applicant is (if a corporation, also give jurisdiction of incorporation):

2. The residence, location or place of business of the applicant is:

   Number and street       City       State       Zip       County

3. The insignia to be registered or amended is (a facsimile of the insignia to be registered accompanies this application as Exhibit A and is incorporated herein by reference):

Application for Amendment: complete paragraph 4

4. The last preceding filing with respect to this insignia was made in the Department on: Date (MM/DD/YYYY)

Return document by mail to:

Name
Address
City       State       Zip Code

Return document by email to: _________________________________

Insignia Registration or Amendment
DSCB:54-1311/1312 (rev. 7/2015)

Appx. C FORMS

Appx. 223

(386361) No. 510 May 17
5. The principles and activities of the applicant organization are not repugnant to the Constitution and laws of the United States or of this Commonwealth.

6. Applicant is the owner of the name or design constituting the insignia and no other person has the right to use such insignia in this Commonwealth, either in the identical form thereof or in a form which is similar to, imitating or so nearly resembling as to be calculated to deceive.

Application for Amendment: complete paragraphs 7 and 8

7. Check one of the following:
   - The foregoing statements revise any information set forth in the preceding filing which has become inaccurate and restate in full such information as so revised.
   - The amendment adopted to revise any information set forth in the preceding filing which has become inaccurate and to restate in full such information as so revised is as follows:

8. The amendment adopted to revise any information set forth in the preceding filing which has become inaccurate and to restate in full such information as so revised is set forth in full in Exhibit B attached hereto and made a part hereof.

IN TESTIMONY WHEREOF, the undersigned organization has caused this Application to be executed this ______ day of ______, ______.

Name of Applicant Organization

Signature

Title
Instructions for Completion of Form:

A. Typewritten is preferred. If handwritten, the form shall be legible and completed in black or blue-black ink in order to permit reproduction. The nonrefundable filing fee for this form is $70 made payable to the Department of State. Checks must contain a commercially pre-printed name and address.

Enter the name and mailing address to which any correspondence regarding this filing should be sent. This field must be completed for the Bureau to return the filing. If the filing is to be returned by email, an email address must be provided. An email will be sent to address provided, containing a link and instructions on how a copy of the filed document or correspondence may be downloaded. Any email or mailing addresses provided on this form will become part of the filed document and therefore public record.

B. An application may be filed by an organization described in and complying with 54 Pa.C.S. § 1301 (relating to definitions).

C. The name of a commercial registered office provider may not be used in Paragraph 2 in lieu of an address.

D. A name, badge, motto, button, decoration, charm, emblem, rosette, label or other insignia may be registered on this form. The term “label” means a label, symbol, mark or private stamp, including a label adopted by labor unions for the purpose of designating the product of their particular labor or workmanship.

E. This registration is effective through December 31, 2021 and will continue in effect for additional terms of ten years each if form DSCB:54-1314/1315 (Decennial Report-Insignia/Mark Used with Articles or Supplies) is timely filed in the year 2021 and in each tenth year thereafter (e.g. 2031, 2041).

F. This form and all accompanying documents shall be mailed to the address stated above.
Read all instructions prior to completing.

Fee: $70

Check one:  Decennial Report - Insignia (§ 1314)
            Decennial Report - Mark Used with Articles or Supplies (§ 1515)

In compliance with the requirements of 54 Pa.C.S. §1314 and §1515 (relating to decennial filings required), the
undersigned organization/person having heretofore duly registered its insignia/mark used with articles or supplies in this
Commonwealth and desiring to continue such registration, hereby states that:

1. The name of the registrant is: ____________________________________________
2. The residence, location or place of business of the registrant is:
   Number and Street __________________________ City __________________________
   State __________________________ Zip __________________________ County _________
3. Complete if applicable:
   The address to which the residence, location or place of business of the registrant is to be changed:
   Number and Street __________________________ City __________________________
   State __________________________ Zip __________________________ County _________
4. The date on which the last preceding filing was made in the Department with respect to the insignia/mark is:
   __________
5. Check one of the following:
   ___ The insignia shall continue to be registered in the Department.
   ___ The mark continues to be used in connection with the articles or supplies specified in the registration.

IN TESTIMONY WHEREOF, the undersigned registrant has caused this Decennial Report to be signed by a duly
authorized officer this _______ day of _______________________,  20_________.

_______________________________________________________
Name of Registrant
_______________________________________________________
Signature
_______________________________________________________
Title
Instructions for Completion of Form:

A. Typewritten is preferred. If handwritten, the form shall be legible and completed in black or blue ink in order to permit reproduction. The nonrefundable filing fee for this form is $70 with check or money order made payable to the Department of State. Checks must contain a commercially pre-printed name and address.

Enter the name and mailing address to which any correspondence regarding this filing should be sent. This field must be completed for the Bureau to return the filing. If the filing is to be returned by email, an email address must be provided. An email will be sent to address provided, containing a link and instructions on how a copy of the filed document or correspondence may be downloaded. Any email or mailing addresses provided on this form will become part of the filed document and therefore public record.

B. The registrant name as identified in the records of the Department of State should be entered in Item 1. If the name has been changed, an Amendment form must be filed separately to effect this change on the Department’s records.

C. The registrant address as identified in the records of the Department of State should be entered in Item 2. If the address has been changed, the new address should be identified in Item 3. Under 15 Pa.C.S. § 135(c) (relating to addresses), an actual street or rural route box number must be used as an address, and the Department of State is required to refuse to receive or file any document that sets forth only a post office box address.

D. In accordance with 54 Pa.C.S. §1314(b) and §1515(b), no filing of this form is required if the registrant has made any filing with respect to insignia/mark in the Department from January 1, 2002 through December 31, 2010, other than a decennial report. This Decennial Report shall be filed during the year 2011 and every tenth year thereafter (e.g. 2021, 2031, etc.)

E. This form and all accompanying documents shall be mailed to the address shown above.
Pennsylvania Department of State

Bureau of Corporations and Charitable Organizations

Read all instructions prior to completing.

Fee: $70

Check one:  Application for registration (§ 1511)  Application for Amendment (§ 1512)

In compliance with the requirements of the applicable provisions (relating to registration/amendment of articles or supplies), the undersigned desiring the register/amend its mark used in this Commonwealth to indicate the ownership of articles or supplies, hereby states that:

1. The name of the applicant is (if a corporation, also give jurisdiction of incorporation):

2. The residence, location or place of business of the applicant is:

   Number and street  City  State  Zip  County

Application for Registration: complete paragraph 3

3. The name, mark or device to be registered is (a facsimile of the mark to be registered accompanies this application as Exhibit A and is incorporated herein by reference):

Application for Amendment: complete paragraph 4

4. The last preceding filing with respect to this mark was made in the Department on ______________ Date (MM/DD/YYYY)

Mark Used with Articles or Supplies
Registration or Amendment
DSCR/54-1511/1512  (rev. 7/2015)

Return document by mail to:

Name
Address
City  State  Zip Code

Return document by email to: _________________________________
3. The nature of the business of the applicant is:


6. The type of articles or supplies in connection with the mark is used are:


Application for Amendment: complete paragraphs 7 and 8

7. Check one of the following:

___ The foregoing statements revise any information set forth in the preceding filing which has become inaccurate and restate in full such information as so revised.

