


# NOTICES

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

<input type="checkbox"/> Return document by mail to: <hr/> Name <hr/> Address <hr/> City <span style="float: right;">State</span> <span style="float: right;">Zip Code</span> <input type="checkbox"/> Return document by email to: _____	<b>Statement of Election - Partnership</b> Election/Amendment/Termination DSCB:15-8701A/8701B/8701C (rev. 7/2015)   8701
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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:  <hr/>
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2. The location of its principal place of business is:  <hr/> Number and street <span style="float: right;">City</span> <span style="float: right;">State</span> <span style="float: right;">Zip</span> <span style="float: right;">County</span>
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3. The name of each general partner of the partnership as of the date of this statement is:  <hr/> <hr/> <hr/> <hr/>
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DSCB:15-8701A/8701B/8701C-2

4. *Check Boxes for Electing Partnership Only:*

The partnership elects to be governed by 15C.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 Boxes 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

DSCB:15-8701A/8701B/8701C –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](http://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.

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

<input type="checkbox"/> Return document by mail to: <hr/> Name <hr/> Address <hr/> City <span style="margin-left: 100px;">State</span> <span style="margin-left: 100px;">Zip Code</span> <input type="checkbox"/> Return document by email to: <hr/>	<p>Certificate of Organization Domestic Limited Liability Company DSCB:15-8913 (rev. 7/2015)</p>  <p>8913</p>
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Read all instructions prior to completing. This form may be submitted online at <https://www.corporations.pa.gov/>.

Fee: \$125

In compliance with the requirements of 15 Pa.C.S. § 8913 (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 (*designator is required, i.e., "company", "limited" or "limited liability company" or abbreviation*):

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2. The (a) address of the limited liability company's initial 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
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(b) Name of Commercial Registered Office Provider County

c/o: 

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3. The name and address, including street and number, if any, of each organizer is (*all organizers must sign on page 2*):

Name	Address
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DSCB:15-8913-2

4. *Strike out if inapplicable term*  
A member's interest in the company is to be evidenced by a certificate of membership interest.

5. *Strike out if inapplicable:*  
Management of the company is vested in a manager or managers.

6. The specified effective date, if any is: \_\_\_\_\_.  
(MM/DD/YYYY and hour, if any)

7. *Strike out if inapplicable:* The company is a restricted professional company organized to render the following restricted professional service(s):  
\_\_\_\_\_  
\_\_\_\_\_

8. For additional provisions of the certificate, if any, attach an 8½ x 11 sheet.

IN TESTIMONY WHEREOF, the organizer(s) has (have) signed this Certificate of Organization this  
\_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_.  
\_\_\_\_\_  
Signature  
\_\_\_\_\_  
Signature  
\_\_\_\_\_  
Signature

DSCB:15-8913–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](http://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 \$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: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. This form and all accompanying documents shall be mailed to the address stated above.

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

<input type="checkbox"/> Return document by mail to: <hr/> Name <hr/> Address <hr/> City <span style="margin-left: 100px;">State</span> <span style="margin-left: 100px;">Zip Code</span> <input type="checkbox"/> Return document by email to: <hr/>	<p>Certificate of Dissolution                  Domestic Limited Liability Company                  DSCB:15-8975 (rev. 7/1/2015)</p>  <p>8975</p>
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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. § 8975 (relating to Certificate of dissolution), the undersigned limited liability company, desiring to dissolve, hereby states that:

1. The name of the limited liability company is: \_\_\_\_\_
  
2. Check one of the following:
  - All debts, obligations and liabilities of the limited liability company have been paid or discharged.
  - Adequate provision has been made for the payment and discharge of the debts, obligations and liabilities of the limited liability company.
  - Assets of the limited liability company are not sufficient to discharge its liabilities, and all the assets of the limited liability company have been fairly and equitably applied, as far as they will go, to the payment of such liabilities.
  
3. All remaining property and assets of the limited liability company, if any, have been distributed among its members in accordance with their respective rights and interests.
  
4. Check one of the following:
  - There are no actions or proceedings pending against the limited liability company in any court.
  - Adequate provision has been made for the satisfaction of any judgment or decree that may be obtained against the limited liability company in each action or proceeding pending against the limited liability company.

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

\_\_\_\_\_  
 Title

DSCB:15-8975–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](http://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 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](http://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 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](http://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 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 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**

<input type="checkbox"/> Return document by mail to: <hr/> Name <hr/> Address <hr/> City <span style="margin-left: 100px;">State</span> <span style="margin-left: 100px;">Zip Code</span> <hr/> <input type="checkbox"/> Return document by email to: _____	Unincorporated Nonprofit Association Agent for Service of Process Appointment/Amendment/Cancellation DSCB:15-9120 (rev. 7/2015)   9120
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Read all instructions prior to completing. This form may be submitted online at <https://www.corporations.pa.gov/>.

