

EXHIBIT "C"

Articles of Incorporation

Microfilm Number _____

Filed with the Department of State on _____

Entity Number _____

Secretary of the Commonwealth

ARTICLES OF INCORPORATION-DOMESTIC NONPROFIT CORPORATION

DSCB:15-5306 (Rev 90)

In compliance with the requirements of 15 Pa.C.S. § 5306 (relating to articles of incorporation), the undersigned, desiring to incorporate a nonprofit corporation, hereby state(s) that:

1. The name of the corporation is: Meadowbrook Farms Homeowners Association

2. The (a) address of this corporation's initial registered office in this Commonwealth or (b) name of its commercial registered office provider and the county of venue is:

(a)	<u>540 East Trindle Road</u>	<u>Mechanicsburg, PA</u>	<u>17055</u>	<u>Cumberland</u>
	Number and Street	City	State	Zip
				County

(b) c/o:	<u>N/A</u>			
	Name of Commercial Registered Office Provider			County

For a corporation represented by a commercial registered office provider, the county in (b) shall be deemed the county in which the corporation is located for venue and official publication purposes.

3. The corporation is incorporated under the Nonprofit Corporation Law of 1988 for the following purpose or purposes:

To own, maintain and administer the common areas and units in a certain residential neighborhood and to administer and enforce the covenants and restrictions and to collect and

4. The corporation does not contemplate pecuniary gain or profit, incidental or otherwise. disburse the assessments and charges related thereto.

5. The corporation is organized upon a nonstock basis.

6. (Strike out if inapplicable): The corporation shall have ~~no~~ members.

7. (Strike out if inapplicable): ~~The incorporators constitute a majority of the members of the committee authorized to~~

~~incorporate;~~

~~by the requisite vote required by the organic law of the association for the amendment of such organic law.~~

8. The name and address, including street and number, if any, of each incorporator is:

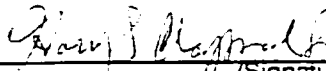
Name	Address
<u>Harry S. Claypool, Sr.</u>	<u>5140 East Trindle Road</u>
	<u>Mechanicsburg, PA 17055</u>

9. The specified effective date, if any, is: February 4, 1998

month day year hour, if any

10. Any additional provisions of the articles, if any, attach an 8 1/2 x 11 sheet.

IN TESTIMONY WHEREOF, the incorporator(s) has (have) signed these Articles of Incorporation this _____ day of
February _____, 19 98



Harry S. Claypool, Sr., Incorporator

(Signature)

(Signature)

DOCKETING STATEMENT OSCB:15-134A (Rev 98)
DEPARTMENTS OF STATE AND REVENUE

THIS FORM MUST ACCOMPANY A FILING

BUREAU USE ONLY:

Dept. of State Entity Number _____
Revenue Box Number _____
Filing Period _____ Date 3 4 5 _____
SIC _____ Report Code _____

This form (file in triplicate) and all accompanying documents shall be mailed to:

COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF STATE
CORPORATION BUREAU
P.O. BOX 8722
HARRISBURG, PA 17105-8722

Check proper box:

- Pa. Business-stock Pa. Business-nonstock Pa. Business-Management Pa. Professional
 Pa. Business-statutory close Pa. Business-cooperative Pa. Nonprofit-stock Pa. Nonprofit-nonstock
 Foreign-business Foreign-nonprofit Motor Vehicle for Hire Insurance
 Foreign-Certificate of Authority to D/B/A _____
 Business Trust
 Pa. Limited Liability Company Pa. Restricted Professional Limited Liability Company
 Foreign Limited Liability Company Foreign Restricted Professional Limited Liability Company

Entity registering as a result of (check box):

- Incorporation (Pa.) Domestication Consolidation
 Authorization of a foreign association Division Summary of Record
 Organization (Pa.)

