		Filing Fee \$35.00			
N	ONPROFIT CORPORATION				
	STATE OF MAINE				
AM	ENDED ANNUAL REPORT				
		Deputy Secretary of State			
		A True Copy When Attested By Signature			
	(Name of Corporation)	Deputy Secretary of State			
Pursuant to 13	-B MRSA §1301-C, the undersigned corporation exec	utes and delivers the following Amended Annual Report:			
FIRST:	The jurisdiction of its incorporation is				
SECOND:	The original annual report was filed on (date)				
THIRD:	The information has changed as follows (attach additional pages, if necessary):				
FOURTH:	This information changed on (date)				

- An amended annual report may be filed by the corporation to change information currently on file. The time for filing an amended annual report is from the date of the original filing until December 31st of that filing year.
- If you are changing officer or director information, you must provide the name, title and complete physical address of this individual. Additionally, you must provide the information currently on file and indicate how it changed.

DATED	*By	_
	*By(authorized signature)	
	(type or print name and capacity)	

Please remit your payment made payable to the Maine Secretary of State.

SUBMIT COMPLETED FORMS TO: CORPORATE REPORTING SECTION, SECRETARY OF STATE, 101 STATE HOUSE STATION, AUGUSTA, ME 04333-0101 TEL. (207) 624-7752

^{*}This document MUST be signed by any duly authorized officer. (13-B MRSA §104.1.B)

Filer Contact Cover Letter

:	Department of the Secretary of State Division of Corporations, UCC and Commissions 101 State House Station Augusta, ME 04333-0101	
	Name of Entity (s):	
	List type of filing(s) enclosed (i.e. Articles of Incorporation, Articles of Moof Correction, etc.) Attach additional pages as needed.	erger, Articles of Amendment, Certificate
	Special handling request(s): (check all that apply) Hold for pick up Expedited filing - 24 hour service (\$50 additional file)	
	Expedited filing - Immediate service (\$100 additions) Total filing fee(s) enclosed: \$ Contact Information - questions regarding the above filing(s), proposed to the contact name and telephone number or email address will result in the return of the errors.	please call or email: (failure to provide a
	(Name of contact person)	(Daytime telephone number)
	(Email address) The enclosed filing(s) and fee(s) are submitted for filing. Please return the address:	e attested copy to the following
	(Name of attested recipient)	
	(Firm or Company)	
	(Mailing Address)	

(City, State & Zip)