


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

<input type="checkbox"/> Return document by mail to: <hr/> Name <hr/> Address <hr/> City State Zip Code <input type="checkbox"/> Return document by email to: _____	Certificate of Denial - General Partnership DSCB:15-8434 (2/2017)  8434
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Fee: \$70

In compliance with the requirements of the applicable provisions of 15 Pa.C.S. § 8434 (relating to certificate of denial of partnership authority), the undersigned person desiring to effect a certificate of denial of partnership authority hereby states that:

1. The name of the general partnership is: _____

2. Complete part (a) **OR** (b) – not both:

(a) The partnership is a domestic general partnership or limited liability partnership and the address, including number and street, if any, of its principal place of business:

Number and street of principal office	City	State	Zip	County
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(b) The partnership is a registered foreign limited liability partnership and the (1) address of its current registered office in this Commonwealth or (2) name of its commercial registered office provider and the county of venue is: *(Complete (1) or (2), not both)*

(1) _____

Number and Street	City	State	Zip	County
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(2) _____

Name of Commercial Registered Office Provider	County
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3. The caption of the Certificate of Authority to which this denial pertains. *Additional pages may be attached as needed.*

4. I deny the grant of authority in the caption listed above.

IN TESTIMONY WHEREOF, the undersigned has caused this Certificate of Denial of Partnership Authority to be signed thereof this _____ day of _____, 20_____.

 Name of Partnership

 Signature

 Title