1. Name of entity: Meadowbrook Farms Homeowners Association
2. Location of (a) initial registered office in Pennsylvania or (b) the name and county of the commercial registered office provider:
(a) 5140 East Trindle Road, Mechanicsburg, PA 17055 Cumberland
Number and Street/RD number and Box City State Zip code County
(b) c/o: N/A
Name of commercial registered office provider County
3. State or Country of Incorporation/Organization: Pennsylvania
4. Specified effective date, if applicable: February 4, 1998
5. Federal Identification Number: Applied for
6. Describe principal Pennsylvania activity to be engaged in, within one year of this application date: To own, maintain and administer the common areas and units in a certain residential neighborhood and to administer and enforce the covenants and restrictions and to collect and disburse the assessments and charges related thereto.

7. Names, residences and social security numbers of the chief executive officer, secretary and treasurer or individual responsible for maintaining financial records:

Name	Address	Title	Social Security #
Harry S. Claypool, Sr.	5140 East Trindle Road	President	190-16-2687
	Mechanicsburg, PA 17055		

If a professional entity, include officer's professional license numbers with the respective Pennsylvania Professional Board.

8. Location of principal place of business:

5140 East Trindle Road.	Mechanicsburg, PA	17055	
Number and Street/RD number and Box	City	State	Zip

9. Mailing address if different than #8 (Location where correspondence, tax report form, etc. are to be sent):

N/A			
Number and Street/RD number and Box	City	State	Zip

10. This entity is organized or incorporated under the General Association Act of 1988. (Not applicable if a foreign entity)

11. Act of General Assembly or authority under which you are organized or incorporated (foreign entity only):

N/A

12. Date and state of incorporation or organization (foreign entity only): N/A

13. Date business started in Pennsylvania (foreign entity only): N/A

14. Is the entity authorized to issue capital stock? ___ YES NO

15. Entity's fiscal year ends: Dec. 31

16. Has the association solicited or does it intend to solicit contributions with the Commonwealth of Pennsylvania? ___ YES NO
If Yes, provide date solicitation commenced or will commence: _____

This statement shall be deemed to have been executed by the individual who executed the accompanying submittal. See 18 Pa.C.S. §4904 (relating to unsworn falsification to authorities).

Instructions for Completion of Form:

- A. A separate completed set of copies of this form shall be submitted for each entity or registration resulting from the transaction.
- B. The Bureau of Corporation Taxes in the Pennsylvania Department of Revenue should be notified of any address changes. Notification should be sent to the Account Maintenance, Bureau of Corporation Taxes, Pa. Department of Revenue, Dept. 280901, Harrisburg, PA 17128-0901.
- C. All Pennsylvania corporate tax reports, except those for motor vehicle for hire, must be filed with the Commonwealth on the same fiscal basis as filed with the U.S. government. Motor vehicle for hire, i.e., gross receipts tax reports, must be filed on a calendar year basis only.
- D. The disclosure of the social security numbers of the corporate officers in Paragraph 7 is voluntary. The numbers are used to assure the proper identification of corporation officers by the Department of Revenue in accordance with the Fiscal Code.

Application for Employer Identification Number

(For use by employers, corporations, partnerships, trusts, estates, churches, government agencies, certain individuals, and others. See instructions.)

EIN
 OMB No. 1545-0003
 Expires 12-31-96

Please type or print clearly.

1 Name of applicant (Legal name) (See instructions.)
Meadowbrook Farms Homeowners Association

2 Trade name of business, if different from name in line 1
N/A

3 Executor, trustee, "care of" name
Harry S. Claypool, Sr.

4a Mailing address (street address) (room, apt., or suite no.)
5140 East Trindle Road

5a Business address, if different from address in lines 4a and 4b

4b City, state, and ZIP code
Mechanicsburg, PA 17055

5b City, state, and ZIP code

6 County and state where principal business is located
Cumberland, Pennsylvania

7 Name of principal officer, general partner, grantor, owner, or trustee—SSN required (See instructions.) ▶
Harry S. Claypool, Sr. SSN: 190-16-2687

8a Type of entity (Check only one box) (See instructions.)

Sole Proprietor (SSN) _____

REMIC Personal service corp.

