

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 INDIVIDUALS SIGNING JOINTLY:** **IF A LEGAL ENTITY:**

\_\_\_\_\_  
 Print name

\_\_\_\_\_  
 Print name of legal entity

\_\_\_\_\_  
 Signature of person's whose name is printed above

\_\_\_\_\_  
 Signature

\_\_\_\_\_  
 Print name

\_\_\_\_\_  
 Print name and title of authorized individual signing for entity

\_\_\_\_\_  
 Signature of person's whose name is printed above

DATE: \_\_\_\_\_

DATE: \_\_\_\_\_

\_\_\_\_\_  
 Mailing Address

\_\_\_\_\_  
 Mailing Address

\_\_\_\_\_  
 Email address

\_\_\_\_\_  
 Email address

\_\_\_\_\_  
 Social Security #

\_\_\_\_\_  
 Social Security #

\_\_\_\_\_  
 EIN

AMOUNT OF INITIAL CAPITAL CONTRIBUTION  
 (due upon acceptance):

\$ \_\_\_\_\_

NOTE: Minimum of \$3,500 unless Manager determines otherwise

AMOUNT OF SECOND CAPITAL CONTRIBUTION  
 (due at Manager's request)

\$ \_\_\_\_\_

NOTE: Same amount as Initial Capital Contribution

**OPTIONAL:** Manager is to use my Capital Contributions for children attending the following EITC/OSTC qualified schools:

Name of School: \_\_\_\_\_ Amount \$ \_\_\_\_\_

Name of School: \_\_\_\_\_ Amount \$ \_\_\_\_\_

Name of School: \_\_\_\_\_ Amount \$ \_\_\_\_\_

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

HeHaller, LLC

DATE: \_\_\_\_\_

By: \_\_\_\_\_  
 Randy Tarpey, Manager

Make Check Payable to:  
 Send Checks to:

HeHaller, LLC  
 Central Pennsylvania Scholarship Fund  
 Attn: Tami Clark or Randy Tarpey  
 227 Jefferson Avenue  
 Tyrone, PA 16686