


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

<p>Return document by mail to:</p> <hr/> <p>Name</p> <hr/> <p>Address</p> <hr/> <p>City State Zip Code</p> <hr/> <p>Return document by email to: _____</p>	<p>Unincorporated Nonprofit Association Resignation of Agent for Service of Process DSCB:15-9120D (rev. 7/2015)</p>  <p>9120D</p>
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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:

2. The last known address, if any, in this Commonwealth of the above-named association is:

Number and Street City State Zip County

3. The name and address in this Commonwealth of the resigning agent (the person currently authorized to receive service of process for the above-named association) is:

Name

Number and Street City State Zip County

4. I resign as the person authorized to receive service of process for the above-named association.

IN TESTIMONY WHEREOF, the undersigned Agent has caused this Resignation of Agent for Service of Process to be executed this _____ day of _____, _____.

Name of Agent

Signature

Title