State/local government National guard

Other nonprofit organization (specify) Homeowners Association (enter GEN if applicable)

Other (specify) ▶ _____

Estate (SSN of decedent) _____

Plan administrator—SSN _____

Other corporation (specify) _____

Federal government/military Church or church controlled organization

Trust Partnership Farmers' cooperative

8b If a corporation, name the state or foreign country (if applicable) where incorporated ▶

State	Foreign country
<u>PA</u>	<u>N/A</u>

9 Reason for applying (Check only one box.)

Started new business (specify) ▶ corporation

Changed type of organization (specify) ▶ _____

Purchased going business

Created a trust (specify) ▶ _____

Hired employees

Created a pension plan (specify type) ▶ _____

Banking purpose (specify) ▶ _____

Other (specify) ▶ _____

10 Date business started or acquired (Mo., day, year) (See instructions.)
February 4, 1998

11 Enter closing month of accounting year (See instructions.)
December 31

12 First date wages or annuities were paid or will be paid (Mo., day, year). Note: If applicant is a withholding agent, enter date income will first be paid to nonresident alien (Mo., day, year) ▶ None

13 Enter highest number of employees expected in the next 12 months. Note: If the applicant does not expect to have any employees during the period, enter "0."

Nonagricultural	Agricultural	Household
<u>0</u>	<u>0</u>	<u>0</u>

14 Principal activity (See instructions.) ▶ Homeowners Association

15 Is the principal business activity manufacturing? Yes No
 If "Yes," principal product and raw material used ▶ _____

16 To whom are most of the products or services sold? Please check the appropriate box

Public (retail) Other (specify) ▶ _____

Business (wholesale) N/A

17a Has the applicant ever applied for an identification number for this or any other business? Yes No
 Note: If "Yes," please complete lines 17b and 17c.

17b If you checked the "Yes" box in line 17a, give applicant's legal name and trade name, if different than name shown on prior application.

Legal name ▶ _____ Trade name ▶ _____

17c Enter approximate date, city, and state where the application was filed and the previous employer identification number if known.

Approximate date when filed (Mo., day, year)	City and state where filed	Previous EIN
_____	_____	_____

Under penalties of perjury, I declare that I have examined this application, and to the best of my knowledge and belief it is true, correct, and complete.

Name and title (Please type or print clearly.) ▶ Harry S. Claypool, Sr., President

Business telephone number (include area code): 717 - 766-8900

Signature ▶ Harry S. Claypool, Sr. Date ▶ _____

Note: Do not write below this line. For official use only.

Please leave blank ▶	Geo	Inc	Class	Size	Reason for applying

Power of Attorney and Declaration of Representative

▶ For Paperwork Reduction and Privacy Act Notice, see the instructions.

Part I Power of Attorney (Please type or print.)

1 Taxpayer Information (Taxpayer(s) must sign and date this form on page 2, line 9.)		
Taxpayer name(s) and address Meadowbrook Farms Homeowners Association 5140 East Trindle Road Mechanicsburg, PA 17055	Social security number(s) 190 16:2687 Daytime telephone number (717) 766-8900	Employer identification number : Applied for Plan number (if applicable)

hereby appoint(s) the following representative(s) as attorney(s)-in-fact:
John R. Kachur, Esquire

2 Representative(s) (Representative(s) must sign and date this form on page 2, Part II.)	
Name and address John R. Kachur, Esquire P.O. Box 1248 Harrisburg, PA 17108-1248	CAF No. Telephone No. (717) 237-6000 Fax No. (717) 237-6019 Check if new: Address <input type="checkbox"/> Telephone No. <input type="checkbox"/>
Name and address	CAF No. Telephone No. () Fax No. () Check if new: Address <input type="checkbox"/> Telephone No. <input type="checkbox"/>
Name and address	CAF No. Telephone No. () Fax No. () Check if new: Address <input type="checkbox"/> Telephone No. <input type="checkbox"/>

to represent the taxpayer(s) before the Internal Revenue Service for the following tax matters:

3 Tax Matters	Tax Form Number (1040, 941, 720, etc.)	Year(s) or Period(s)
Application for EIN		

4 Specific Use Not Recorded on Centralized Authorization File (CAF).— If the power of attorney is for a specific use not recorded on CAF, please check this box. (See Line 4—Specific Uses Not Recorded on CAF on page 3.)

