

Filing Fee \$5.00

NONPROFIT CORPORATION

STATE OF MAINE

**APPLICATION FOR
RESERVATION OF NAME**

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| <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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Pursuant to [13-B MRSA §302-A.1](#), the undersigned applicant executes and delivers the following Application for Reservation of Name:

(Name to be reserved)

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** 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.

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**