

Filing Fee for an Assumed Name \$125.00

Filing Fee for a Fictitious Name \$40.00

LIMITED LIABILITY PARTNERSHIP

STATE OF MAINE

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

<p>_____ Deputy Secretary of State</p> <hr/> <p><b>A True Copy When Attested By Signature</b></p> <hr/> <p>_____ Deputy Secretary of State</p>
--

\_\_\_\_\_  
(Real Name of Limited Liability Partnership)

Pursuant to 31 MRSA §805-A, the undersigned limited liability partnership executes and delivers the following Statement of Intention to do Business Under an Assumed or Fictitious Name:

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

assumed name (31 MRSA §805-A.1)

fictitious name (31 MRSA §805-A.2)

The limited liability partnership intends to transact business under the assumed or fictitious name of

\_\_\_\_\_.

Please note: A **fictitious name** is a name adopted by a **foreign limited liability partnership** authorized to transact business in this State because its real name is unavailable pursuant to 31 MRSA §803-A.

**Complete the following if applicable:**

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

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Additional locations are attached hereto as Exhibit \_\_\_\_, and made a part hereof.

**THIRD:** (Foreign Limited Liability Partnership Only)

Jurisdiction of organization \_\_\_\_\_ and the date on which the limited liability partnership was authorized to transact business in Maine \_\_\_\_\_

DATED \_\_\_\_\_

Partner(s)\*

\_\_\_\_\_  
(signature)

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

**For Partner(s) which are Entities**

Name of Entity \_\_\_\_\_

By \_\_\_\_\_  
(authorized signature)

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

---

\*Certificate **MUST** be signed by

- (1) at least one **partner OR**
- (2) any duly authorized person.

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**