

Filing Fee \$20.00

LIMITED LIABILITY PARTNERSHIP

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 Limited Liability Partnership Allowing Indistinguishable Name)

Pursuant to 31 MRSA §803-A.4, the undersigned limited liability partnership executes and delivers the following Application for the Use of an Indistinguishable Name:

FIRST: The above-named limited liability partnership 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:*

_____.

DATED _____

*By _____

(signature of a partner)

(type or print name and capacity)

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

*Certificate MUST be signed by at least one partner (31 MRSA §826.1.B and §860.1).

The execution of this certificate constitutes an oath or affirmation under the penalties of false swearing under 17-A MRSA §453.

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