

NONPROFIT CORPORATION

STATE OF MAINE

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

\_\_\_\_\_  
(Real Name of Corporation)

<p>_____ Deputy Secretary of State</p> <hr/> <p><b>A True Copy When Attested By Signature</b></p> <hr/> <p>_____ Deputy Secretary of State</p>
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Pursuant to [13-B MRSA §308-A.8](#), the undersigned corporation executes and delivers the following Termination of Statement of Intention to Carry on Activities Under an Assumed or Fictitious Name:

**FIRST:** The corporation no longer intends to carry on activities under an assumed or fictitious name.

**SECOND:** The corporation intends to terminate the assumed or fictitious name of \_\_\_\_\_.

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

**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**