

PENNSYLVANIA SPECIAL PURPOSE ENTITY (SPE) JOINDER

For Individual/Joint/Corporate Pennsylvania EITC/OSTC Program Contributions

For detailed information on the Program and Application/Award Process, please go to:
<https://www.pennsylvaniaeitc.org/frequently-asked-questions.html>

IN WITNESS WHEREOF, the undersigned has executed this Joinder to Limited Liability Company Operating Agreement of *MicroPlusPlus Investment Management, LLC* as of the date set forth below next to the undersigned's signature.

IF AN INDIVIDUAL OR 2 INDIVIDUALS SIGNING JOINTLY:

IF A LEGAL ENTITY:

PRINT NAME – INDIVIDUAL #1 <hr/> SIGNATURE – INDIVIDUAL #1 <hr/> SOCIAL SECURITY # – INDIVIDUAL #1 <hr/> PRINT NAME – INDIVIDUAL #2 <hr/> SIGNATURE – INDIVIDUAL #2 <hr/> SOCIAL SECURITY # – INDIVIDUAL #2 <hr/> DATE <hr/> ADDRESS <hr/> CITY STATE ZIP <hr/> EMAIL ADDRESS <hr/>	PRINT NAME – LEGAL ENTITY <hr/> AUTHORIZED SIGNATURE <hr/> PRINT NAME / TITLE OF AUTHORIZED SIGNER <hr/> EIN # <hr/> DATE <hr/> ADDRESS <hr/> CITY STATE ZIP <hr/> EMAIL ADDRESS <hr/>
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AMOUNT – <i>FIRST</i> YEAR CAPITAL CONTRIBUTION (due upon Fund Manager's request) \$ _____ (NOTE: Minimum \$3,500 contribution unless Manager approves less)	AMOUNT – <i>SECOND</i> YEAR CAPITAL CONTRIBUTION (due upon Fund Manager's request) \$ _____ (NOTE: Same as <i>INITIAL</i> Capital Contribution)
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Fund Manager is to use my Capital Contribution for scholarship support for children attending the following EITC/OSTC qualified schools or scholarship organizations:

Name of School/Organization _____ Amount \$ _____

Name of School/Organization _____ Amount \$ _____

Name of School/Organization _____ Amount \$ _____

IF THE ABOVE OPTIONAL DIRECTION IS LEFT BLANK, Capital Contributions will be regarded as undesignated by the Fund Manager.

Randy Tarpey, in his capacity as Manager of the Company, hereby accepts this Joinder and admits the party or parties identified above as a Member of the Company as of the date set forth next to the signature below.

MicroPlusPlus Investment Management, LLC

DATE: _____ BY: _____

Send forms to: Central Pennsylvania Scholarship Fund, Attn: Randy Tarpey, 227 Jefferson Avenue, Tyrone, PA 16686

NOTE: Central Pennsylvania Scholarship Fund will contact you in the 4th quarter when it is time to submit your donation check.