Fee: \$70

Check one:     Statement appointing agent     Amendment of statement     Cancellation of statement

In compliance with the requirements of 15 Pa.C.S. § 9120 (relating to appointment of agent to receive service of process), the undersigned unincorporated nonprofit association and/or agent hereby states that:

*Complete boxes 1-3 for appointment, amendment and cancellation filings*

1. The name of the unincorporated nonprofit association is:  <hr/>
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2. The address, if any, in this Commonwealth of the above-named association is:  <hr/> Number and Street <span style="margin-left: 100px;">City</span> <span style="margin-left: 100px;">State</span> <span style="margin-left: 100px;">Zip</span> <span style="margin-left: 100px;">County</span>
--

3. The name and address in this Commonwealth of the person authorized to receive service of process for the above-named association is:  <hr/> Name  <hr/> Number and Street <span style="margin-left: 100px;">City</span> <span style="margin-left: 100px;">State</span> <span style="margin-left: 100px;">Zip</span> <span style="margin-left: 100px;">County</span>
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DSCB:15-9120-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](http://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. 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.

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

<input type="checkbox"/> Return document by mail to: <hr/> Name <hr/> Address <hr/> City <span style="margin-left: 100px;">State</span> <span style="margin-left: 100px;">Zip Code</span> <input type="checkbox"/> Return document by email to: <hr/>	Unincorporated Nonprofit Association Resignation of Agent for Service of Process DSCB:15-9120D (rev. 7/2015)  9120D
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Read all instructions prior to completing. This form may be submitted online at <https://www.corporations.pa.gov/>.

Fee: \$40

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:

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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:

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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

DSCB:15-9120D-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](http://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 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.



DSCB:19-17.2-Instructions

**Pennsylvania Department of State  
Bureau of Corporations and Charitable Organizations  
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Harrisburg, PA 17105-8722  
(717) 787-1057  
Web site: [www.dos.pa.gov/corps](http://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. 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](http://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.**

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

<input type="checkbox"/> Return document by mail to: <hr/> Name <hr/> Address <hr/> City <span style="margin-left: 100px;">State</span> <span style="margin-left: 100px;">Zip Code</span> <hr/> <input type="checkbox"/> Return document by email to: _____	<b>Registration of Fictitious Name</b> DSCB:54-311 (rev. 7/2015)  13112
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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 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
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____



DSCB:54-311-2

5. Each entity, other than an individual, interested in such business is (are):

Name	Form of Organization	Organizing Jurisdiction
Principal Office Address		
PA Registered Office, if any		
Name	Form of Organization	Organizing Jurisdiction
Principal Office Address		
PA Registered Office, if any		

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 \_\_\_\_\_, \_\_\_\_\_.

Individual Signature	Individual Signature
Individual Signature	Individual Signature
Entity Name	Entity Name
Signature	Signature
Title	Title

DSCB:54-311-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](http://www.dos.pa.gov/corps)**

**Instructions for Completion of Form:**

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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 domiciliary 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 § 13.8(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. Proofs 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.



DSCB:54-312/313-2

5. *Check one or more of the following, as appropriate:*

The fictitious name has been changed to:

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The principal place of business set forth in paragraph 2 has been changed to (PO Box alone not acceptable):

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Number and street	City	State	Zip	County
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The following party(ies) has (have) been added to the registration and their signature(s) appear(s) at the end of this application.

Name	Number and street	City	State	Zip
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The following party(ies) has (have) withdrawn from the business and their signature(s) appear(s) at the end of this application.

Name	Number and street	City	State	Zip
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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.



DSCB:54-312/313-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](http://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) 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**

<input type="checkbox"/> Return document by mail to: <hr/> Name <hr/> Address <hr/> City <span style="margin-left: 100px;">State</span> <span style="margin-left: 100px;">Zip Code</span> <hr/> <input type="checkbox"/> Return document by email to: _____	Registration of Unincorporated Association Name DSCB:54-502 (rev. 7/2015)  502
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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 54 Pa.C.S. § 502 (b) (relating to certain additions to register) the undersigned 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 association has caused this Application for Registration of Unincorporated Association Name to be signed by a duly authorized officer this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_.

\_\_\_\_\_  
Name of Association

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Title

DSCB:54-502-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](http://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) Any necessary copies of form DSCB:19-17.2 (Consent to Appropriation of Name).
  - (2) Any necessary governmental approvals.
- D. This form and all accompanying documents shall be mailed to the address stated above.



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

<input type="checkbox"/> Return document by mail to: <hr/> Name <hr/> Address <hr/> City <span style="margin-left: 100px;">State</span> <span style="margin-left: 100px;">Zip Code</span> <input type="checkbox"/> Return document by email to: _____	Decennial Report of Association Continued Existence DSCB:54-503 (rev. 7/2015)  503
---	--

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:

\_\_\_\_\_  
 Number and Street/Commercial Registered Office Provider      City      State      Zip      County

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:

\_\_\_\_\_  
 Number and Street      City      State      Zip      County

- B. The registered office of the association shall be provided by:

\_\_\_\_\_  
 Name of Commercial Registered Office Provider      County

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

DSCB:54-503-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](http://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. 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.

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

<input type="checkbox"/> Return document by mail to: <hr/> Name <hr/> Address <hr/> City <span style="margin-left: 100px;">State</span> <span style="margin-left: 100px;">Zip Code</span> <input type="checkbox"/> Return document by email to: _____	Statement of Termination of Registration of Association Name DSCB:54-506 (rev. 7/2015)  506
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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 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:  
 \_\_\_\_\_  
 Number and Street City State Zip County

3. The name of the association was registered on \_\_\_\_\_ under the following statute:  
Date (MM/DD/YYYY)  
 \_\_\_\_\_.

