

Filing Fee \$20.00

**PARTNERSHIP**

**STATE OF MAINE**

**STATEMENT OF DISSOCIATION**

<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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\_\_\_\_\_  
(Name of Partnership)

Pursuant to [31 MRSA §1074](#), the undersigned partner or partnership executes and delivers the following Statement of Dissociation:

**FIRST:** The partner named herein is dissociated from the above named partnership.

\_\_\_\_\_  
(Name of Partner)

**SECOND:** The undersigned declares under penalty of perjury that the contents of this statement are accurate.

**Dated** \_\_\_\_\_

**Partner(s)\***

\_\_\_\_\_  
(signature)

\_\_\_\_\_  
(type or print name)

**For Partner(s) which are Entities**

Name of Entity \_\_\_\_\_

By \_\_\_\_\_  
(authorized signature)

\_\_\_\_\_  
(type or print name and capacity)

\*Statement **MUST** be signed by a partner ([31 MRSA §1005.3](#))

The execution of this application 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](mailto:CEC.Corporations@Maine.gov)