PENNSYLVANIA DEPARTMENT OF STATE
BUREAU OF CORPORATIONS AND CHARITABLE ORGANIZATIONS

☐ **Return document by mail to:** Name Address City State Zip Code ☐ **Return document by email to:** _____	Application for Registration of Name of Nonregistered Foreign Association DSCB:15-209 (rev. 2/2017) 209

This registration expires on December 31 of each year and must be renewed annually between October 1 and December 31.

Fee: $70

Check one: ☐ Initial registration ☐ Renewal of registration

In compliance with the requirements of the applicable provisions of 15 Pa.C.S. § 209 (relating to registration of name of nonregistered foreign association), the undersigned foreign association, hereby states that:

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

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

2. The full and proper name of the foreign association as registered in its jurisdiction of formation is:

_____

2A. *If the name in **2** does not contain a required designator **or** if the name in **2** is not available for use in the Commonwealth,* the alternate name under which the association is registering in this Commonwealth is:

_____

3. The principal office address of the nonregistered foreign association is:

_____
Number and street City State Zip

IN TESTIMONY WHEREOF, the undersigned nonregistered foreign association has caused this Application for Registration of Name to be signed by a duly authorized officer thereof this _____ day of _____, 20_____.

_____
Name of Nonregistered Foreign Association

_____
Signature

_____
Title