


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

<input type="checkbox"/> Return document by mail to:  Name _____  Address _____  City _____ State _____ Zip Code _____  <input type="checkbox"/> Return document by email to: _____	<p style="text-align: center;">Certificate of Termination Domestic General Partnership DSCB:15-8482(b)(2)(vi) (2/2017)</p> <p style="text-align: center;"> 8482VI</p>
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Fee: \$70

In compliance with the requirements of 15 Pa.C.S. § 8482(b)(2)(vi) (relating to certificate of termination), the undersigned general partnership, desiring to terminate, 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 that has not elected general liability status and the address, including number and street, if any, of its principal place of business is:

\_\_\_\_\_

Number and street of principal office                      City                      State                      Zip                      County

(b) The partnership is a domestic general partnership that has elected general liability status, 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

(2) \_\_\_\_\_

Name of Commercial Registered Office Provider                      County

3. The partnership is terminated.

IN TESTIMONY WHEREOF, the undersigned general partnership has caused this Certificate of Termination to be signed by a duly authorized representative thereof this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_.

\_\_\_\_\_  
Name of General Partnership

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Title