___ The amendment adopted to revise any information set forth in the preceding filing which has become inaccurate and to restate in full such information as so revised is as follows:


8. ___ The amendment adopted to revise any information set forth in the preceding filing which has become inaccurate and to restate in full such information as so revised is set forth in full in Exhibit B attached hereto and made a part hereof.


IN TESTIMONY WHEREOF, the undersigned person/organization has caused this Application to be executed this

___ day of ____________________, ______


Name of Applicant/Applicant Organization

Signature

Title
Instructions for Completion of Form:

A. Typewritten is preferred. If handwritten, the form shall be legible and completed in black or blue-black ink in order to permit reproduction. The nonrefundable filing fee for this form is $70 made payable to the Department of State. Checks must contain a commercially pre-printed name and address.

Enter the name and mailing address to which any correspondence regarding this filing should be sent. This field must be completed for the Bureau to return the filing. If the filing is to be returned by email, an email address must be provided. An email will be sent to address provided, containing a link and instructions on how a copy of the filed document or correspondence may be downloaded. Any email or mailing addresses provided on this form will become part of the filed document and therefore public record.

B. The name of a commercial registered office provider may not be used in Paragraph 2 in lieu of an address.

C. A mark is “used in this Commonwealth” when the name, mark or device is produced upon articles or supplies which are loaned, rented, sold or otherwise circulated in this Commonwealth.

D. A mark is “produced upon” articles or supplies when it is branded, stamped, stenciled, engraved, etched, blown, embossed, impressed, embroidered, sewn or otherwise permanently placed upon any articles or supplies.

E. The term “mark” means any word, name, symbol, design or device, or any combination thereof.

F. A mark may be registered on this form if it is produced upon any item which is designed and intended for reuse in the normal course of trade by the registrant and includes items such as towels, coats, aprons, uniforms, toilet devices and accessories therefore supplied for hire or compensation, and vessels, receptacles and utensils used as packages or containers in the sale and distribution of any natural or processed product, compound, mixture or substance, or any combination thereof, and parts and accessories for such vessels, receptacles and utensils.

G. This registration is effective through December 31, 2021 and will continue in effect for additional terms of ten years each if form DSCB:54-1314/1515 (Decennial Report-Insignia/Mark Used with Articles or Supplies) is timely filed in the year 2021 and in each tenth year thereafter (e.g. 2031, 2041).

H. This form and all accompanying documents shall be mailed to the address stated above.
### UCC FINANCING STATEMENT

**FOLLOW INSTRUCTIONS**

| A. NAME & PHONE OF CONTACT AT FILER (optional) |  |
| B. E-MAIL CONTACT AT FILER (optional) |  |
| C. SEND ACKNOWLEDGMENT TO:   (Name and Address) |  |

**THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY**

| 1. DEBTOR’S NAME | Provide only one Debtor name (1a or 1b). Do not omit, modify, or abbreviate any part of the Debtor’s name, if any part of the individual Debtor’s name will not fit in line 1b, leave all of line 1 blank, check here, and provide the Individual Debtor information in item 10 of the Financing Statement Addendum (Form UCC1Ad) |
| OR |  |

**OR**

| 2. DEBTOR’S NAME | Provide only one Debtor name (2a or 2b). Do not omit, modify, or abbreviate any part of the Debtor’s name, if any part of the individual Debtor’s name will not fit in line 2b, leave all of line 2 blank, check here, and provide the Individual Debtor information in item 10 of the Financing Statement Addendum (Form UCC1Ad) |
| OR |  |

**OR**

| 3. SECURED PARTY’S NAME (or NAME of ASSIGNEE of ASSIGNOR SECURED PARTY):  Provide only one Secured Party name (3a or 3b) |  |
| OR |  |

**OR**

| 4. COLLATERAL: This financing statement covers the following collateral: |  |
| OR |  |

**OR**

| 5. Check only if applicable and check only one box: |  |
| 6. Check only if applicable and check only one box: |  |
| 7. ALTERNATIVE DESIGNATION (if applicable): Seller/Buyer Bailee/BailorConsignee/ConsignorLessee/Lessor |  |

| 8. OPTIONAL FILER REFERENCE DATA: Agricultural Lien Non-UCC Filing |  |

**INTERNATIONAL ASSOCIATION OF COMMERCIAL ADMINISTRATORS (IACA)**

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**FILING OFFICE COPY — UCC FINANCING STATEMENT** (Form UCC1) (Rev. 04/2011)

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(386369) No. 510 May 17

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| Appx. 231 | FORMS |
Instructions for UCC Financing Statement (Form UCC1)

Please type or laser-print this form. Be sure it is completely legible. Read and follow all instructions, especially Instruction 1; use of the correct name for the Debtor is crucial.

Fill in form very carefully; mistakes may have important legal consequences. If you have questions, consult your attorney. The filing office cannot give legal advice.

Send completed form and any attachments to the filing office, with the required fee.

ITEM INSTRUCTIONS

A and B. To assist filing offices that might wish to communicate with filer, filer may provide information in item A and item B. These items are optional.

C. Complete item C if filer desires an acknowledgment sent to them. If filing in a filing office that returns an acknowledgment copy furnished by filer, present simultaneously with this form the Acknowledgment Copy or a carbon or other copy of this form for use as an acknowledgment copy.

1. Debtor's name. Carefully review applicable statutory guidance about providing the debtor's name. Enter only one Debtor name in item 1a whether or not operating under a trade name. If Debtor is a registered organization (e.g., corporation, limited partnership, limited liability company), it is advisable to examine Debtor's current filed public records to determine Debtor's correct name.

2. Additional Debtor's name. For both organization and individual Debtors. Do not use Debtor's trade name, DBA, AKA, FKA, division name, etc. in place of or combined with Debtor's correct name; filer may add such other names as additional Debtors if desired (but this is neither required nor recommended).


4. Collateral.

5. If collateral is held in a trust or being administered by a decedent's personal representative, check the appropriate box in item 5. If more than one Debtor has an interest in the described collateral and this check box does not apply to the interest of all Debtors, the filer should consider filing a separate Financing Statement (Form UCC1) for each Debtor.

