

NONPROFIT CORPORATION

STATE OF MAINE

STATEMENT OF INTENTION TO CARRY ON ACTIVITIES UNDER AN ASSUMED OR FICTITIOUS NAME

Deputy Secretary of State

A True Copy When Attested By Signature

Deputy Secretary of State

(Real Name of Corporation)

Pursuant to 13-B MRSA §308-A, the undersigned corporation executes and delivers the following Statement of Intention to Carry on Activities Under an Assumed or Fictitious Name:

FIRST: The address of the registered office of the corporation in the State of Maine is (street, city, state and zip code)

SECOND: ("X" one box only.) [] assumed name (13-B MRSA §308-A.1) [] fictitious name (13-B MRSA §308-A.2)

The corporation intends to carry on activities under the assumed or fictitious name of

Please note: A fictitious name is a name adopted by a foreign corporation authorized to carry on activities in this State because its real name is unavailable pursuant to 13-B MRSA §301-A.

Complete the following if applicable:

THIRD: If such assumed name is to be used at fewer than all of the corporation's places of activity in this State, the location(s) where it will be used is (are):

FOURTH: (Foreign Corporation Only)

Jurisdiction of incorporation _____ and the date on which
the corporation was authorized to carry on activities in Maine _____

DATED _____

*By _____
(signature)

(type or print name and capacity)

*By _____
(signature)

(type or print name and capacity)

*This document **MUST** be signed by any duly authorized officer. ([13-B MRSA §104.1.B](#))

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**