


**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>Statement of Domestication DSCB:15-375 (7/1/2015)</p>  <p>375</p>
--	--

Fee: \$70

In compliance with the requirements of the applicable provisions of 15 Pa.C.S. § 375 (relating to Statement of domestication), the undersigned entity, desiring to effect domestication, hereby states that:

A. For the domesticating entity:

1. The type of association is (check only one):

- | | | |
|---------------------------|---|--------------------------|
| Business Corporation | Limited Partnership | Business Trust |
| Nonprofit Corporation | Limited Liability (General) Partnership | Professional Association |
| Limited Liability Company | Limited Liability Limited Partnership | Other _____ |

2. The name of the domesticating entity is: _____

3. The jurisdiction of formation of the domesticating entity: _____

4. Date on which the domesticating entity was created, incorporated or formed: _____
(MM/DD/YYYY)

5. Check and complete one of the following addresses.

	<p>If the domesticating entity is a domestic filing entity, domestic limited liability partnership or registered foreign association, the current registered office address as on file with the Department of State. <i>Complete part (a) OR (b) – not both:</i></p> <p>(a) _____ Number and street City State Zip County</p> <p>(b) c/o: _____ Name of Commercial Registered Office Provider County</p>
	<p>If the domesticating entity is a domestic entity that is <i>not</i> a domestic filing entity or limited liability partnership, the address, including street and number, if any, of its principal office:</p> <p>_____</p> <p>Number and street City State Zip County</p>
	<p>If the domesticating entity is a nonregistered foreign association, 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:</p> <p>_____</p> <p>Number and street City State Zip</p>