6a. If this financing statement relates to a Public-Finance Transaction, Manufactured-Home Transaction, or a Debtor is a Transmitting Utility, check the appropriate box in item 6a. If a Debtor is a Transmitting Utility and the initial financing statement is filed in connection with a Public-Finance Transaction or Manufactured-Home Transaction, check the appropriate box in item 6a.

6b. If this is an Agricultural Lien (as defined in applicable state’s enactment of the Uniform Commercial Code) or if this is not a UCC security interest (e.g., a tax lien, judgment lien, etc.), check the appropriate box in item 6b and attach any other items required under other laws.

7. Alternative Designation. If filer desires (at filer's option) to use the designations lessee and lessor, consignee and consignor, seller and buyer (such as in the case of the sale of a payment intangible, promissory note, account or chattel paper), bailee and bailor, or licensee and licensor instead of Debtor and Secured Party, check the appropriate box in item 7.

8. Optional Filer Reference Data. This item is optional and is for filer's use only. For filer's convenience of reference, filer may enter in item 8 any identifying information that filer may find useful. Do not include social security numbers or other personally identifiable information.
**UCC FINANCING STATEMENT ADDENDUM**

<table>
<thead>
<tr>
<th>Form UCC1Ad (Rev. 04/20/11)</th>
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</table>

<table>
<thead>
<tr>
<th><strong>9. NAME OF FIRST DEBTOR:</strong></th>
<th>Provide only one name. If both lines are blank, check [X].</th>
</tr>
</thead>
<tbody>
<tr>
<td>[ ] INDIVIDUAL'S NAME</td>
<td>[ ] CORPORATION'S NAME</td>
</tr>
<tr>
<td>[ ] INDIVIDUAL'S SURNAME</td>
<td>[ ] CORPORATION'S SURNAME</td>
</tr>
<tr>
<td>[ ] PERSONAL NAME/INITIALS</td>
<td>[ ] CORPORATION'S PERSONAL NAME/INITIALS</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>10. DEBTOR'S NAME:</th>
<th>Provide only one name. If both lines are blank, check [X].</th>
</tr>
</thead>
<tbody>
<tr>
<td>[ ] ORGANIZATION'S NAME</td>
<td>[ ] INDIVIDUAL'S SURNAME</td>
</tr>
<tr>
<td>[ ] INDIVIDUAL'S ADDITIONAL NAME(S)/INITIAL(S)</td>
<td>[ ] ORGANIZATION'S PERSONAL NAME/INITIAL(S)</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>11a. ORGANIZATION'S NAME</th>
<th>11b. INDIVIDUAL'S SURNAME</th>
</tr>
</thead>
<tbody>
<tr>
<td>[ ]</td>
<td>[ ]</td>
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</tbody>
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<table>
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<tr>
<th>11c. MAILING ADDRESS</th>
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<tbody>
<tr>
<td>STREET</td>
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<table>
<thead>
<tr>
<th>12. ADDITIONAL SPACE FOR ITEM 4 (Carries)</th>
</tr>
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<table>
<thead>
<tr>
<th>13. This FINANCING STATEMENT:</th>
<th>This FINANCING STATEMENT:</th>
</tr>
</thead>
<tbody>
<tr>
<td>[ ] is filed as a fixture filing</td>
<td>[ ] is for record only</td>
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<thead>
<tr>
<th>14. [ ] This FINANCING STATEMENT is to be filed in the REAL ESTATE RECORDS (if applicable).</th>
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<table>
<thead>
<tr>
<th>15. NAME AND ADDRESS OF A RECORD OWNER OF REAL ESTATE DESCRIBED IN ITEM 16:</th>
</tr>
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</table>

<table>
<thead>
<tr>
<th>16. DESCRIPTION OF REAL ESTATE:</th>
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<table>
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<tr>
<th>17. MISCELLANEOUS:</th>
</tr>
</thead>
</table>

International Association of Commercial Administrators (IACA)
Instructions for UCC Financing Statement Addendum (Form UCC1Ad)

Please type or laser-print this form. Be sure it is completely legible. Read and follow all instructions; use of the correct name for the Debtor is crucial.

Fill in form very carefully; mistakes may have important legal consequences. If you have questions, consult your attorney. The filing office cannot give legal advice.

**ITEM INSTRUCTIONS**

9. **Name of first Debtor.** Enter name of first Debtor exactly as shown in item 1 of Financing Statement (Form UCC1) to which this Addendum relates. The name will not be indexed as a separate debtor. The Debtor name in this section is intended to cross-reference this Addendum with the related Financing Statement (Form UCC1).

   If the box in item 1 of the Financing Statement (Form UCC1) was checked because Individual Debtor name did not fit, the box in item 9 of this Addendum should be checked.

10. **Additional Debtor’s name.** If this Addendum adds an additional Debtor, complete item 10 in accordance with Instruction 1 of Financing Statement (Form UCC1). For additional Debtors, attach either an additional Addendum or Additional Party (Form UCC1AP) and follow Instruction 1 of Financing Statement (Form UCC1) for determining and formatting additional names.

11. **Additional Secured Party’s name or Assignor Secured Party’s name.** If this Addendum adds an additional Secured Party, complete item 11 in accordance with Instruction 3 of Financing Statement (Form UCC1). For additional Secured Parties, attach either an additional Addendum or Additional Party (Form UCC1AP) and complete applicable items in accordance with Instruction 3 of Financing Statement (Form UCC1). In the case of a full assignment of the Secured Party’s interest before the filing of this financing statement, if filer has provided the name and mailing address of the Assignee in item 3 of Financing Statement (Form UCC1), filer may enter Assignor Secured Party’s name and mailing address in item 11.

12. **Additional Collateral Description.** If space in item 4 of Financing Statement (Form UCC1) is insufficient or additional information must be provided, enter additional information in item 12 or attach additional page(s) and incorporate by reference in item 12 (e.g., See Exhibit A). Do not include social security numbers or other personally identifiable information.

13-16. **Real Estate Record Information.** If this Financing Statement is to be filed in the real estate records and covers timber to be cut, covers as-extracted collateral, and/or is filed as a fixture filing, complete items 1-4 of the Financing Statement (Form UCC1); check the box in item 12; check the appropriate box in item 14; and complete the required information in items 15 and 16. If the Debtor does not have an interest of record, enter the name and address of the record owner in item 15. Provide a sufficient description of real estate in accordance with the applicable law of the jurisdiction where the real estate is located in item 16. If space in items 15 or 16 is insufficient, attach additional page(s) and incorporate by reference in items 15 or 16 (e.g., See Exhibit A), and continue the real estate record information. Do not include social security numbers or other personally identifiable information.