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

DSCB:54-506-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](http://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 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.

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

<input type="checkbox"/> Return document by mail to: <hr/> Name <hr/> Address <hr/> City <span style="margin-left: 100px;">State</span> <span style="margin-left: 100px;">Zip Code</span> <input type="checkbox"/> Return document by email to: <hr/>	<b>Registration of Trademark or Service Mark</b> DSCB:54-1112 (rev. 7/2015)  1112
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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)*:

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2. The residence, location or place of business of the applicant is *(see instruction B)*:

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Number and street City State Zip County

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)*:

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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)*:

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DSCB:54-1112-2

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:

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6. The date when the mark was first used anywhere is:

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7. The date when the mark was first used in this Commonwealth by the applicant or the predecessor in interest is:

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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.)*

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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

DSCB:54-1112-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](http://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. Checks must contain a commercially pre-printed name and address.
- 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 supplements for humans and animals; plasters, materials for dressings; 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; transportable buildings of metal; materials of metal for railway tracks; non-electric cables and wires of common metal; ironmongery, small items of metal hardware; pipes and tubes of metal; safes; 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.

- CLASS 9 – Electrical and scientific apparatus**  
Scientific, nautical, 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.
- CLASS 10 – Medical apparatus**  
Surgical, medical, dental and veterinary apparatus and instruments, artificial limbs, eyes and teeth; orthopedic articles; suture materials.
- CLASS 11 – Environmental control apparatus**  
Apparatus for lighting, heating, steam generating, cooking, refrigerating, drying, ventilating, water supply and sanitary purposes.
- CLASS 12 – Vehicles**  
Vehicles; apparatus for locomotion by land, air or water.
- CLASS 13 – Firearms**  
Firearms; ammunition and projectiles; explosives; fireworks.
- CLASS 14 – Jewelry**  
Precious metals and their alloys and goods in precious metals or coated therewith, not included in other classes; jewellery, precious stones; horological and chronometric instruments.
- CLASS 15 – Musical Instruments**
- CLASS 16 – Paper goods and printed matter**  
Paper, cardboard and goods made from these materials, not included in other classes; printed matter; bookbinding material; photographs; stationery; adhesives for stationery or household purposes; artists' materials; paint brushes; typewriters and office requisites (except furniture); instructional and teaching material (except apparatus); plastic materials for packaging (not included in other classes); printers' type; printing blocks.
- CLASS 17 – Rubber goods**  
Rubber, gutta-percha, gum, asbestos, mica and goods made from these materials and not included in other classes; plastics in extruded form for use in manufacture; packing, stopping and insulating materials; flexible pipes, not of metal.
- CLASS 18 – Leather goods**  
Leather and imitations of leather, and goods made of these materials and not included in other classes; animal skins, hides; trunks and travelling bags; umbrellas, parasols and walking sticks; whips, harness and saddlery.
- CLASS 19 – Nonmetallic building materials**  
Building materials (non-metallic); non-metallic rigid pipes for building; asphalt, pitch and bitumen; non-metallic transportable buildings; monuments, not of metal.
- CLASS 20 – Furniture and articles not otherwise classified**  
Furniture, mirrors, picture frames; goods (not included in other classes) of wood, cork, reed, cane, wicker, horn, bone, ivory, whalebone, shell, amber, mother-of-pearl, meerschaum and substitutes for all these materials, or of plastics.
- CLASS 21 – Housewares and glass**  
Household or kitchen utensils and containers; combs and sponges; brushes (except paint brushes); brush-making materials; articles for cleaning purposes; steelwool; unworked or semi-worked glass (except glass used in building); glassware, porcelain and earthenware not included in other classes.
- CLASS 22 – Cordage and fibers**  
Ropes, string, nets, tents, awnings, tarpaulins, sails, sacks and bags (not included in other classes); padding and stuffing materials (except of rubber or plastics); raw fibrous textile materials.
- CLASS 23 – Yarns and threads**  
Yarns and threads, for textile use.
- CLASS 24 – Fabrics**  
Textiles and textile goods, not included in other classes; bed cover; table covers.
- CLASS 25 – Clothing**  
Clothing, footwear, headgear.
- CLASS 26 – Fancy goods**  
Lace and embroidery, ribbons and braid; buttons, hooks and eyes, pins and needles; artificial flowers.
- CLASS 27 – Floor coverings**  
Carpets, rugs, mats and matting, linoleum and other materials for covering existing floors; wall hangings (non-textile).
- CLASS 28 – Toys and sporting goods**  
Games and playthings; gymnastic and sporting articles not included in other classes; decorations for Christmas trees.
- CLASS 29 – Meats and processed foods**  
Meat, 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.
- CLASS 30 – Staple foods**  
Coffee, tea, cocoa and artificial coffee; rice; tapioca and sago; flour and preparations made from cereals; bread, pastry and confectionery; edible ices; sugar, honey, treacle; yeast, baking-powder; salt; mustard; vinegar, sauces (condiments); spices; ice.
- CLASS 31 – Natural agricultural products**  
Grains and agricultural, horticultural and forestry products not included in other classes; live animals; fresh fruits and vegetables; seeds; natural plants and flowers; foodstuffs for animals; malt.
- CLASS 32 – Light beverages**  
Beers; mineral and aerated waters and other non-alcoholic beverages; fruit beverages and fruit juices; syrups and other preparations for making beverages.
- CLASS 33 – Wine and spirits**  
Alcoholic beverages (except beers).
- CLASS 34 – Smokers' articles**  
Tobacco; smokers' articles; matches.
- SERVICES**
- CLASS 35 – Advertising and business**  
Advertising; business management; business administration; office functions.
- CLASS 36 – Insurance and financial**  
Insurance; financial affairs; monetary affairs; real estate affairs.
- CLASS 37 – Building construction and repair**  
Building construction; repair; installation services.
- CLASS 38 – Telecommunications**
- CLASS 39 – Transportation and storage**  
Transport; packaging and storage of goods; travel arrangement.
- CLASS 40 – Treatment of materials**
- CLASS 41 – Education and entertainment**  
Education; providing of training; entertainment; sporting and cultural activities.
- CLASS 42 – Computer and scientific**  
Scientific and technological services and research and design relating thereto; industrial analysis and research services; design and development of computer hardware and software.
- CLASS 43 – Hotels and restaurants**  
Services for providing food and drink; temporary accommodation.
- CLASS 44 – Medical, beauty and agricultural**  
Medical services; veterinary services; hygienic and beauty care for human beings or animals; agriculture, horticulture and forestry services.
- CLASS 45 – Personal**  
Legal services; security services for the protection of property and individuals; personal and social services rendered by others to meet the needs of individuals.



