DOCKETING STATEMENT DSCB:15-134A (Rev 95)**BUREAU USE ONLY**:
DEPAR™ENTS OF STATE AND REVENUEDept. of State Entity Number _____

FILING FEE: NONERevenue Box Number _____

Filing Period _____ Date 3 4 5_____

SIC _____ Report Code _____

This form (file in triplicate) and all accompanying documents shall be mailed to:
COMMONWEALTH OF PENNSYLVANIA
DEPAR™ENT OF STATE
CORPORATION BUREAU

HARRISBURG, PA 17105-8722

Check proper box:

___ Pa. Business-stock ___ Pa. Business-nonstock ___ Pa. Business-Management ___ Pa. Professional

___ Pa. Business-statutory close ___ Pa. Business-cooperative ___ Pa. Nonprofit-stock ___ Pa. Nonprofit-nonstock

___ Foreign-business ___ Foreign-nonprofit ___ Motor Vehicle for Hire ___ Insurance

___ Foreign-Certificate of Authority to D/B/A _____

___ Business Trust

___ Pa. Limited Liability Company ___ Pa. Restricted Professional Limited Liability Company

___ Foreign Limited Liability Company ___ Foreign Restricted Professional Limited Liability Company

Association registering as a result of (check box):

___ Incorporation (Pa.) ___ Domestication ___ Consolidation

___ Authorization of a foreign association ___ Division ___ Summary of Record

___ Organization (Pa.)

1. Name of association: _____

_____

2. Location of (a) initial registered office in Pennsylvania or (b) the name and county of the commercial registered office provider:

   (a) _____
   Number and Street/RD number and Box City State Zip code County

   (b) c/o: _____
   Name of commercial registered office provider County

3. State or Country of Incorporation/Organization: _____

4. Specified effective date, if applicable: _____

5. Federal Identification Number: _____

6. Describe principal Pennsylvania activity to be engaged in, within one year of this application date: _____

_____

_____