17. **Miscellaneous.** Under certain circumstances, additional information not provided on the Financing Statement (Form UCC1) may be required. Also, some states have non-uniform requirements. Use this space or attach additional page(s) and incorporate by reference in item 17 (e.g., See Exhibit A) to provide such additional information or to comply with such requirements; otherwise, leave blank. Do not include social security numbers or other personally identifiable information.
### UCC FINANCING STATEMENT ADDITIONAL PARTY

**FOLLOW INSTRUCTIONS**

<table>
<thead>
<tr>
<th>18. NAME OF FIRST DEBTOR: Same as line 1a or 1b on Financing Statement if line 1b was left blank because Individual Debtor name did not fit. Leave blank if no Individual Debtor name.</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>ORGANIZATION'S NAME</td>
<td></td>
</tr>
<tr>
<td>INDIVIDUAL'S SURNAME</td>
<td></td>
</tr>
<tr>
<td><strong>ADDITIONAL NAME(S)/INITIAL(S)</strong></td>
<td></td>
</tr>
<tr>
<td><strong>FIRST PERSONAL NAME</strong></td>
<td></td>
</tr>
<tr>
<td>19. ADDITIONAL DEBTOR'S NAME: Provide only one Debtor name (19a or 19b) (use exact, full name; do not omit, modify, or abbreviate any part of the Debtor's name)</td>
<td></td>
</tr>
<tr>
<td>ORGANIZATION'S NAME</td>
<td></td>
</tr>
<tr>
<td>INDIVIDUAL'S SURNAME</td>
<td></td>
</tr>
<tr>
<td><strong>ADDITIONAL NAME(S)/INITIAL(S)</strong></td>
<td></td>
</tr>
<tr>
<td><strong>FIRST PERSONAL NAME</strong></td>
<td></td>
</tr>
<tr>
<td>20. ADDITIONAL DEBTOR'S NAME: Provide only one Debtor name (20a or 20b) (use exact, full name; do not omit, modify, or abbreviate any part of the Debtor's name)</td>
<td></td>
</tr>
<tr>
<td>ORGANIZATION'S NAME</td>
<td></td>
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<tr>
<td>INDIVIDUAL'S SURNAME</td>
<td></td>
</tr>
<tr>
<td><strong>ADDITIONAL NAME(S)/INITIAL(S)</strong></td>
<td></td>
</tr>
<tr>
<td><strong>FIRST PERSONAL NAME</strong></td>
<td></td>
</tr>
<tr>
<td>21. ADDITIONAL DEBTOR'S NAME: Provide only one Debtor name (21a or 21b) (use exact, full name; do not omit, modify, or abbreviate any part of the Debtor's name)</td>
<td></td>
</tr>
<tr>
<td>ORGANIZATION'S NAME</td>
<td></td>
</tr>
<tr>
<td>INDIVIDUAL'S SURNAME</td>
<td></td>
</tr>
<tr>
<td><strong>ADDITIONAL NAME(S)/INITIAL(S)</strong></td>
<td></td>
</tr>
<tr>
<td><strong>FIRST PERSONAL NAME</strong></td>
<td></td>
</tr>
<tr>
<td>22. ADDITIONAL SECURED PARTY'S NAME: Provide only one name (22a or 22b)</td>
<td></td>
</tr>
<tr>
<td>ORGANIZATION'S NAME</td>
<td></td>
</tr>
<tr>
<td>INDIVIDUAL'S SURNAME</td>
<td></td>
</tr>
<tr>
<td><strong>ADDITIONAL NAME(S)/INITIAL(S)</strong></td>
<td></td>
</tr>
<tr>
<td><strong>FIRST PERSONAL NAME</strong></td>
<td></td>
</tr>
<tr>
<td>23. ADDITIONAL SECURED PARTY'S NAME: Provide only one name (23a or 23b)</td>
<td></td>
</tr>
<tr>
<td>ORGANIZATION'S NAME</td>
<td></td>
</tr>
<tr>
<td>INDIVIDUAL'S SURNAME</td>
<td></td>
</tr>
<tr>
<td><strong>ADDITIONAL NAME(S)/INITIAL(S)</strong></td>
<td></td>
</tr>
<tr>
<td><strong>FIRST PERSONAL NAME</strong></td>
<td></td>
</tr>
<tr>
<td>24. MISCELLANEOUS:</td>
<td></td>
</tr>
</tbody>
</table>

International Association of Commercial Administrators (IACA)

**FILING OFFICE COPY** — UCC FINANCING STATEMENT ADDITIONAL PARTY (Form UCC1AP) (Rev. 08/22/11)

(386373) No. 510 May 17
Instructions for UCC Financing Statement Additional Party (Form UCC1AP)

Please type or laser-print this form. Be sure it is completely legible. Read and follow all instructions; use of the correct name for the Debtor is crucial. Fill in form very carefully; mistakes may have important legal consequences. If you have questions, consult your attorney. The filing office cannot give legal advice.

Use the form (multiple copies if needed) to continue adding additional Debtor or Secured Party names as needed when filing a UCC Financing Statement (Form UCC1).

ITEM INSTRUCTIONS

18. Name of first Debtor. Enter name of first Debtor exactly as shown in item 1 of Financing Statement (Form UCC1) to which this Additional Party relates. The name will not be indexed as a separate Debtor. If line 1b of the Financing Statement (Form UCC1) was left blank because the Individual Debtor name did not fit, check the box in item 18 and enter as much of the Individual Debtor name from item 10 that will fit. The Debtor name in this section is intended to cross-reference this Additional Party with the related Financing Statement (Form UCC1).

19-21. Additional Debtor’s name. If this Additional Party adds additional Debtors, complete items 19, 20, and 21 in accordance with Instruction 1 of Financing Statement (Form UCC1).

22-23. Additional Secured Party’s name or Assignee Secured Party’s name. If this Additional Party adds additional Secured Parties, complete items 22 and 23 in accordance with Instruction 3 of Financing Statement (Form UCC1). In the case of a full assignment of the Secured Party’s interest before the filing of this financing statement, if filer has provided the name and mailing address of the Assignee in item 3 of Financing Statement (Form UCC1), filer may enter Assignee Secured Party’s name and mailing address in items 22 and 23.

