


**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: _____	Registration of Fictitious Name DSCB:54-311 (rev. 2/2017)  311
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Fee: \$70

I qualify for a veteran/reservist-owned small business fee exemption

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
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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
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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