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

<input type="checkbox"/> Return document by mail to: <hr/> Name <hr/> Address <hr/> City <span style="margin-left: 100px;">State</span> <span style="margin-left: 100px;">Zip Code</span> <input type="checkbox"/> Return document by email to: _____	Trademark/Service Mark Renewal or Assignment DSCB:54-1114/1115 (rev. 7/2015)  11145
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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:

---

Number and street
City
State
Zip
County

DSCB:54-1114/1115 – 2

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: \_\_\_\_\_

**RENEWAL: Complete Paragraphs 6, 7 & 8**

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.



DSCB:54-1114/1115-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](http://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.



DSCB:54-1311/1312-2

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 as 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

DSCB:54-1311/1312-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](http://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. 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:54-1314/1515 (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).
- F. This form and all accompanying documents shall be mailed to the address stated above.

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

<input type="checkbox"/> Return document by mail to: _____ <hr/> Name <hr/> Address <hr/> City State Zip Code <hr/> <input type="checkbox"/> Return document by email to: _____	<b>Decennial Report</b> Insignia or Mark Used with Articles or Supplies DSCB:54-1314/1515 (rev. 7/2015)  13145
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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
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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
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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



DSCB:54-1314/1515-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](http://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 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**

<input type="checkbox"/> Return document by mail to: <hr/> Name <hr/> Address <hr/> City                                      State                                      Zip Code <input type="checkbox"/> Return document by email to: _____	Mark Used with Articles or Supplies Registration or Amendment DSCB:54-1511/1512 (rev. 7/2015)  15112
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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):

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**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)

DSCB:54-1511/1512-2

5. 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:

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8.  The amendment adopted to revise any information set forth in the preceding filing which as 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

DSCB:54-1511/1512-Instructions

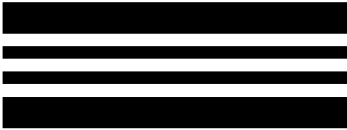
**Pennsylvania Department of State  
Bureau of Corporations and Charitable Organizations  
P.O. Box 8722  
Harrisburg, PA 17105-8722  
(717) 787-1057  
Web site: [www.dos.pa.gov/corps](http://www.dos.pa.gov/corps)**

**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. 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)
<div style="border: 1px solid black; width: 80%; margin: auto; position: relative;"> <span style="position: absolute; top: -10px; left: 0; right: 0;">THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY</span> </div>

THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY

1. DEBTOR'S NAME: 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); if any part of the Individual Debtor's name will not fit in line 1b, leave all of item 1 blank, check here  and provide the Individual Debtor information in item 10 of the Financing Statement Addendum (Form UCC1Ad)

1a. ORGANIZATION'S NAME				
OR	1b. INDIVIDUAL'S SURNAME			
	FIRST PERSONAL NAME	ADDITIONAL NAME(S)/INITIAL(S)	SUFFIX	
1c. MAILING ADDRESS	CITY	STATE	POSTAL CODE	COUNTRY

2. DEBTOR'S NAME: Provide only one Debtor name (2a or 2b) (use exact, full name; 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 item 2 blank, check here  and provide the Individual Debtor information in item 10 of the Financing Statement Addendum (Form UCC1Ad)

2a. ORGANIZATION'S NAME				
OR	2b. INDIVIDUAL'S SURNAME			
	FIRST PERSONAL NAME	ADDITIONAL NAME(S)/INITIAL(S)	SUFFIX	
2c. MAILING ADDRESS	CITY	STATE	POSTAL CODE	COUNTRY

3. SECURED PARTY'S NAME (or NAME of ASSIGNEE of ASSIGNOR SECURED PARTY): Provide only one Secured Party name (3a or 3b)

3a. ORGANIZATION'S NAME				
OR	3b. INDIVIDUAL'S SURNAME			
	FIRST PERSONAL NAME	ADDITIONAL NAME(S)/INITIAL(S)	SUFFIX	
3c. MAILING ADDRESS	CITY	STATE	POSTAL CODE	COUNTRY

