

Filing Fee \$5.00

NONPROFIT CORPORATION

STATE OF MAINE

APPLICATION FOR THE USE OF AN INDISTINGUISHABLE NAME

Deputy Secretary of State

A True Copy When Attested By Signature

Deputy Secretary of State

(Name of Corporation Allowing Indistinguishable Name)

Pursuant to 13-B MRSA §301-A.4, the undersigned corporation executes and delivers the following Application for the Use of an Indistinguishable Name:

FIRST: The above-named corporation hereby consents to the use of the following indistinguishable name:
to (requestor of indistinguishable name)

SECOND: The entity in possession of the name undertakes to change its name to a name that is distinguishable on the records of the Secretary of State from the name of the applicant.

THIRD: The entity in possession of the name must change its name to:*

FOURTH: The address of the registered office of the corporation allowing indistinguishable name in the State of Maine is (street, city, state and zip code)

DATED By (signature)

(type or print name and capacity)

*By (signature)

(type or print name and capacity)

*This application must be accompanied by the applicable form to change its name as provided in Item Third.

*This document MUST be signed by any duly authorized officer. (13-B MRSA §104.1.B)

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):

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)