

2025 PA State Tax Designated Gift Joinder

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

IF AN INDIVIDUAL OR 2 INDIVIDUA	ALS SIGNING JOINTLY:		
Print name			
Signature of person's whose name is	s printed above	AMOUNT OF	INITIAL CAPITAL CONTRIBUTION
Print name		(due upon acceptance):	
Signature of person's whose name is	s printed above	\$	
DATE:		NOTE: Minimum of \$3,500 unless Manager determines otherwise	
Mailing Address			
Email address			
Social Security # Social	al Security #		
qualified schools:			ttending the following EITC/OSTC
Name of School:T	he Rock School for Dai	nce Education	Amount \$
Name of School:			Amount \$
Name of School:			Amount \$
IF THE ABOVE OPTIONAL I undesignated by the Manage		BLANK, Capital Cor	ntributions will be regarded as
			cepts this Joinder and admits the party e set forth next to the signature below.
		HeHaller, LLC	;
DATE:		By:	
		Rand	y Tarpey, Manager
Make Check Payable to: Send Checks to:	HeHaller, LLC Central Pennsylvar Attn: Tami Clark o 227 Jefferson Aver	r Randy Tarpey	d

Tyrone, PA 16686