

Filing Fee \$20.00

**BUSINESS CORPORATION**  
**STATE OF MAINE**  
**APPLICATION FOR**  
**RESERVATION OF NAME**

<p>_____</p> <p>Deputy Secretary of State</p> <hr/> <p><b>A True Copy When Attested By Signature</b></p> <hr/> <p>_____</p> <p>Deputy Secretary of State</p>
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Pursuant to [13-C MRSA §402.1](#), the undersigned applicant executes and delivers the following Application for Reservation of Name:

\_\_\_\_\_  
(Name to be reserved)

Name of applicant \_\_\_\_\_

Address of applicant \_\_\_\_\_

**APPLICANT**

**DATED** \_\_\_\_\_

\_\_\_\_\_  
(signature of applicant)

\_\_\_\_\_  
(type or print name and capacity)

- Names are reserved for a period of 120 days and **may not be renewed**.
- The Secretary of State will **not** act as an agent by holding applications for filing upon expiration of an existing reservation. Timely filing is the responsibility of the applicant.
- This application serves only as a reservation of the right to the use of a name. Actual use of the name **is not recommended** until the purpose for which the name is reserved is completed.

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

**SUBMIT COMPLETED FORMS TO: CORPORATE EXAMINING SECTION, SECRETARY OF STATE,  
101 STATE HOUSE STATION, AUGUSTA, ME 04333-0101**

## 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):

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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.

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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)