



**Department of State  
Corporation Bureau  
P.O. Box 8722  
Harrisburg, PA 17105-8722  
(717) 787-1057  
web site: [www.dos.state.pa.us/corp.htm](http://www.dos.state.pa.us/corp.htm)**

**Instructions for Completion of Form:**

- A. Typewritten is preferred. If not, the form shall be completed in black or blue-black ink in order to permit reproduction. The filing fee for this form is \$100 made payable to the Department of State.
- 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:17.2.3 (Consent to Appropriation or Use of Similar Name).
  - (3) Any necessary governmental approvals.
- D. This form and all accompanying documents shall be mailed to the address stated above.
- E. To receive confirmation of the file date prior to receiving the microfilmed original, send either a self-addressed, stamped postcard with the filing information noted or a self-addressed, stamped envelope with a copy of the filing document.

**PENNSYLVANIA DEPARTMENT OF STATE  
CORPORATION BUREAU**

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**Certificate of Termination-Limited Liability Company**  
(15 Pa.C.S. § 8962)

Entity Number

Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Document will be returned to the name and address you enter to the left.

←

Fee: \$52

Filed in the Department of State on \_\_\_\_\_

  
  

\_\_\_\_\_  
Secretary of the Commonwealth

In compliance with the requirements of 15 Pa.C.S. §• 8962(d) (relating to termination of plan), the undersigned limited liability company, desiring to terminate a division that has not yet become effective, hereby certifies that:

1. Set forth in full in Exhibit A, attached hereto and made a part hereof, is a copy of the filing to be terminated.

2. The plan has been terminated in accordance with the provisions therefore set forth therein

IN TESTIMONY WHEREOF, the undersigned limited liability company has caused this Certificate of Termination to be executed this

\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_.

\_\_\_\_\_  
Name of Limited Liability Company

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Title



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- B. The following, in addition to the filing fee, shall accompany this form: two copies of a completed form DSCB:15-134B (Docketing Statement-Changes) with respect to each association affected by the terminated filing.
- C. If general partnerships, corporations, business trusts or other entities are parties to the plan, appropriate changes should be made to this form.
- D. This form and all accompanying documents shall be mailed to the address listed above.
- E. To receive confirmation of the file date prior to receiving the microfilmed original, send either a self-addressed, stamped postcard with the filing information noted or a self-addressed, stamped envelope with a copy of the filing document.

[Pa.B. Doc. No. 01-1595. Filed for public inspection August 24, 2001, 9:00 a.m.]