24. Miscellaneous. Under certain circumstances, additional information not provided on the Financing Statement (Form UCC1) may be required. Also, some states have non-uniform requirements. Use this space or attach additional page(s) and incorporate by reference in item 24 (e.g., See Exhibit A) to provide such additional information or to comply with such requirements; otherwise, leave blank. Do not include social security numbers or other personally identifiable information.
**UCC FINANCING STATEMENT AMENDMENT**

**FOLLOW INSTRUCTIONS**

1. NAME & PHONE OF CONTACT AT FILER (optional)
2. E-MAIL CONTACT AT FILER (optional)
3. SEND ADDRESSES BELOW TO: (Name and Address)

---

**THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY**

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1. Initial Financing Statement ID Number

---

2. TERMINATION: Effectiveness of the Financing Statement identified above is terminated with respect to the security interest(s) of Secured Party authorizing this Termination Statement

3. **PARTY INFORMATION CHANGE:**
   - ORGANIZATION'S NAME
   - INDIVIDUAL'S SURNAME
   - FIRST PERSONAL NAME
   - ADDITIONAL NAME(S)/INITIAL(S)
   - SUFFIX

   **DELETE name:** Give record name to be deleted in item 6a or 6b

   **ADD name:** Complete item 7a or 7b, and item 7c

---

4. CURRENT RECORD INFORMATION:
   - Complete for Party Information Change - provide only one name (6a or 6b)
   - ORGANIZATION'S NAME
   - INDIVIDUAL'S SURNAME
   - FIRST PERSONAL NAME
   - ADDITIONAL NAME(S)/INITIAL(S)
   - SUFFIX

5. CHANGED OR ADDED INFORMATION:
   - Complete for Assignment or Party Information Change - provide only one name (7a or 7b) (use exact, full name; do not omit, modify, or abbreviate any part of the Debtor's name)

---

6. **COLLATERAL CHANGE:**
   - ORGANIZATION'S NAME
   - INDIVIDUAL'S SURNAME
   - FIRST PERSONAL NAME
   - ADDITIONAL NAME(S)/INITIAL(S)
   - SUFFIX

---

7. CHANGED OR ADDED INFORMATION:
   - Complete for Assignment or Party Information Change - provide only one name (7a or 7b) (use exact, full name; do not omit, modify, or abbreviate any part of the Debtor's name)

---

8. **NAME OF SECURED PARTY OR RECORD AUTHORIZING THIS AMENDMENT:**
   - ORGANIZATION'S NAME
   - INDIVIDUAL'S SURNAME
   - FIRST PERSONAL NAME
   - ADDITIONAL NAME(S)/INITIAL(S)
   - SUFFIX

---

9. **OPTIONAL FILER REFERENCE DATA**

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International Association of Commercial Administrators (IACA)

FILING OFFICE COPY — UCC FINANCING STATEMENT AMENDMENT (Form UCC3) (Rev. 04/2011)

(386375) No. 510 May 17

Appx. 237
Instructions for UCC Financing Statement Amendment (Form UCC3)

Please type or laser-print this form. Be sure it is completely legible. Read and follow all instructions, especially Instruction 1a; correct file number of initial financing statement is crucial.

Fill in form very carefully; mistakes may have important legal consequences. If you have questions, consult your attorney. The filing office cannot give legal advice.

Send completed form and any attachments to the filing office, with the required fee.

ITEM INSTRUCTIONS

A and B. To assist filing offices that might wish to communicate with filer, filer may provide information in item A and item B. These items are optional.

ITEM INSTRUCTIONS

Always complete items 1a and 5.

1a. File Number. Enter file number of initial financing statement to which this Amendment relates. Enter only one file number. In some states, the file number is not unique; in those states, also enter in item 1a, after the file number, the date that the initial financing statement was filed.

1b. If this Amendment is to be filed in the real estate records in any other filing office where the name of current Debtor is required for indexing purposes, check the box in item 1b and enter Debtor name in item 13 of Amendment Addendum (Form UCC3Ad). Complete item 13 in accordance with instructions on Amendment Addendum (Form UCC3Ad). If Debtor does not have an interest of record, enter the name and address of the record owner in item 16 of Amendment Addendum (Form UCC3Ad).

Note: Show purpose of this Amendment by checking box 2, 3, 4, 5, or 6 (in items 5 and 8 you must check additional boxes); also complete items 6, 7, and/or 8 as appropriate. Some, but not all filing offices accept multiple actions on an Amendment. Filing offices that accept multiple actions may charge an additional fee. Some filing offices that accept multiple actions may only index one of the actions requested. Consult the administrative rules of the designated filing office to determine the extent to which multiple actions will be accepted, indexed, and the applicable filing fees for multiple actions.

2. Termination. To terminate the effectiveness of the identified financing statement with respect to the security interest(s) of authorizing Secured Party, check box in item 2. See Instruction 9 below.

3. Assignment. To assign (1) some or all of Assignor’s right to amend the identified financing statement, or (2) the Assignor’s right to amend the identified financing statement with respect to some (but not all) of the collateral covered by the identified financing statement: Check box in item 3 and enter name of Assignee in item 13 of Amendment Addendum (Form UCC3Ad). Also enter name of Assignor in item 5. If assignment affects the right to amend the financing statement which respect to some (but not all) of the collateral covered by the identified financing statement, check the ASSIGN collateral box and indicate the particular collateral covered in item 8.

4. Continuation. To continue the effectiveness of the identified financing statement with respect to the security interest(s) of authorizing Secured Party, check box in item 4. See Instruction 9 below.

5-7. Party Information Change. To indicate a party information change: check this box; also check additional box(es) (as applicable) and complete items 5, 6, and/or 7 as appropriate.

To change the name or address of a party (items 5, 6, and 7): Check box in item 5 to indicate whether this Amendment relates to a Debtor or Secured Party of record; check box in item 6 to indicate whether Debtor was present simultaneously with this form the Acknowledgment Copy or a carbon or other copy of this form for use as an acknowledgment copy. Enter name of party of record authorizing this Amendment. In most cases, the authorizing party is the Secured Party of record; also check additional box (as applicable) and complete items 6, 7, and/or 8 (in items 5 and 8 you must check additional boxes); also complete items 6, 7, and/or 8 as appropriate. Some, but not all filing offices accept multiple actions on an Amendment. Filing offices that accept multiple actions may charge an additional fee. Some filing offices that accept multiple actions may only index one of the actions requested. Consult the administrative rules of the designated filing office to determine the extent to which multiple actions will be accepted, indexed, and the applicable filing fees for multiple actions.

6. Collateral Change. To indicate a collateral change: check this box; also check additional box(es) (as applicable) and describe the change in item 8. If space in item 8 is insufficient, continue collateral description in item 14 of Amendment Addendum (Form UCC3Ad). Do not include social security numbers or other personally identifiable information.

To add collateral: Check the ADD collateral box in item 8 and indicate the additional collateral.

To delete collateral: Check the DELETE collateral box in item 8 and indicate the deleted collateral. A partial release is a DELETE collateral change.