4. COLLATERAL: This financing statement covers the following collateral:

5. Check only if applicable and check only one box: Collateral is  held in a Trust (see UCC1Ad, item 17 and Instructions)  being administered by a Decedent's Personal Representative

6a. Check only if applicable and check only one box:  Public-Finance Transaction  Manufactured-Home Transaction  A Debtor is a Transmitting Utility

6b. Check only if applicable and check only one box:  Agricultural Lien  Non-UCC Filing

7. ALTERNATIVE DESIGNATION (if applicable):  Lessee/Lessor  Consignee/Consignor  Seller/Buyer  Bailee/Bailor  Licensee/Licensor

8. OPTIONAL FILER REFERENCE DATA:

### 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 1 -- either an organization's name (1a) or an individual's name (1b). If any part of the Individual Debtor's name will not fit in line 1b, check the box in item 1, leave all of item 1 blank, check the box in item 9 of the Financing Statement Addendum (Form UCC1Ad) and enter the Individual Debtor name in item 10 of the Financing Statement Addendum (Form UCC1Ad). Enter Debtor's correct name. Do not abbreviate words that are not already abbreviated in the Debtor's name. If a portion of the Debtor's name consists of only an initial or an abbreviation rather than a full word, enter only the abbreviation or the initial. If the collateral is held in a trust and the Debtor name is the name of the trust, enter trust name in the Organization's Name box in item 1a.

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. If Debtor is a registered organization (e.g., corporation, limited partnership, limited liability company), it is advisable to examine Debtor's current filed public organic records to determine Debtor's correct name. Trade name is insufficient. If a corporate ending (e.g., corporation, limited partnership, limited liability company) is part of the Debtor's name, it must be included. Do not use words that are not part of the Debtor's 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, whether 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 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).

1c. Enter a mailing address for the Debtor named in item 1a or 1b.

2. **Additional Debtor's name.** If an additional Debtor is included, complete item 2, determined and formatted per Instruction 1. For additional Debtors, attach either Addendum (Form UCC1Ad) or Additional Party (Form UCC1AP) and follow Instruction 1 for determining and formatting additional names.

3. **Secured Party's name.** Enter name and mailing address for Secured Party or Assignee who will be the Secured Party of record. For additional Secured Parties, attach either Addendum (Form UCC1Ad) or Additional Party (Form UCC1AP). If there has been a full assignment of the initial Secured Party's right to be Secured Party of record before filing this form, either (1) enter Assignor Secured Party's name and mailing address in item 3 of this form and file an Amendment (Form UCC3) [see item 5 of that form]; or (2) enter Assignee's name and mailing address in item 3 of this form and, if desired, also attach Addendum (Form UCC1Ad) giving Assignor Secured Party's name and mailing address in item 11.

4. **Collateral.** Use item 4 to indicate the collateral covered by this financing statement. If space in item 4 is insufficient, continue the collateral description in item 12 of the Addendum (Form UCC1Ad) 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.

*Note:* If this financing statement covers timber to be cut, covers as-extracted collateral, and/or is filed as a fixture filing, attach Addendum (Form UCC1Ad) and complete the required information in items 13, 14, 15, and 16.

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 the 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 only that a Debtor is a Transmitting Utility.

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 filing (e.g., a tax lien, judgment lien, etc.), check the appropriate box in item 6b and attach any other items required under other law.

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**

FOLLOW INSTRUCTIONS

9. 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, check here

9a. ORGANIZATION'S NAME	
OR	
9b. INDIVIDUAL'S SURNAME	
FIRST PERSONAL NAME	
ADDITIONAL NAME(S)/INITIAL(S)	SUFFIX

**THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY**

10. DEBTOR'S NAME: Provide (10a or 10b) only one additional Debtor name or Debtor name that did not fit in line 1b or 2b of the Financing Statement (Form UCC1) (use exact, full name; do not omit, modify, or abbreviate any part of the Debtor's name) and enter the mailing address in line 10c

10a. ORGANIZATION'S NAME				
OR				
10b. INDIVIDUAL'S SURNAME				
INDIVIDUAL'S FIRST PERSONAL NAME				
INDIVIDUAL'S ADDITIONAL NAME(S)/INITIAL(S)				SUFFIX
10c. MAILING ADDRESS	CITY	STATE	POSTAL CODE	COUNTRY

11.  ADDITIONAL SECURED PARTY'S NAME *or*  ASSIGNOR SECURED PARTY'S NAME: Provide only one name (11a or 11b)

11a. ORGANIZATION'S NAME				
OR				
11b. INDIVIDUAL'S SURNAME		FIRST PERSONAL NAME	ADDITIONAL NAME(S)/INITIAL(S)	SUFFIX
11c. MAILING ADDRESS	CITY	STATE	POSTAL CODE	COUNTRY

12. ADDITIONAL SPACE FOR ITEM 4 (Collateral):

13.  This FINANCING STATEMENT is to be filed [for record] (or recorded) in the REAL ESTATE RECORDS (if applicable)

14. This FINANCING STATEMENT:  
 covers timber to be cut     covers as-extracted collateral     is filed as a fixture filing

