

Filing Fee \$20.00

**LIMITED PARTNERSHIP**  
**STATE OF MAINE**  
**APPLICATION FOR**  
**RESERVATION OF NAME**

\_\_\_\_\_  
Deputy Secretary of State

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**A True Copy When Attested By Signature**

\_\_\_\_\_  
Deputy Secretary of State

Pursuant to [31 MRSA §1309.1](#), the undersigned applicant executes and delivers the following Application for Reservation of Name:

Check box **only** if this name is being reserved for use as an assumed name.

(Name to be reserved must contain one of the following: "Limited Partnership", "L.P." or "LP" **unless** this name is being reserved for use only as an assumed name – see [31 MRSA §1308.1.A.](#))

Name of applicant \_\_\_\_\_

Address of applicant \_\_\_\_\_

**APPLICANT**

**DATED** \_\_\_\_\_

\_\_\_\_\_  
(signature of applicant)

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

- Names are reserved for a period of 120 days and **may not be renewed**. The Secretary of State **will not** file an application for a reserved name that is filed back to back by the same applicant for the same name.
- The Secretary of State will **not** act as an agent by holding applications for filing upon expiration of an existing reservation. Timely filing is the responsibility of the applicant.
- This application serves only as a reservation of the right to the use of a name. Actual use of the name **is not recommended** until the purpose for which the name is reserved is completed.

The execution of this application 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 form to:

**Secretary of State**  
**Division of Corporations, UCC and Commissions**  
**101 State House Station**  
**Augusta, ME 04333-0101**  
Telephone Inquiries: (207) 624-7752

Email Inquiries: [CEC.Corporations@Maine.gov](mailto:CEC.Corporations@Maine.gov)