	1	Filing Fee \$5.00 per month. Renewal Fee \$50.00.	
N	FOREIGN ONPROFIT CORPORATION		
	STATE OF MAINE		
APPLICATION FOR REGISTRATION OF NAME		Deputy Secretary of State	
		A True Copy When Attested By Signature	
	(Name of foreign corporation)	Deputy Secretary of State	
Pursuant to 13- Name:	B MRSA §303-A, the undersigned foreign corporation	executes and delivers the following Application for Registration o	
FIRST:	application expires at the end of the calendar year i	new OR renewal of a registration of corporate name. A new n which the application is filed. A renewal application can be filed al application, when filed, renews the registration of corporate name	
SECOND:	The state or country under the laws of which it is incorporated is		
	and the address of its principal office is located at:		
	(stree	t, city, state and zip code)	
THIRD:	The date of its incorporation is		
FOURTH:	A brief statement of the nature of the corporation's activities:		
FIFTH:	This application is accompanied by a certificate of existence or a document of similar import duly authenticated by the Secretary of State or other official having custody of corporate records in the state or country under whose law the foreign corporation is incorporated. The certificate of existence must have been made not more than 90 days prior to the delivery of this application for filing.		
DATED	*B	(signature of any duly authorized individual)	

*This document MUST be signed by any duly authorized individual.

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

The filing of this application does not authorize a corporation to carry on activities in Maine.

(type or print name and capacity)

Filer Contact Cover Letter

:	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 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)