DOMESTIC

N	NONPRO	OFIT CORPORATION				
	STA	ATE OF MAINE				
A	ARTIC	LES OF MERGER				
	(Mer	ged Maine Corporation)	Deputy Secretary of State			
		INTO	A True Copy When Attested By Signature			
	(Survi	iving Maine Corporation)	Deputy Secretary of State			
Pursuant to 13	-B MRSA	§904 or 13 MRSA §961, the undersigned co	rporations execute and deliver the following Articles of Merger:			
FIRST:		completed by the surviving corporation: ne box only.)				
SECOND:	The pl	lan of merger is set forth in Exhibit attached hereto and made a part hereof.				
THIRD:	("X" one box only for each corporation.) As to each participating corporation, the plan of merger was adopted in the following manner:					
		Name of Corporation				
		By the members at a meeting on (date) _ such plan received at least a majority of the	, at which a quorum was present and e votes which members were entitled to cast.			
		If the Articles of Incorporation require more than a majority vote, by the members at a meeting on (date), and such plan received at least the percentage of votes of the members required by the Articles of Incorporation.				
		By the written consent of all	members entitled to vote with respect thereto, dated			
		, without resolution of the board of directors. There being no members, or no members entitled to vote thereon, the plan was adopted by a majority vote of the board of directors in office at a meeting held on				
		Name of Corporation				
		By the members at a meeting on (date), at which a quorum was present and such plan received at least a majority of the votes which members were entitled to cast.				
		, and such	nore than a majority vote, by the members at a meeting on (date) plan received at least the percentage of votes of the members			
		By the written consent of all without re	members entitled to vote with respect thereto, dated solution of the board of directors.			
		There being no members, or no members	entitled to vote thereon, the plan was adopted by a majority vote of sheld on			

Minimum Fee \$25.00 (See §1401)

OURTH:	The address of the registered office of the surviving corporation in the State of Maine is				
	(street, city	, state and zip code)			
	The address of the registered office of the merged corporation in the State of Maine is				
	(street, city	, state and zip code)			
FTH:	Effective date of the merger (if later than da	te of filing of Article	es) is		
	(Not to exceed 60 day	rs from date of filing	of the Articles)		
ATED			(surviving corporation)		
		*Dv			
MUST BE COMPLETED FOR VOTE OF MEMBERS		ъву	(signature)		
I certify that I have custody of the minutes showing the above action by the members. (name of corporation)		*Dv	(type or print name and capacity)		
		ъу	(signature)		
(si	ignature of clerk, secretary or asst. secretary)		(type or print name and capacity)		
ATED					
			(merged corporation)		
MUST BE COMPLETED FOR VOTE OF MEMBERS		*By	(signature)		
I certify that I have custody of the minutes showing the above action by the members.			(type or print name and capacity)		
	(name of corporation)	*By	(signature)		
(si	gnature of clerk, secretary or asst. secretary)		(type or print name and capacity)		

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

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

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