


**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: _____	<b>Certificate of Dissociation as Partner</b> <b>DSCB:15-8474/8665</b> <b>(2/2017)</b>  8474/8665
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Fee: \$70

Check one:     From General Partnership (§ 8474)                                   From Limited Partnership (§ 8665)

In compliance with the requirements of 15 Pa.C.S. § 8474 or 8665 (relating to certificate of dissociation), the undersigned person dissociated as a partner, hereby states that:

1. The name of the general or limited partnership is: \_\_\_\_\_

2. Complete part (a) **OR** (b) – not both:

(a) The partnership is a domestic general partnership or limited liability partnership and the address, including number and street, if any, of its principal place of business is:

\_\_\_\_\_

Number and street of principal office	City	State	Zip	County
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(b) The partnership is a domestic limited partnership or limited liability limited partnership, and the (1) address of its current registered office in this Commonwealth or (2) name of its commercial registered office provider and the county of venue is: *(Complete (1) or (2), not both)*

(1) \_\_\_\_\_

Number and Street	City	State	Zip	County
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(2) \_\_\_\_\_

Name of Commercial Registered Office Provider	County
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3. The name of the person who has dissociated from the partnership: \_\_\_\_\_

4. Check one. The person named in field 3 has:     Dissociated from the general partnership.  
 Dissociated as a general partner from the limited partnership.

IN TESTIMONY WHEREOF, the undersigned person has caused this Certificate of Dissociation to be executed this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_.

\_\_\_\_\_  
Name of Person

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Title