PENNSYLVANIA DEPARTMENT OF STATE BUREAU OF CORPORATIONS AND CHARITABLE ORGANIZATIONS

Return document by mail to: Name Address City State Zip Code		Statement of Election - Partnership Election/Amendment/Termination DSCB:15-8701A/8701B/8701C (rev. 7/2015)					
				Return document by email to			0701
					Read all instructions	s prior to completing.	
				Fee: \$125 – Election \$70 – Amendment/Term	nination		
Check one:	Statement of Election (§ 8701A) Statement of Amendment (§ 8701B) Statement of Termination of Election (§ 8701C)						
partnership, desiring to elect	e requirements of the applicable or which has elected to be gove erminate its statement of election	rned by 15 Pa.C.S. Ch. 87 (rel	and definition), the undersigned lating to electing partnerships),				
1. The name of the parts	nership is:						
2. The location of its pr	rincipal place of business is:						
Number and street	City	State Zip	County				
3. The name of each ge	eneral partner of the partnership	as of the date of this statemen	nt is:				

4. Check Boxes for Electing Partnership Only:			
The partnership elects to be governed by 15C.S. Ch.87 (relating to electing partnerships).			
The election has been authorized by at least a majority in interest of the partners.			
5. Check Box for Statement of Amendment Only:			
The election to be governed by 15 Pa.C.S. Ch. 87 (relating to electing partnerships) is amended to reflect the information set forth in this statement in lieu of the information previously of record.			
6. Check Boxes for Statement of Termination Only:			
The election to be governed by 15 Pa.C.S. Ch. 87 (relating to electing partnerships) is hereby terminated.			
The termination has been authorized by at least a majority in interest of the partners.			
	IN TESTIMONY WHEREOF, the undersigned partnership has caused this Statement of Election/Amendment/Termination of Election to be executed this day of,		
	Name of Partnership		
	Signature		
	Title		

Pennsylvania Department of State Bureau of Corporations and Charitable Organizations P.O. Box 8722 Harrisburg, PA 17105-8722 (717) 787-1057

Web site: www.dos.pa.gov/corps

Instructions for Completion of Form:

A. Typewritten is preferred. If handwritten, the form shall be legible and completed in black or blue-black ink in order to permit reproduction. The nonrefundable filing fee for the Statement of Election is \$125. The nonrefundable filing fee for the Statement of Amendment or the Statement of Termination of Election is \$70 made payable to the Department of State. Checks must contain a commercially pre-printed name and address.

Enter the name and mailing address to which any correspondence regarding this filing should be sent. This field must be completed for the Bureau to return the filing. If the filing is to be returned by email, an email address must be provided. An email will be sent to address provided, containing a link and instructions on how a copy of the filed document or correspondence may be downloaded. Any email or mailing addresses provided on this form will become part of the filed document and therefore public record.

B. This form and all accompanying documents shall be mailed to the address stated above.