

Microfilm Number _____

Filed with the Department of State on _____

Entity Number _____

Secretary of the Commonwealth

APPLICATION FOR REGISTRATION OF FICTITIOUS NAME

DSCB:54-311 (Rev 90)

In compliance with the requirements of 54 Pa.C.S. § 311 (relating to registration), the undersigned entity(ies) desiring to register a fictitious name under 54 Pa.C.S. Ch. 3 (relating to fictitious names), hereby state(s) that:

1. The fictitious **name** is: _____

2. A brief statement of the character or nature of the business or other activity to be carried on under or through the fictitious name is:

3. The **address**, including number and street, if any, of the principal place of business of the business (P.O. Box alone is **not** acceptable):

Number and Street	City	State	Zip	County
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4. The **name** and **address**, including number and street, if any, of each individual interested in the business is:

Name	Number and Street	City	State	Zip
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5. Each **entity**, other than an individual, interested in such business is (are):

Name	Form of Organization	Organizing Jurisdiction	Principal Office Address	Pa. Registered Office, if any
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6. The applicant is familiar with the provisions of 54 Pa.C.S. § 332 (relating to effect of registration) and understands that filing under the Fictitious Names Act does not create any exclusive or other right in the fictitious name.

7. **(Optional):** The **name(s)** of the agent(s), if any, any one of whom is authorized to execute amendments to, withdrawals from or cancellation of this registration in behalf of all then existing parties to the registration, is (are):

IN TESTIMONY WHEREOF, the undersigned have caused this Application for Registration of Fictitious Name to be executed this _____ day of _____, _____.

(Individual Signature)

(Individual Signature)

(Individual Signature)

(Individual Signature)

(Name of Entity)

(Name of Entity)

BY: _____

BY: _____

TITLE: _____

TITLE: _____



Department of State
Corporation Bureau
P.O. Box 8722
Harrisburg, PA 17105-8722
(717)787-1057

Web site: www.dos.state.pa.us/corp.htm

Instructions for Completion of Form:

- A. One original of this form is required. The form shall be completed in black or blue-black ink in order to permit reproduction. The filing fee for this form is \$52 made payable to the Department of State. PLEASE NOTE: A separate check is required for each form submitted.
- B. Under 15 Pa.C.S. § 135(c) (relating to addresses) an actual street or rural route box number must be used as an address, and the Department of State is required to refuse to receive or file any document that sets forth only a post office box address.
- C. The following, in addition to the filing fee, shall accompany this form:
 - (1) Any necessary copies of form DSCB:17.2 (Consent to Appropriation of Name) or form DSCB:17.3 (Consent to Use of Similar Name).
 - (2) An necessary governmental approvals.
- D. For general instructions relating to fictitious name registration see 19 Pa. Code Subch. 17C (relating to fictitious names). These instructions relate to such matters as voluntary and mandatory registration, general restrictions on name availability, use of corporate designators, agent for effecting amendments, etc., execution, official advertising when an individual is a party to the registration, and effect of registration and nonregistration.
- E. The name of a commercial registered office provider may not be used in Paragraph 3 in lieu of an address.
- F. Insert in Paragraph 5 for each entity which is not an individual the following information: (i) the name of the entity and a statement of its form of organization, e.g., corporation, general partnership, limited partnership, business trust, (ii) the name of the jurisdiction under the laws of which it is organized, (iii) the address, including street and number, if any, of its principal office under the laws of its domiciliary jurisdiction and (iv) the address, including street and number, if any, of its registered office, if any, in this Commonwealth. If any of the entities has an association which has designated the name of a commercial registered office provider in lieu of a registered office address as permitted by 15 Pa.C.S. § 109, the name of the provider and the venue county should be inserted in the last column.
- G. Every individual whose name appears in Paragraph 4 of the form must sign the form **exactly** as the name is set forth in Paragraph 4. The name of every other entity listed in Paragraph 5 shall be signed on its behalf by an officer, trustee or other authorized person. See 19 Pa. Code § 13.8(b) (relating to execution), which permits execution pursuant to power of attorney. A copy of the underlying power of attorney or other authorization should not be submitted to, and will not be received by or filed in, the Department.
- H. If an individual is a party to the registration, the parties are required by 54 Pa.C.S. § 311(g) to advertise their intention to file or the filing of an application for registration of fictitious name. Proofs of publication of such advertising should not be submitted to the Department, and will not be received by or filed in the Department, but should be kept with the permanent records of the business.
- I. This form and all accompanying documents shall be mailed to the address stated above.
- J. To receive confirmation of the file date prior to receiving the microfilmed original, send either a self-addressed, stamped postcard with the filing information noted or a self-addressed, stamped envelope with a copy of the filing document.