

Filing Fee for an Assumed Name \$125.00

Filing Fee for a Fictitious Name \$40.00

**BUSINESS CORPORATION**

**STATE OF MAINE**

**STATEMENT OF INTENTION  
TO DO BUSINESS UNDER  
AN ASSUMED OR FICTITIOUS NAME**

\_\_\_\_\_  
Deputy Secretary of State

**A True Copy When Attested By Signature**

\_\_\_\_\_  
Deputy Secretary of State

\_\_\_\_\_  
(Real Name of Corporation)

Pursuant to [13-C MRSA §404](#), the undersigned corporation executes and delivers the following Statement of Intention to do Business Under an Assumed or Fictitious Name:

**FIRST:** ("X" one box only.)

assumed name ([13-C MRSA §404.1](#))

fictitious name ([13-C MRSA §404.2](#))

The corporation intends to transact business under the assumed or fictitious name of

\_\_\_\_\_.

Please note: A **fictitious name** is a name adopted by a **foreign corporation** authorized to transact business in this State because its real name is unavailable pursuant to [13-C MRSA §401](#).

**Complete the following if applicable:**

**SECOND:** If the **assumed name** is to be used at fewer than all of the corporation's places of business in this State, the location(s) where it will be used is (are):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**THIRD: (Foreign Corporation Only)**

Jurisdiction of incorporation \_\_\_\_\_ and the date on which  
the corporation was authorized to transact business in Maine \_\_\_\_\_.

DATED \_\_\_\_\_

\*By \_\_\_\_\_  
(signature of any duly authorized officer)

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

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\*This document **MUST** be signed by any duly authorized officer **OR** the clerk. ([13-C MRSA §121.5](#))

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)