15. Name and address of a RECORD OWNER of real estate described in item 16 (if Debtor does not have a record interest):

16. Description of real estate:

17. MISCELLANEOUS:

### 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 13, 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

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, check here

18a. ORGANIZATION'S NAME	
OR	
18b. INDIVIDUAL'S SURNAME	
FIRST PERSONAL NAME	
ADDITIONAL NAME(S)/INITIAL(S)	SUFFIX

**THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY**

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)

19a. ORGANIZATION'S NAME				
OR				
19b. INDIVIDUAL'S SURNAME	FIRST PERSONAL NAME	ADDITIONAL NAME(S)/INITIAL(S)	SUFFIX	
19c. MAILING ADDRESS	CITY	STATE	POSTAL CODE	COUNTRY

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)

20a. ORGANIZATION'S NAME				
OR				
20b. INDIVIDUAL'S SURNAME	FIRST PERSONAL NAME	ADDITIONAL NAME(S)/INITIAL(S)	SUFFIX	
20c. MAILING ADDRESS	CITY	STATE	POSTAL CODE	COUNTRY

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)

21a. ORGANIZATION'S NAME				
OR				
21b. INDIVIDUAL'S SURNAME	FIRST PERSONAL NAME	ADDITIONAL NAME(S)/INITIAL(S)	SUFFIX	
21c. MAILING ADDRESS	CITY	STATE	POSTAL CODE	COUNTRY

22.  ADDITIONAL SECURED PARTY'S NAME or  ASSIGNOR SECURED PARTY'S NAME: Provide only one name (22a or 22b)

22a. ORGANIZATION'S NAME				
OR				
22b. INDIVIDUAL'S SURNAME	FIRST PERSONAL NAME	ADDITIONAL NAME(S)/INITIAL(S)	SUFFIX	
22c. MAILING ADDRESS	CITY	STATE	POSTAL CODE	COUNTRY

23.  ADDITIONAL SECURED PARTY'S NAME or  ASSIGNOR SECURED PARTY'S NAME: Provide only one name (23a or 23b)

23a. ORGANIZATION'S NAME				
OR				
23b. INDIVIDUAL'S SURNAME	FIRST PERSONAL NAME	ADDITIONAL NAME(S)/INITIAL(S)	SUFFIX	
23c. MAILING ADDRESS	CITY	STATE	POSTAL CODE	COUNTRY

24. MISCELLANEOUS:

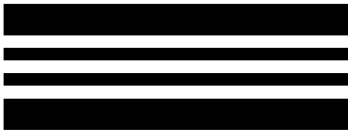
**Instructions for UCC Financing Statement Additional Party (Form UCC1AP)**

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 this 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 Assignor Secured Party's name.** If this Additional Party form 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 Assignor 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

A. NAME & PHONE OF CONTACT AT FILER (optional)
B. E-MAIL CONTACT AT FILER (optional)
C. SEND ACKNOWLEDGMENT TO: (Name and Address)
<div style="border: 1px solid black; width: 80%; margin: auto; display: flex; justify-content: space-between; align-items: center;"> <span style="font-size: 2em;">{</span> <span style="font-size: 2em;">}</span> </div>

**THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY**

1a. INITIAL FINANCING STATEMENT FILE NUMBER	1b. <input type="checkbox"/> This FINANCING STATEMENT AMENDMENT is to be filed [for record] (or recorded) in the REAL ESTATE RECORDS Filer: <u>attach</u> Amendment Addendum (Form UCC3Ad) <u>and</u> provide Debtor's name in item 13
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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.  **ASSIGNMENT** (full or partial): Provide name of Assignee in item 7a or 7b, and address of Assignee in item 7c and name of Assignor in item 9  
For partial assignment, complete items 7 and 9 and also indicate affected collateral in item 8

4.  **CONTINUATION:** Effectiveness of the Financing Statement identified above with respect to the security interest(s) of Secured Party authorizing this Continuation Statement is continued for the additional period provided by applicable law

5.  **PARTY INFORMATION CHANGE:**  
Check one of these two boxes:  Debtor or  Secured Party of record  
**AND** Check one of these three boxes to:  
 CHANGE name and/or address: Complete item 6a or 6b; and item 7a or 7b and item 7c  
 ADD name: Complete item 7a or 7b, and item 7c  
 DELETE name: Give record name to be deleted in item 6a or 6b

6. **CURRENT RECORD INFORMATION:** Complete for Party Information Change - provide only one name (6a or 6b)

6a. ORGANIZATION'S NAME			
OR 6b. 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)

7a. ORGANIZATION'S NAME			
OR 7b. INDIVIDUAL'S SURNAME	INDIVIDUAL'S FIRST PERSONAL NAME		INDIVIDUAL'S ADDITIONAL NAME(S)/INITIAL(S)
			SUFFIX

7c. MAILING ADDRESS	CITY	STATE	POSTAL CODE	COUNTRY
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8.  **COLLATERAL CHANGE:** Also check one of these four boxes:  ADD collateral  DELETE collateral  RESTATE covered collateral  ASSIGN collateral  
Indicate collateral:

9. **NAME OF SECURED PARTY OF RECORD AUTHORIZING THIS AMENDMENT:** Provide only one name (9a or 9b) (name of Assignor, if this is an Assignment)  
If this is an Amendment authorized by a DEBTOR, check here  and provide name of authorizing Debtor

9a. ORGANIZATION'S NAME			
OR 9b. INDIVIDUAL'S SURNAME	FIRST PERSONAL NAME	ADDITIONAL NAME(S)/INITIAL(S)	SUFFIX

10. OPTIONAL FILER REFERENCE DATA:

### 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.  
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 1a and 9.

