

Filing Fee \$20.00

LIMITED LIABILITY COMPANY

STATE OF MAINE

TRANSFER OF RESERVED NAME

<p>_____ Deputy Secretary of State</p> <hr/> <p>A True Copy When Attested By Signature</p> <hr/> <p>_____ Deputy Secretary of State</p>
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Pursuant to 31 MRSA §604-A.2, the undersigned transferor executes and delivers the following Transfer of Reserved Name:

(Name previously reserved pursuant to §604-A.1)

Name of original applicant _____

Name of transferee _____

Address of transferee _____

ORIGINAL APPLICANT (Transferor)

DATED _____

(signature of any duly authorized person)

(type or print name and capacity)

This transfer of reserved name will expire 120 days from the date of filing the original application.

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**