To restate covered collateral description: Check the RESTATE covered collateral box in item 8 and indicate the restated collateral.

To assign the right to amend the financing statement with respect to part (but not all) of the collateral covered by the identified financing statement: Complete with Instruction 3 above and check the ASSIGN collateral box in item 8.

7. Name of Authorizing Party. Enter name of party of record authorizing this Amendment. In most cases, the authorizing party is the Secured Party of record. If this is an Amendment (Assignment) authorized by a Debtor, enter the Debtor’s name in item 5 and enter name of Debtor authorizing this Amendment (Form UCC3). If this Amendment (Termination) is to be filed or recorded in the real estate records, also enter, in item 12 of Amendment Addendum (Form UCC3Ad), the name of Secured Party of record. If there are more than one authorizing Secured Party or Debtor, enter additional name(s) in item 14 of Amendment Addendum (Form UCC3Ad).

Optional Filer Reference Data. This item is optional and is for filer’s use only. For filer’s convenience of reference, filer may enter in item 10 any identifying information that filer may find useful. Do not include social security numbers or other personally identifiable information.
### UCC Financing Statement Amendment Addendum

**Filing Office Copy — UCC Financing Statement Amendment Addendum (Form UCC3Ad) (Rev. 04/20/11)**

#### Follow Instructions

<table>
<thead>
<tr>
<th>Item</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>11.</td>
<td>Initial Financing Statement File Number: Same as Item 1a on Amendment Form</td>
</tr>
<tr>
<td>12.</td>
<td>Name of Party Authorizing This Amendment: Same as Item 9 on Amendment Form</td>
</tr>
<tr>
<td>12a.</td>
<td>Organization's Name</td>
</tr>
<tr>
<td>12b.</td>
<td>Individual's Surname</td>
</tr>
<tr>
<td>13.</td>
<td>Name of Debtor on related financing statement (Name of a current Debtor of record required for indexing purposes only in some filing offices; see Instruction Item 13): Provide only one Debtor name (13a or 13b) (use exact, full name; do not omit, modify, or abbreviate any part of the Debtor's name); see Instructions if name does not fit</td>
</tr>
<tr>
<td>13a.</td>
<td>Organization's Name</td>
</tr>
<tr>
<td>13b.</td>
<td>Individual's Surname</td>
</tr>
<tr>
<td>14.</td>
<td>Additional Space for Item 8 (Collateral):</td>
</tr>
<tr>
<td>15.</td>
<td>This Financing Statement Amendment:</td>
</tr>
<tr>
<td>15a.</td>
<td>Covers timber to be cut</td>
</tr>
<tr>
<td>15b.</td>
<td>Covers as-extracted collateral</td>
</tr>
<tr>
<td>15c.</td>
<td>Covers as fixture filing</td>
</tr>
<tr>
<td>15d.</td>
<td>Covers personal property</td>
</tr>
<tr>
<td>16.</td>
<td>Name and address of a Record Owner of real estate described in Item 17 (if Debtor does not have a record interest):</td>
</tr>
<tr>
<td>17.</td>
<td>Description of real estate:</td>
</tr>
</tbody>
</table>

#### Miscellaneous

International Association of Commercial Administrators (IACA)

Filing Office Copy — UCC Financing Statement Amendment Addendum (Form UCC3Ad) (Rev. 04/20/11)

---

(386377) No. 510 May 17
Instructions for UCC Financing Statement Amendment Addendum (Form UCC3Ad)

Please type or laser-print this form. Be sure it is completely legible. Read and follow all Instructions; use of the correct name for the Debtor is crucial. Fill in form very carefully; mistakes may have important legal consequences. If you have questions, consult your attorney. The filing office cannot give legal advice.

ITEM INSTRUCTIONS

11. File Number. Enter file number of initial financing statement as shown in item 1a of Amendment (Form UCC3) to which this Amendment Addendum relates.

12. Name of Authorizing Party. Enter information exactly as shown in item 9 on Amendment (Form UCC3).

13. Name of Debtor on related Financing Statement. If this Amendment (Form UCC3) is to be filed in the real estate records or in any other filing office where the name of a current Debtor of record is required for indexing purposes, enter Debtor name in item 13a or 13b. Item 13 is intended to cross-reference the Amendment (Form UCC3) and Amendment Addendum with the related Financing Statement (Form UCC1). If more than one current Debtor, enter additional name(s) in item 14 or on additional Amendment Addendum (Form UCC3Ad). Do not use item 13 to change, add, or delete a Debtor name.

14. Additional Space for Item 8 (Collateral). If space in item 8 of Amendment (Form UCC3) is insufficient or additional information must be provided, enter additional information in item 14 or attach additional page(s) and incorporate by reference in item 14 (e.g., See Exhibit A). Do not include social security numbers or other personally identifiable information.

15-17. Real Estate Record Information. If this Amendment (Form UCC3) is to be filed in the real estate records, complete the required information (items 15, 16, and 17). If this Amendment (Form UCC3) covers timber to be cut, covers as-extracted collateral, and/or is filed as a fixture filing, check appropriate box in item 15. If the Debtor does not have an interest of record, enter the name and address of the record owner in item 16. Provide a sufficient description of real estate in accordance with the applicable law of the jurisdiction where the real estate is located in item 17. If space in items 16 or 17 is insufficient, attach additional page(s) and incorporate by reference in items 16 or 17 (e.g., See Exhibit A), and continue the real estate information. Do not include social security numbers or other personally identifiable information.

18. Miscellaneous. Under certain circumstances, additional information not provided on the Financing Statement Amendment (Form UCC3) may be required. Also, some states have non-uniform requirements. Use this space or attach additional page(s) and incorporate by reference in item 18 (e.g., See Exhibit A) to provide such additional information or to comply with such requirements; otherwise, leave blank. Do not include social security numbers or other personally identifiable information.
FILING OFFICE COPY — UCC FINANCING STATEMENT AMENDMENT ADDITIONAL PARTY (Form UCC3AP) (Rev. 08/22/11)

UCC FINANCING STATEMENT AMENDMENT ADDITIONAL PARTY

FOLLOW INSTRUCTIONS

20. NAME OF PARTY AUTHORIZING THIS AMENDMENT: Same as item 9 on Amendment form

OR

20a. ORGANIZATION'S NAME

20b. INDIVIDUAL'S SURNAME

ADDITIONAL NAME(S)/INITIAL(S)
FIRST PERSONAL NAME
SUFFIX

THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY

21. ADDITIONAL DEBTOR'S NAME: Provide only one Debtor name (21a or 21b) (use exact, full name; do not omit, modify, or abbreviate any part of the Debtor's name)