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 or 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 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.

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 7a or 7b; always enter the Assignee's mailing address in item 7c. Also enter name of Assignor in item 9. 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 boxes (as applicable) and complete items 5, 6, and/or 7 as appropriate.

To change the name and/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; and check the CHANGE name and/or mailing address box in item 5 and enter name of affected party (current record name) in item 6a or 6b; and repeat or enter the new name in item 7a or 7b; always enter the party's mailing address in item 7c.

To add a party (items 5 and 7): Check box in item 5 to indicate whether this Amendment relates to a Debtor or Secured Party of record; and check the ADD name box in item 5 and enter the added party's name in item 7a or 7b; always enter the party's mailing address in item 7c. For additional Debtors or Secured Parties, attach Amendment Additional Party (Form UCC3AP), using correct name format.

To delete a party (items 5 and 6): Check box in item 5 to indicate whether this Amendment relates to a Debtor or Secured Party of record; and check the DELETE name box in item 5 and enter the deleted party's name in item 6a or 6b.

8. **Collateral Change.** To indicate a collateral change, check this box; also check additional box (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: Comply with Instruction 3 above and check the ASSIGN collateral box in item 8.

If, due to a full release of collateral, filer no longer claims a security interest under the identified financing statement, check box in item 2 (Termination) and not a box in item 8 (Collateral Change).

9. **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), enter Assignor's name in item 9a or 9b. If this is an Amendment (Termination) authorized by a Debtor, check the box in item 9 and enter the name of the Debtor authorizing this Amendment in item 9a or 9b. 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 is more than one authorizing Secured Party or Debtor, enter additional name(s) in item 14 of Amendment Addendum (Form UCC3Ad).

10. **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**

FOLLOW INSTRUCTIONS

11. INITIAL FINANCING STATEMENT FILE NUMBER: Same as item 1a on Amendment form	
12. NAME OF PARTY AUTHORIZING THIS AMENDMENT: Same as item 9 on Amendment form	
12a. ORGANIZATION'S NAME	
OR	
12b. INDIVIDUAL'S SURNAME	
FIRST PERSONAL NAME	
ADDITIONAL NAME(S)/INITIAL(S)	SUFFIX

**THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY**

13. 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 <u>one</u> 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			
13a. ORGANIZATION'S NAME			
OR			
13b. INDIVIDUAL'S SURNAME	FIRST PERSONAL NAME	ADDITIONAL NAME(S)/INITIAL(S)	SUFFIX

14. ADDITIONAL SPACE FOR ITEM 8 (Collateral):

<p>15. This FINANCING STATEMENT AMENDMENT:</p> <p><input type="checkbox"/> covers timber to be cut    <input type="checkbox"/> covers as-extracted collateral    <input type="checkbox"/> is filed as a fixture filing</p> <p>16. Name and address of a RECORD OWNER of real estate described in item 17 (if Debtor does not have a record interest):</p>	<p>17. Description of real estate:</p>
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18. MISCELLANEOUS:

**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.

**UCC FINANCING STATEMENT AMENDMENT ADDITIONAL PARTY**

FOLLOW INSTRUCTIONS

19. INITIAL FINANCING STATEMENT FILE NUMBER: Same as item 1a on Amendment form	
20. NAME OF PARTY AUTHORIZING THIS AMENDMENT: Same as item 9 on Amendment form	
20a. ORGANIZATION'S NAME	
OR	
20b. INDIVIDUAL'S SURNAME	
FIRST PERSONAL NAME	
ADDITIONAL NAME(S)/INITIAL(S)	SUFFIX

**THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY**

21. ADDITIONAL DEBTOR'S NAME: Provide only <u>one</u> Debtor name (21a or 21b) (use exact, full name; do not omit, modify, or abbreviate any part of the Debtor's name)				
21a. ORGANIZATION'S NAME				
OR				
21b. INDIVIDUAL'S SURNAME	FIRST PERSONAL NAME	ADDITIONAL NAME(S)/INITIAL(S)	SUFFIX	
21c. MAILING ADDRESS	CITY	STATE	POSTAL CODE	COUNTRY

22. ADDITIONAL DEBTOR'S NAME: Provide only <u>one</u> Debtor name (22a or 22b) (use exact, full name; do not omit, modify, or abbreviate any part of the Debtor's name)				
22a. ORGANIZATION'S NAME				
OR				
22b. INDIVIDUAL'S SURNAME	FIRST PERSONAL NAME	ADDITIONAL NAME(S)/INITIAL(S)	SUFFIX	
22c. MAILING ADDRESS	CITY	STATE	POSTAL CODE	COUNTRY

23. ADDITIONAL DEBTOR'S NAME: Provide only <u>one</u> Debtor name (23a or 23b) (use exact, full name; do not omit, modify, or abbreviate any part of the Debtor's name)				
23a. ORGANIZATION'S NAME				
OR				
23b. INDIVIDUAL'S SURNAME	FIRST PERSONAL NAME	ADDITIONAL NAME(S)/INITIAL(S)	SUFFIX	
23c. MAILING ADDRESS	CITY	STATE	POSTAL CODE	COUNTRY

