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Clarion Service Company

TERMINATION NOTICE

This is notice that I want to terminate the Pennsylvania Commercial Registered Office Provider services (the "Services") provided by Clarion Service Company to the Organization identified below, and the Agreement relating to them.

Entity Name:	 (the "	Organization")

(Name of the company that is using Clarion Service Company for registered office provider services.)

Email Address: ____

(The email address Clarion Service Company has on record that would be used for service of process. If this email address is not accessible to you, then additional verification/authentication procedures may be needed.)

My Email Address: _

My Phone Number: _____

(if different than above)

HOW TO TERMINATE

Termination will not be effective until the Organization completes these steps:

- **STEP 1:** File a "Change of Registered Office" form with the Pennsylvania Department of State that removes Clarion Service Company as the Organization's Commercial Registered Office Provider, and pay the required filing fees.
- **STEP 2:** Send a completed copy of this Termination Notice to Clarion Service Company with either:
 - a. a copy of the filed form (or other proof of the record change of registered address); or
 - b. a certification that the Step 1 above has been completed (subject to confirmation by Clarion Service Company).

ACKNOWLEDGMENT & CERTIFICATION

On behalf of the Organization, I agree that:

- 1. After the Organization files a "Change of Registered Office" form, Clarion Service Company is not responsible for matters submitted to it in the name of the Organization.
- 2. The Organization is responsible to pay fees and expenses to date. The Organization is not entitled to a refund or proration of any fees or expenses, all of which are non-refundable.
- 3. Step 1 above has been completed (*choose 1 of the options below*)
 - _____ a copy of the filed "Change of Registered Office" form is attached
 - ____ I certify that Step 1 above has been completed

I affirm that I have the legal authority to bind the Organization by this Termination Notice.

Entity Name:

Signature:	Date:
Signer's Name:	Signer's Title: