LIMITED LIABILITY COMPANY STATE OF MAINE TERMINATION OF STATEMENT OF INTENTION TO TRANSACT BUSINESS Deputy Secretary of State UNDER AN ASSUMED OR FICTITIOUS **NAME** A True Copy When Attested By Signature (for Maine or Foreign LLC) Deputy Secretary of State (Name of Maine or Foreign Limited Liability Company) Pursuant to 31 MRSA §1510.7, the undersigned limited liability company executes and delivers the following Termination of Statement of Intention to Transact Business Under an Assumed or Fictitious Name: FIRST: The limited liability company no longer intends to transact business under an assumed or fictitious name. SECOND: The limited liability company intends to terminate the assumed or fictitious name of Authorized Person(s):* DATED ____ (signature) (type or print name and capacity) (signature) (type or print name and capacity)

Filing Fee \$20.00

The execution of this certificate constitutes an oath or affirmation under the penalties of false swearing under Title 17-A, section 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

^{*}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>same entity/charter number</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