

**Filing Fee \$20.00**

**LIMITED PARTNERSHIP**

**STATE OF MAINE**

**NOTICE OF TRANSFER  
OF RESERVED NAME**

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

**A True Copy When Attested By Signature**

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

Pursuant to [31 MRSA §1309.1.C](#), the undersigned transferor executes and delivers the following Notice of Transfer of Reserved Name:

\_\_\_\_\_  
(Name previously reserved pursuant to [31 MRSA §1309.1](#))

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

Name of transferee \_\_\_\_\_

Address of transferee \_\_\_\_\_

**ORIGINAL APPLICANT (Transferor)**

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

\_\_\_\_\_  
(signature of transferor)

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

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

The execution of this notice 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)