

LIMITED LIABILITY PARTNERSHIP

STATE OF MAINE

**ACCEPTANCE OF APPOINTMENT
AS REGISTERED AGENT OF**

(name of limited liability partnership)

Pursuant to 31 MRSA §807.2 or §854.2-A, the undersigned hereby accepts the appointment as registered agent for the above-named limited liability partnership.

REGISTERED AGENT

DATED _____

(signature)

(type or print name)

For Registered Agent which is a Corporation

Name of Corporation _____

By _____
(authorized signature)

(type or print name and capacity)

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