5 Acts Authorized.—The representatives are authorized to receive and inspect confidential tax information and to perform any and all acts that I (we) can perform with respect to the tax matters described in line 3, for example, the authority to sign any agreements, consents, or other documents. The authority does not include the power to receive refund checks (see line 6 below) or the power to sign certain returns (see Line 5—Acts Authorized on page 4).
 List any specific additions or deletions to the acts otherwise authorized in this power of attorney:


Note: In general, an unenrolled preparer of tax returns cannot sign any document for a taxpayer. See Revenue Procedure 81-38, printed as Pub. 470, for more information.

Note: The tax matters partner/person of a partnership or S corporation is not permitted to authorize representatives to perform certain acts. See the instructions for more information.

6 Receipt of Refund Checks.—If you want to authorize a representative named in line 2 to receive, **BUT NOT TO ENDORSE OR CASH**, refund checks, initial here _____ and list the name of that representative below.

Name of representative to receive refund check(s) ▶ _____

- 7 Notices and Communications.**—Notices and other written communications will be sent to the first representative listed in line 2.
- a If you also want the second representative listed to receive such notices and communications, check this box
 - b If you do not want any notices or communications sent to your representative, check this box
- 8 Retention/Revocation of Prior Power(s) of Attorney.**—The filing of this power of attorney automatically revokes all earlier power(s) of attorney on file with the Internal Revenue Service for the same tax matters and years or periods covered by this document. If you do not want to revoke a prior power of attorney, check here.
YOU MUST ATTACH A COPY OF ANY POWER OF ATTORNEY YOU WANT TO REMAIN IN EFFECT.
- 9 Signature of Taxpayer(s).**—If a tax matter concerns a joint return, both husband and wife must sign if joint representation is requested, otherwise, see the instructions. If signed by a corporate officer, partner, guardian, tax matters partner/person, executor, receiver, administrator, or trustee on behalf of the taxpayer, I certify that I have the authority to execute this form on behalf of the taxpayer.
- ▶ IF THIS POWER OF ATTORNEY IS NOT SIGNED AND DATED, IT WILL BE RETURNED.

Signature  Harry S. Claypool, Sr. Print Name	Date	President Title (if applicable)
Signature	Date	Title (if applicable)
Print Name		

Part II Declaration of Representative

Under penalties of perjury, I declare that:

- I am not currently under suspension or disbarment from practice before the Internal Revenue Service;
- I am aware of regulations contained in Treasury Department Circular No. 230 (31 CFR, Part 10), as amended, concerning the practice of attorneys, certified public accountants, enrolled agents, enrolled actuaries, and others;
- I am authorized to represent the taxpayer(s) identified in Part I for the tax matter(s) specified there; and
- I am one of the following:
 - a Attorney—a member in good standing of the bar of the highest court of the jurisdiction shown below.
 - b Certified Public Accountant—duly qualified to practice as a certified public accountant in the jurisdiction shown below.
 - c Enrolled Agent—enrolled as an agent under the requirements of Treasury Department Circular No. 230.
 - d Officer—a bona fide officer of the taxpayer organization.
 - e Full-Time Employee—a full-time employee of the taxpayer.
 - f Family Member—a member of the taxpayer's immediate family (i.e., spouse, parent, child, brother, or sister).
 - g Enrolled Actuary—enrolled as an actuary by the Joint Board for the Enrollment of Actuaries under 29 U.S.C. 1242 (the authority to practice before the Service is limited by section 10.3(d)(1) of Treasury Department Circular No. 230).
 - h Unenrolled Return Preparer—an unenrolled return preparer under section 10.7(a)(7) of Treasury Department Circular No. 230.

▶ If this declaration of representative is not signed and dated, the power of attorney will be returned.

Designation —Insert above letter (a–h)	Jurisdiction (state) or Enrollment Card No.	Signature	Date
a	PA	