


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

<p><b>Return document by mail to:</b></p> <hr/> <p>Name</p> <hr/> <p>Address</p> <hr/> <p>City <span style="margin-left: 100px;">State</span> <span style="margin-left: 100px;">Zip Code</span></p> <hr/> <p><b>Return document by email to:</b> _____</p>	<p>Statement of Division DSCB:15-366 (7/1/2015)</p>  <p>366</p>
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Fee: \$70 plus \$125 for *each* new association resulting from the division.  
The minimum amount to be submitted with this filing is \$195

In compliance with the requirements of the applicable provisions of 15 Pa.C.S. § 366 (relating to Statement of division), the undersigned domestic entity or foreign association, desiring to effect a division, hereby states that:

**A. For the dividing association:**

1. The name of the dividing association is: \_\_\_\_\_
2. The jurisdiction of formation of the dividing association is: \_\_\_\_\_
3. The type of association is (check only one):

Business Corporation	Limited Partnership	Business Trust
Nonprofit Corporation	Limited Liability (General) Partnership	Professional Association
Limited Liability Company	Limited Liability Limited Partnership	Other _____
4. Check and complete one of the following addresses.

<p><b>If the dividing association is a domestic filing association, domestic limited liability partnership or registered foreign association</b>, the current registered office address as on file with the Department of State. <i>Complete part (a) OR (b) – not both:</i></p> <p>(a) _____  Number and street <span style="margin-left: 150px;">City</span> <span style="margin-left: 100px;">State</span> <span style="margin-left: 50px;">Zip</span> <span style="margin-left: 50px;">County</span></p> <p>(b) c/o: _____  Name of Commercial Registered Office Provider <span style="float: right;">County</span></p>
<p><b>If the dividing association is a domestic association that is <i>not</i> a domestic filing association or limited liability partnership</b>, the address, including street and number, if any, of its principal office:</p> <p>_____</p> <p>Number and street <span style="margin-left: 150px;">City</span> <span style="margin-left: 100px;">State</span> <span style="margin-left: 50px;">Zip</span> <span style="margin-left: 50px;">County</span></p>
<p><b>If the dividing association is a nonregistered foreign association</b>, the address, including street and number, if any, of its registered or similar office, if any, required to be maintained by the law of its jurisdiction of formation; or if it is not required to maintain a registered or similar office, its principal office address:</p> <p>_____</p> <p>Number and street <span style="margin-left: 150px;">City</span> <span style="margin-left: 100px;">State</span> <span style="margin-left: 50px;">Zip</span></p>

5. Check one of the following:

<input type="checkbox"/>	The dividing association will survive the division.
<input type="checkbox"/>	The dividing association will not survive the division.



**C. Effective date of statement of division** (check, and if appropriate complete, one of the following):

This Statement of Division shall be effective upon filing in the Department of State.

This Statement of Division shall be effective on: \_\_\_\_\_ at \_\_\_\_\_.  
Date (MM/DD/YYYY) Hour (if any)

**D. Approval of division by dividing association** (check only one):

For a dividing association that is a domestic entity – The division was approved in accordance with 15 Pa.C.S. Chapter 3, Subchapter F (relating to division).

For a dividing association that is foreign association – The division was approved in accordance with the law of the jurisdiction of formation of the dividing association.

**E. Attachments** (see Instructions for required and optional attachments).

IN TESTIMONY WHEREOF, the undersigned dividing association has caused this Statement of Division to be signed by a duly authorized officer thereof this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_.

\_\_\_\_\_  
Name of Dividing Association

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Title