

**PENNSYLVANIA DEPARTMENT OF STATE
CORPORATION BUREAU**

Certificate of Termination
(15 Pa.C.S.)

- Limited Partnership (§ 8546)
 Limited Liability Company (§ 8957)

Name		

Address		

City	State	Zip Code
_____	_____	_____

Document will be returned to the name and address you enter to the left.



Fee: \$70

In compliance with the requirements of the applicable provisions (relating to termination of plan), the undersigned limited partnership(s) or limited liability company(s), desiring to terminate a merger or consolidation that has not yet become effective, hereby certifies (certify) that:

1. *Check one of the following:*

Set forth in full in Exhibit A, attached hereto and made a part hereof, is a copy of the filing to be terminated hereby as follows.

Certificate of Merger

Certificate of Consolidation

2. *Check as appropriate:*

Certificate has been executed by each limited partnership/limited liability company that is a party to the plan to be terminated.

This certificate has been executed by a limited partnership(s) or limited liability company(s) constituting less than all of the parties to the plan, as permitted by the plan to be terminated.

3. The plan has been terminated in accordance with the provisions thereof set forth therein.

IN TESTIMONY WHEREOF, the undersigned limited partnership(s)/limited liability company(s) has (have) caused this Certificate of Termination to be executed this

_____ day of _____, _____.

Name of Partnership/Limited Liability Company

Signature

Title

Name of Partnership/Limited Liability Company

Signature

Title



**Department of State
Corporation Bureau
P.O. Box 8722
Harrisburg, PA 17105-8722
(717) 787-1057
web site: www.dos.state.pa.us/corps**

General Instructions for Completion of Form:

- A. Typewritten is preferred. If not, the form shall be completed in black or blue-black ink in order to permit reproduction. The filing fee for this form is \$70 made payable to the Department of State.
- B. This form and all accompanying documents shall be mailed to the above stated address.
- C. General partnerships, corporations, business trusts or other entities are parties to the plan, appropriate changes should be made to this form.

Instructions for Limited Partnership Only:

- E. If only one limited partnership is required to execute this form, the signature line for the second limited partnership should be deleted.
- F. If three or more limited partnerships are required to execute this form, the appropriate number of signature lines should be added.

Instructions for Limited Liability Company Only:

- G. The following, in addition to the filing fee, shall accompany this form: two copies of a completed form DSCB:15-134B (Docketing Statement-Changes) with respect to each association affected by the terminated filing.