PENNSYLVANIA DEPARTMENT OF STATE BUREAU OF CORPORATIONS AND CHARITABLE ORGANIZATIONS

Return document by mail to:							
Return document by mail to:			Statement of Domestication				
Name	DSCB:15-375						
Address	(7/1/2015)						
Address							
City State Zip Code							
Return document by email to:				375			
Fee: \$70							
In compliance with the r	equirement	s of the applicable	provisions of 15 Pa.C.S	. § 375 (relati	ng to Sta	tement of	
domestication), the undersigned	entity, desi	ring to effect dome	estication, hereby states	that:			
A. For the domesticating entire	tv:						
1. The type of association is (che	•	e).					
Business Corporation Nonprofit Corporation Limited Partnership Limited Liability (Company Limited Liability L			Business Trust				
			General) Partnership Professional Association				
•		-	•				
2. The name of the domesticating	g entity is:						
3. The jurisdiction of formation	of the dom	esticating entity: _					
4. Date on which the domesticat	ing entity v	was created, incorp	orated or formed:	0.04/00/1	7777		
5. Check and complete one of the				(MM/DD/Y	YYY)		
				•, , ,		• . •	
If the domesticating entite foreign association, the control of th						gistered	
Complete part (a) OR (b)	_		p				
(a)							
(a)Number and street		Cit	y Sta	ite Zij	p	County	
(b) c/o:							
Name of Commercial	Registered Of	fice Provider				County	
If the domesticating entit	y is a dom	estic entity that is	not a domestic filing e	ntity or limit	ed liabili	ity	
partnership, the address,						•	
Number and street		Cit	y Sta	ite Zij	p	County	
If the domesticating entit	y is a nonr	egistered foreign	association , the address	s, including st	reet and i	number, if	
any, of its registered or sin	nilar office,	if any, required to	be maintained by the la	w of its juriso			
or if it is not required to m	aıntain a re	gistered or similar	office, its principal office	ce:			
Number and street		Cit	y St	ate Zi	ıp		

B. I	For the domesticated entity:				
1.	The name of the domesticated entity is:				
2.	The jurisdiction of formation of the dom	esticated entity:			
3. (Check and complete one of the following	g addresses.			
	If the domesticated entity is a dome foreign association, its registered off			rship or reş	gistered
	(a)Number and street	City	State	Zip	County
	(b) c/o: Name of Commercial Registered Of	fice Provider			County
	If the domesticated entity is a dome partnership, the address, including s			mieu nabii	ity
	Number and street	City	State	Zip	County
C.	or if it is not required to maintain a re Number and street Effective date of Statement of Domest This Statement of Domestication sha This Statement of Domestication sha	City tication (check, and if appropriate all be effective upon filing in the	State te complete, one of t Department of State	e.	
	This Statement of Domestication sha	Date (MN	M/DD/YYYY)	Hour (if	any)
D.	Approval of domestication by domest For a domesticating entity that is a d Pa.C.S. Chapter 3, Subchapter B (rel For a domesticating entity that is for Chapter 3, Subchapter B, §373(b) (rel control of the control of the chapter b).	omestic entity – The domesticate lating to approval of entity transacing eign entity – The domestication	ion was approved in actions). was approved in acc		
E.	Check if applicable: The domesticating entity is to be a d	omestic entity in both this Comm	nonwealth and the fo	oreign jurisc	liction.
F. .	Attachments (see Instructions for requi	red and optional attachments).			
	TESTIMONY WHEREOF, the undersign authorized officer thereof this				
			Name of Domesticatin	g Entity	
			Signature		

Title