OR

21a. ORGANIZATION'S NAME

21b. INDIVIDUAL'S SURNAME

FIRST PERSONAL NAME
SUFFIX

POSTAL CODE
MAILING ADDRESS
CITY
STATE
COUNTRY

22. ADDITIONAL DEBTOR'S NAME: Provide only one Debtor name (22a or 22b) (use exact, full name; do not omit, modify, or abbreviate any part of the Debtor's name)

OR

22a. ORGANIZATION'S NAME

22b. INDIVIDUAL'S SURNAME

FIRST PERSONAL NAME
SUFFIX

POSTAL CODE
MAILING ADDRESS
CITY
STATE
COUNTRY

23. ADDITIONAL DEBTOR'S NAME: Provide only one Debtor name (23a or 23b) (use exact, full name; do not omit, modify, or abbreviate any part of the Debtor's name)

OR

23a. ORGANIZATION'S NAME

23b. INDIVIDUAL'S SURNAME

FIRST PERSONAL NAME
SUFFIX

POSTAL CODE
MAILING ADDRESS
CITY
STATE
COUNTRY

24. ADDITIONAL SECURED PARTY'S NAME.

OR

24a. ORGANIZATION'S NAME

24b. INDIVIDUAL'S SURNAME

FIRST PERSONAL NAME
SUFFIX

POSTAL CODE
MAILING ADDRESS
CITY
STATE
COUNTRY

25. ADDITIONAL SECURED PARTY'S NAME.

OR

25a. ORGANIZATION'S NAME

25b. INDIVIDUAL'S SURNAME

FIRST PERSONAL NAME
SUFFIX

POSTAL CODE
MAILING ADDRESS
CITY
STATE
COUNTRY

INTERNATIONAL ASSOCIATION OF COMMERCIAL ADMINISTRATORS
FILING OFFICE COPY — UCC FINANCING STATEMENT AMENDMENT ADDITIONAL PARTY (Form UCC3AP) (Rev. 08/22/11)

Appx. C FORMS

Appx. 241

(386379) No. 510 May 17
Instructions for UCC Financing Statement Amendment Additional Party (Form UCC3AP)

Please type or laser-print this form. Be sure it is completely legible. Read and follow all Instructions; use of the correct name for the Debtor is crucial. Fill in form very carefully; mistakes may have important legal consequences. If you have questions, consult your attorney. The filing office cannot give legal advice.

Use this form (multiple copies if needed) to continue adding additional Debtor or Secured Party names as needed when filing a UCC Financing Statement Amendment (Form UCC3).

ITEM INSTRUCTIONS

19. **File Number.** Enter file number of initial financing statement as shown in item 1a of Amendment (Form UCC3) to which this Amendment Addendum relates.

20. **Name of Authorizing Party.** Enter information exactly as shown in item 9 on Amendment (Form UCC3).

21-23. **Additional Debtor's name.** If this Amendment Additional Party adds additional Debtors, complete items 21, 22, and 23 in accordance with Instruction 1 of Financing Statement (Form UCC1).

24-25. **Additional Secured Party’s name or Assignor Secured Party’s name.** If this Amendment Additional Party adds additional Secured Parties, complete items 24 and 25 in accordance with Instruction 3 of Financing Statement (Form UCC1). In the case of an assignment of the Secured Party’s interest, filer may enter Secured Party and/or Assignor Secured Party’s name and mailing address information in items 24 and 25.

26. **Miscellaneous.** Under certain circumstances, additional information not provided on the Financing Statement Amendment (Form UCC3) may be required. Also, some states have non-uniform requirements. Use this space or attach additional page(s) and incorporate by reference in item 26 (e.g., See Exhibit A) to provide such additional information or to comply with such requirements; otherwise, leave blank. Do not include social security numbers or other personally identifiable information.
INFORMATION STATEMENT

FOLLOW INSTRUCTIONS

A. NAME & PHONE OF CONTACT AT FILER (optional)

B. E-MAIL CONTACT AT FILER (optional)

C. SEND ACKNOWLEDGMENT TO:   (Name and Address)

THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY

1. Identification of the RECORD to which this INFORMATION STATEMENT relates

2. Check
   one of these three boxes to indicate the claim made by this INFORMATION STATEMENT

   □ RECORD IS INACCURATE. Enter in item 3 the basis for the belief by the Debtor of Record identified in item 5 that the RECORD identified in item 1 is inaccurate and indicate the manner in which the person believes the RECORD should be amended to cure the inaccuracy.

   □ RECORD WAS WRONGFULLY FILED. Enter in item 3 the basis for the belief by the Debtor of Record identified in item 5 that the RECORD identified in item 1 was wrongfully filed.

   □ RECORD FILED BY PERSON NOT ENTITLED TO DO SO. Enter in item 3 the basis for the belief by the Secured Party of Record that the person that filed the RECORD identified in item 1 was not entitled to do so under UCC Section 9-509.

3. Basis for claim of box checked in item 2

4. If this INFORMATION STATEMENT relates to a RECORD filed [or recorded] in a filing office described in Section 9-501(a)(1) and this INFORMATION STATEMENT is filed in such a filing office, provide the date [and time] on which the INITIAL FINANCING STATEMENT identified in item 1 above was filed [or recorded].

5. Name, if any, of lessor identified in item 7

INTERNATIONAL ASSOCIATION OF COMMERCIAL ADMINISTRATORS (IACA)

FILING OFFICE COPY — INFORMATION STATEMENT (Form UCC5) (Rev. 07/19/12)

(386381) No. 510 May 17
Instructions for Information Statement (Form UCC5)

Please type or laser-print this form. Be sure it is completely legible. Read and follow all instructions, especially Instructions 1a and 1b, correct identification of the initial record to which this Information Statement relates is crucial.

Fill in form very carefully; mistakes may have important legal consequences. If you have questions, consult your attorney. The filing office cannot give legal advice.

Send completed form and any attachments to the filing office, with the required fee.

Note: A person may file an Information Statement with respect to a record indexed under that person's name if the person believes the record was inaccurate or wrongfully filed, or a person may file an Information Statement with respect to a record if the person is a Secured Party of Record with respect to the financing statement to which the record relates and believes that the person that filed the record was not entitled to do so.

ITEM INSTRUCTIONS

A and B. To assist filing offices that might wish to communicate with filer, filer may provide information in item A and item B. These items are optional.

C. Complete item C if filer desires an acknowledgment sent to them. If filing in a filing office that returns an acknowledgment copy furnished by filer, present simultaneously with this form the Acknowledgment Copy or a carbon or other copy of this form for use as an acknowledgment copy.

Always complete items 1 and 5 and either 2a or 2b or 2c. Always complete item 3 with the basis for the box marked in item 2. You may also be required to complete item 4.

