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

| ☐ Return document by mail to:  | Certificate of Negation DSCB:15-8636 (2/2017)   |
|--|---|
| Name   |   |
| Address  |   |
| City State Zip Code  |   |
| Return document by email to:   | 8636  |
|  |   |
| Fee: \$70  |   |
|  | 8636 (relating to person erroneously believing self to be at in good faith believed himself to be a limited partner, hereby |
| 1. The name of the limited partnership is:                                     |   |
| 2. The current registered office address as on file with the D                 | Department of State. Complete part (a) <b>OR</b> (b) – not both:  |
| (a)  |   |
| Number and street City   | State Zip County  |
| (b) c/o: Name of Commercial Registered Office Provider                         | County  |
| 3. The name of the person delivering this certificate to the $\Gamma$          | Department for filing:  |
| <b>1.</b> The person named in paragraph 3 is not a general partner enterprise. | and withdraws from future participation as an owner in the  |
| IN TESTIMONY WHEREOF, the undersigned person has c                             |   |
|  |   |
|  | Name of Person  |
|  | Signatura   |
|  | Signature   |
|  |   |

Title