

Filing Fee for an Assumed Name \$125.00

Filing Fee for a Fictitious Name \$40.00

LIMITED PARTNERSHIP

STATE OF MAINE

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

<p>_____</p> <p>Deputy Secretary of State</p> <hr/> <p>A True Copy When Attested By Signature</p> <hr/> <p>_____</p> <p>Deputy Secretary of State</p>
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(Real Name of Limited Partnership)

Pursuant to [31 MRSA §1308.2](#) or [31 MRSA §1415.3](#), the undersigned limited 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 §1308.2](#))

fictitious name ([31 MRSA §1415.3](#))

The limited 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 partnership** authorized to transact business in this State because its real name is unavailable for use under 31 MRSA §1308.1.

Complete the following if applicable:

SECOND: If such assumed name is to be used at fewer than all of the limited 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 Partnership Only)

Jurisdiction of organization _____ and the date on which
the limited partnership was authorized to transact business in Maine _____.

DATED _____

General Partner(s)*

(signature) (type or print name)

For General Partner(s) which are Entities

Name of Entity _____

By _____
(authorized signature) (type or print name and capacity)

***Statement MUST be signed by:**

For a **domestic** limited partnership by at least one **general partner** listed in the certificate ([31 MRSA §1324.1.J](#)).

For a **foreign** limited partnership by at least one **general partner of the foreign limited partnership** ([31 MRSA §1324.1.M](#)).

The execution of this statement 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