FOURTH: Pursuant to 5 MRSA §108.3, the clerk as listed above has consented to serve as the clerk for this corporation.

FIFTH: Upon a change in noncommercial clerk, one of the following must be completed: ("X" one box only.)

☐ The change of noncommercial clerk was duly authorized by the board of directors of the corporation and that the power to appoint the noncommercial clerk is not reserved to the shareholders by the articles or the bylaws.

☐ The change of noncommercial clerk was duly authorized by the shareholders of the corporation.

SIXTH: The undersigned noncommercial clerk of the following corporation(s) has notified each corporation of the change indicated in Item First:

Name of Corporation

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

☐ Names of additional corporations attached hereto as Exhibit ___, and made a part hereof.

DATED _____ *By _____
(signature)

_____
(type or print name and capacity)

***This statement **MUST** be signed as follows:
(1) if Item First, A or D was selected, then by the noncommercial clerk **OR**
(2) if Item First, B or C was selected, then by any duly authorized officer

Please remit your payment made payable to the Maine Secretary of State.

Submit completed form to:

Secretary of State
Division of Corporations, UCC and Commissions
101 State House Station
Augusta, ME 04333-0101
Telephone Inquiries: **(207) 624-7752** Email Inquiries: CEC.Corporations@Maine.gov

Filer Contact Cover Letter

To: Department of the Secretary of State
Division of Corporations, UCC and Commissions
101 State House Station
Augusta, ME 04333-0101

Tel. (207) 624-7752

Name of Entity (s):

_____

_____

List type of filing(s) enclosed (i.e. Articles of Incorporation, Articles of Merger, Articles of Amendment, Certificate of Correction, etc.) Attach additional pages as needed.

_____

_____

Special handling request(s): (check all that apply)

- ☐ Hold for pick up
- ☐ Expedited filing - 24 hour service ($50 additional filing fee per entity, per service)
- ☐ Expedited filing - Immediate service ($100 additional filing fee per entity, per service)

Total filing fee(s) enclosed: $ _____

Contact Information – questions regarding the above filing(s), please call or email: (failure to provide a contact name and telephone number or email address will result in the return of the erroneous filing (s) by the Secretary of State's office)

_____ _____
(Name of contact person) (Daytime telephone number)

_____
(Email address)

The enclosed filing(s) and fee(s) are submitted for filing. Please return the attested copy to the following address:

_____
(Name of attested recipient)

_____
(Firm or Company)

_____
(Mailing Address)

_____
(City, State & Zip)