

Filing Fee \$5.00

NONPROFIT CORPORATION

STATE OF MAINE

TRANSFER OF RESERVED 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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Pursuant to 13-B MRSA §302-A.2, the undersigned transferor executes and delivers the following Transfer of Reserved Name:

(Name previously reserved pursuant to §302.-A.1)

Name of original applicant _____

Name of transferee _____

Address of transferee _____

ORIGINAL APPLICANT (Transferor)

DATED _____

(signature of any duly authorized person)

(type or print name and capacity)

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

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**