1a. File number: Enter file number of initial financing statement to which the record that is the object of this Information Statement relates. Enter only one file number.

1b. Enter record information to which this Information Statement relates. Indicate the type of record to which this Information Statement relates (e.g., Financing Statement or Amendment) or you may also insert additional information that you believe will assist in identifying the record (e.g., the record file number or the filing date of the record).

2a. Record is inaccurate. If this Information Statement is filed based upon the belief of the Debtor of Record that the record identified in item 1 is inaccurate, check box in item 2a, provide the basis for that belief in item 3, and indicate the manner in which the record should be amended to cure the inaccuracy.

2b. Record was wrongfully filed. If this Information Statement is filed based upon the belief of the Debtor of Record that the record identified in item 1 was wrongfully filed, check box in item 2b and provide the basis for that belief in item 3.

2c. Record filed by person not entitled to do so. If this Information Statement is filed based upon the belief of the Secured Party of Record that the person that filed the record identified in item 1b was not entitled to do so under Section 9-509, check box in item 2c and provide the basis for that belief in item 3.

3. Basis. Use this item to provide the basis for the box checked in item 2.

4. Filing office date and time. If this Information Statement relates to a record filed (or recorded) in a filing office described in Section 9-501(a)(1), provide the date and time on which the initial financing statement identified in item 1a above was filed (or recorded).

5. Name of Authorizing Party. Enter name of the person filing this Information Statement. This name must be the same name as a Secured Party of Record or the name under which the record is indexed.
INFORMATION REQUEST

FOLLOW INSTRUCTIONS

A. NAME & PHONE OF CONTACT AT FILER (optional)

B. E-MAIL CONTACT AT FILER (optional)

C. RETURN TO: (Name and Address)

THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY

1. DEBTOR'S NAME to be searched: Provide only one Debtor name (1a or 1b) (use exact, full name; do not omit, modify, or abbreviate any part of the Debtor's name)

2. INFORMATION OPTIONS relating to UCC filings and other notices on file in the filing office that include the Debtor name identified in item 1:

   a. SEARCH RESPONSE

   b. COPY REQUEST

   c. SPECIFIED COPIES ONLY

   d. UNLAPSED

3. ADDITIONAL SERVICES:

   a. Pick-Up

   b. Other

   Specify desired method here (if available from this office); provide delivery information (e.g., delivery service’s name, addressee’s account # with delivery service, addressee’s phone #, etc.)

   c. FOLLOW INSTRUCTIONS

FILING OFFICE COPY (1) — INFORMATION REQUEST (Form UCC11) (Rev. 07/19/12)
Instructions for Information Request (Form UCC11)

Please type or laser-print this form. Be sure it is completely legible. Read and follow all instructions, especially Instruction 1; use of the correct name for the Debtor is crucial.

Fill in form very carefully; mistakes may have important legal consequences. If you have questions, consult your attorney. The filing office cannot give legal advice.

Send completed form parts 1 and 2 (labeled Filing Office Copy (1) and (2)) to the filing office, with the required fee. Filing office may offer additional information options. Contact filing office or use form specially designed by filing office to obtain additional information options.

ITEM INSTRUCTIONS

A and B. To assist filing offices that might wish to communicate with filer, filer may provide information in item A and item B. These items are optional.

C. Provide name and address of requestor in item C. This item is NOT optional.

1. Debtor's name. Enter only one Debtor name in item 1 -- either an organizer's name (1a) or an individual's name (1b). Enter Debtor's correct name. Do not abbreviate words that are not already abbreviated in the Debtor's name.

1a. Organization Debtor Name. "Organization Name" means the name of an entity that is not a natural person. A sole proprietorship is not an organization, even if the individual proprietor does business under a trade name.

1b. Individual Debtor Name. "Individual Name" means the name of a natural person; this includes the name of an individual doing business as a sole proprietorship, partnership, or corporation or not operating under a trade name. The term includes the name of a decedent where collateral is being administered by a personal representative of the decedent. The term does not include the name of an entity, even if it contains, as part of the entity's name, the name of an individual. Prefixes (e.g., Mr., Mrs., Ms.) and titles (e.g., M.D.) are generally not part of an individual name.

Indications of lineage (e.g., Jr., Sr., III) generally are not part of the individual's name, but may be entered in the Suffix box. Enter individual Debtor's surname (family name) in Individual's Surname box, first personal name in First Personal Name box, and all additional names in Additional Name(s)/Initial(s) box.

If a Debtor's name consists of only a single word, enter that word in Individual's Surname box and leave other boxes blank.

For both organization and individual Debtor, do not use Debtor's trade name, DBA, AKA, FBA, division name, etc. in place of or combined with Debtor's correct name. Filer may add such other names as additional Debtors if desired (but this is neither required nor recommended).

2. Information Options. Information options relating to UCC filings and other notices on file in the filing office that include as a Debtor name the names identified in item 1. Please note that it is permissible to select an option in 2a and also check an option in 2b. Check the "CERTIFIED (Optional)" box appropriately in items 2a, 2b, or 2c.

2a. Check appropriate box in item 2a; the box "ALL" if you are requesting a search of all active records, including lapsed filings, or the box "UNLAPSED" if you are requesting copies of only active records that have not lapsed. (e.g., limiting search to named Debtor at an address in a specified city and state) that narrows the scope of the search, this may result in an incomplete search (that fails to list all filings against the named Debtor) and you may fail to learn information that might be of value to you.

2b. Check appropriate box in item 2b to request copies of records appearing on the search response; the box "ALL" if you are requesting copies of all active records, including lapsed filings, or the box "UNLAPSED" if you are requesting copies of only active records that have not lapsed.

2c. Complete item 2c if you are ordering copies of specific records by record number.

3. Additional Services. Some filing offices offer service options in addition to those offered in item 2. These may be shown on the face of this form or may otherwise be publicized by the particular filing office. Check if any of these additional service options introduces a search criterion (e.g., limiting search to named Debtor at an address in a specified city and state) that narrows the scope of the search, this may result in an incomplete search (that fails to list all filings against the named Debtor) and you may fail to learn information that might be of value to you.

4. Delivery Instructions. Unless otherwise instructed, filing office will mail information to the name and address in item C. Contact filing office concerning availability of other delivery options. Check appropriate box (4a or 4b) if optional services are available from the filing office and are being requested.

4a. If information is to be picked up from the filing office, check the "Pick Up" box.

4b. For other than mail or pick up, check the "Other" box and specify the other delivery method that is being requested. If requesting delivery service, provide delivery service's name and requestor's account number to bill for delivery charge. Filing office will not deliver by delivery service unless prepaid waybill or account number for billing is provided.