


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

<b>Return document by mail to:</b> _____ Name _____ Address _____ City                                  State                                  Zip Code <b>Return document by email to:</b> _____	<b>Statement of Merger</b> DSCB:15-335 (7/1/2015)  335
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Fee: \$70 plus \$40 for *each* association that is a party to the merger  
The minimum amount to be submitted with this filing is \$150

In compliance with the requirements of the applicable provisions of 15 Pa.C.S. § 335 (relating to Statement of merger), the undersigned, desiring to effect a merger, hereby states that:

**A. For the surviving association:**

1. The name of the surviving association is: \_\_\_\_\_
2. The jurisdiction of formation of the surviving association: \_\_\_\_\_
3. The type of association of the surviving association is (check only one):
  - Business Corporation
  - Nonprofit Corporation
  - Limited Liability Company
  - Limited Partnership
  - Limited Liability (General) Partnership
  - Limited Liability Limited Partnership
  - Business Trust
  - Professional Association
  - Other \_\_\_\_\_

4. The surviving association is a (check only one box, provide address and follow instructions for attachments):

Domestic (Pennsylvania) filing entity already in existence on Department of State records  
*If applicable, attach to this Statement any amendment to its public organic record approved as part of the plan of merger.*

NEW domestic (Pennsylvania) filing entity (includes limited liability limited partnership)  
*Attach to this Statement the public organic record of the new entity.*

Foreign filing association or foreign limited liability partnership already registered with the Department.  
*If applicable, attach to this Statement any amendment to or transfer of its foreign registration approved as part of the plan of merger.*

Foreign filing association or foreign limited liability partnership simultaneously seeking registration with the Department of State  
*Attach to this Statement a completed form DSCB:15-412 (Foreign Registration Statement) with applicable fee and attachments.*

Its current registered office address. Complete part (a) **OR** (b) – not both:

(a) \_\_\_\_\_  
Number and street City State Zip County

(b) c/o: \_\_\_\_\_  
Name of Commercial Registered Office Provider County

NEW domestic (Pennsylvania) limited liability partnership or electing partnership  
*Attach completed DSCB:15-8201 (Statement of Registration) or DSCB:15-8701A (Statement of Election)*

Domestic association that is not a domestic filing association  
*Attach to this Statement tax clearance certificates.*

The address, including street and number, if any, of its principal office:

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

Foreign association that is not, and will not, be registered with the Department of State  
*Attach to this Statement tax clearance certificates.*

The address, including street and number, if any, of its registered or similar office, if any, required to be maintained by the law of its jurisdiction of formation; or if it is not required to maintain a registered or similar office, its principal office:

\_\_\_\_\_  
Number and street City State Zip



**C. Effective date of statement of merger** (check, and if appropriate complete, one of the following):

This Statement of Merger shall be effective upon filing in the Department of State.

This Statement of Merger shall be effective on: \_\_\_\_\_ at \_\_\_\_\_.  
Date (MM/DD/YYYY) Hour (if any)

**D. Approval of merger by merging associations** (check all applicable statement(s)):

For domestic entities – The merger was approved in accordance with 15 Pa.C.S. Chapter 3, Subchapter C (relating to merger).

For foreign associations – The merger was approved in accordance with the laws of the jurisdiction of formation.

For domestic associations that are not domestic entities – The merger was approved by the interest holders of the merging association in the manner required by its organic law.

**E. Attachments** (see Instructions for required and optional attachments).

IN TESTIMONY WHEREOF, the undersigned merging associations have caused this Statement of Merger to be signed by duly authorized officers thereof this \_\_\_\_\_ day of \_\_\_\_\_, 20 \_\_\_\_\_.

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

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

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Title

\_\_\_\_\_  
Title