24. <input type="checkbox"/> ADDITIONAL SECURED PARTY'S NAME or <input type="checkbox"/> ASSIGNOR SECURED PARTY'S NAME: Provide only <u>one</u> name (24a or 24b)				
24a. ORGANIZATION'S NAME				
OR				
24b. INDIVIDUAL'S SURNAME	FIRST PERSONAL NAME	ADDITIONAL NAME(S)/INITIAL(S)	SUFFIX	
24c. MAILING ADDRESS	CITY	STATE	POSTAL CODE	COUNTRY

25. <input type="checkbox"/> ADDITIONAL SECURED PARTY'S NAME or <input type="checkbox"/> ASSIGNOR SECURED PARTY'S NAME: Provide only <u>one</u> name (25a or 25b)				
25a. ORGANIZATION'S NAME				
OR				
25b. INDIVIDUAL'S SURNAME	FIRST PERSONAL NAME	ADDITIONAL NAME(S)/INITIAL(S)	SUFFIX	
25c. MAILING ADDRESS	CITY	STATE	POSTAL CODE	COUNTRY

26. MISCELLANEOUS:

**Instructions for UCC Financing Statement Amendment Additional Party (Form UCC3AP)**

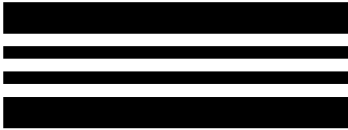
Please type or laser-print this form. Be sure it is completely legible. Read and follow all Instructions; use of the correct name for the Debtor is crucial. Fill in form very carefully; mistakes may have important legal consequences. If you have questions, consult your attorney. The filing office cannot 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.





**CAUTION:**  
This is not an amendment.

**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	
1a. INITIAL FINANCING STATEMENT FILE NUMBER	1b. RECORD INFORMATION TO WHICH THIS INFORMATION STATEMENT RELATES

2. Check one of these three boxes to indicate the claim made by this INFORMATION STATEMENT

2a.  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

2b.  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

2c.  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 1a above was filed [or recorded]

4a. DATE	4b. TIME
----------	----------

5. NAME of PERSON filing this INFORMATION STATEMENT

5a. ORGANIZATION'S NAME			
OR			
5b. INDIVIDUAL'S SURNAME	FIRST PERSONAL NAME	ADDITIONAL NAME(S)/INITIAL(S)	SUFFIX

FILING OFFICE COPY — INFORMATION STATEMENT (Form UCC5) (Rev. 07/19/12) International Association of Commercial Administrators (IACA)

### 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.

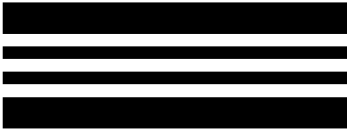
*Note:* A person may file an Information Statement with respect to a record indexed under that person's name if the person believes the record was inaccurate or wrongfully filed, or a person may file an Information Statement with respect to a record if the person is a Secured Party of Record with respect 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) 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 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)	FILING OFFICE ACCT #
B. E-MAIL CONTACT AT FILER (optional)	
C. RETURN TO: (Name and Address)	
<div style="border: 1px solid black; width: 100%; height: 100%; position: relative;"> <span style="position: absolute; top: 5px; left: 5px;">┌</span> <span style="position: absolute; top: 5px; right: 5px;">┐</span> <span style="position: absolute; bottom: 5px; left: 5px;">└</span> <span style="position: absolute; bottom: 5px; right: 5px;">┘</span> </div>	

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)

OR	1a. ORGANIZATION'S NAME	
	1b. INDIVIDUAL'S SURNAME	
	INDIVIDUAL'S FIRST PERSONAL NAME	
	INDIVIDUAL'S ADDITIONAL NAME(S)/INITIAL(S)	SUFFIX

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:

- 2a. SEARCH RESPONSE  CERTIFIED (Optional)  
 Select one of the following two options:  ALL (Check this box to request a response that is complete, including filings that have lapsed.)  UNLAPSED
- 2b. COPY REQUEST  CERTIFIED (Optional)  
 Select one of the following two options:  ALL  UNLAPSED
- 2c. SPECIFIED COPIES ONLY  CERTIFIED (Optional)

Record Number	Date Record Filed (if required)	Type of Record and Additional Identifying Information (if required)

3. ADDITIONAL SERVICES:

4. DELIVERY INSTRUCTIONS (request will be completed and mailed to the address shown in item C unless otherwise instructed here):

- 4a.  Pick Up  
 4b.  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.)

FILING OFFICE COPY (1) — INFORMATION REQUEST (Form UCC11) (Rev. 07/19/12) International Association of Commercial Administrators (IACA)

### 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 organization'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. If Debtor is a registered organization (e.g., corporation, limited partnership, limited liability company), it is advisable to examine Debtor's current filed public organic records to determine Debtor's correct name. Trade name is insufficient. If a corporate ending (e.g., corporation, limited partnership, limited liability company) is part of the Debtor's name, it must be included. Do not use words that are not part of the Debtor's 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, whether 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 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).

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 name 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 a search of only active records that have not lapsed.

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. Caution: 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.

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