

Filing Fee \$35.00

LIMITED LIABILITY COMPANY

STATE OF MAINE

APPLICATION FOR THE USE OF AN INDISTINGUISHABLE NAME

Deputy Secretary of State

A True Copy When Attested By Signature

Deputy Secretary of State

(Name of Limited Liability Company Allowing Indistinguishable Name)

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 on the records of the Secretary of State from the name of the applicant.

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)

*This application must be accompanied by the applicable form to change the name as provided in Item Third.

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

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

Filer Contact Cover Letter

To: Department of the Secretary of State
Division of Corporations, UCC and Commissions
101 State House Station
Augusta, ME 04333-0101

Tel. (207) 624-7752

Name of Entity (s):

List type of filing(s) enclosed (i.e. Articles of Incorporation, Articles of Merger, Articles of Amendment, Certificate of Correction, etc.) Attach additional pages as needed.

Special handling request(s): (check all that apply)

- Hold for pick up
- Expedited filing - 24 hour service (\$50 additional filing fee per entity, per service)
- Expedited filing - Immediate service (\$100 additional filing fee per entity, per service)

Total filing fee(s) enclosed: \$ _____

Contact Information – questions regarding the above filing(s), please call or email: (failure to provide a contact name and telephone number or email address will result in the return of the erroneous filing (s) by the Secretary of State's office)

(Name of contact person)

(Daytime telephone number)

(Email address)

The enclosed filing(s) and fee(s) are submitted for filing. Please return the attested copy to the following address:

(Name of attested recipient)

(Firm or Company)

(Mailing Address)

(City, State & Zip)