## LIMITED LIABILITY COMPANY STATE OF MAINE APPLICATION FOR THE USE OF AN INDISTINGUISHABLE NAME Opensty Secretary of State A True Copy When Attested By Signature Opensty Secretary of State Deputy Secretary of State Deputy Secretary of State

Pursuant to 31 MRSA §1508.4, the undersigned limited liability company executes and delivers the following Application for the Use of an Indistinguishable Name:

FIRST:	The above-named limited liability company hereby consents to the use of the following indistinguishable name:		
	to	(requestor of indistinguishable name)	
SECOND: The entity in possession of the name undertakes to change its name to a name that is distinguishable the Secretary of State from the name of the applicant.		ne undertakes to change its name to a name that is distinguishable on the records of	
THIRD:	The entity in possession of the name must change its name to:*		
**Authorized person(s)		Dated	
	(Signature)	(Type or print name and capacity)	
(Signature)		(Type or print name and capacity)	

The execution of this certificate 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

<sup>\*</sup>This application must be accompanied by the applicable form to change the name as provided in Item Third.

<sup>\*\*</sup>Pursuant to 31 MRSA §1676.1B, this statement MUST be signed by a person authorized by the limited liability company.

## **Customer Contact Cover Letter**

Name of entity(s) on the submitted filings:	
Optional special handling request(s): (check only	v if applicable)
	required to pick up at our office in Augusta, Maine)
	s day) service: \$50 additional filing fee per entity
☐ Immediate expedited filing (same busing)	ness day): \$100 additional filing fee per entity
NOTE: Only one expedite fee is required if filing n	nultiple documents for the <u>s<b>ame entity/charter number</b></u> at the same time
Payment can be made by check or money order obtain a credit card voucher at https://www.maine.g	(payable to Maine Secretary of State) or by credit card. You may gov/sos/cec/forms/credit.pdf.
Total fee(s)	enclosed: \$
(Name of contact person)	(Daytime telephone number)
(Contact email address for <u>this</u> filing)	(Email address to use for annual report reminders)
Name and address of person to return the attested	l copy of the completed filing:
(Name	e of attested copy recipient)
	(Firm or Company)
	(Mailing Address)
	(City, State & Zip)

NOTE: Failure to provide a contact name and telephone number or email address will result in any erroneous filing(s) being returned to the filer by the Secretary of State's office.

For questions regarding the above filing(s), please call or email our office at (207) 624-7752 or cec.corporations@maine.gov

**Submit filings to:** 

Mailing Address if using US Postal Service Department of the Secretary of State Corporations, UCC and Commissions 101 State House Station Augusta, ME 04333-0101

Mailing Address if using FedEx/UPS
Department of the Secretary of State
Corporations, UCC and Commissions
111 Sewall Street, 4th Floor
Augusta, ME 04330