		Filing Fee \$25.00
N	DOMESTIC ONPROFIT CORPORATION	
	STATE OF MAINE	
CERT	TIFICATE OF RESUMPTION	
		Deputy Secretary of State
		A True Copy When Attested By Signature
	(Name of Corporation)	Deputy Secretary of State
resumption. FIRST:	This certificate was adopted by a majority of the ("	X" one box only)
	(date) at (location) ("X" one box only)	_
SECOND:	It is hereby certified that a majority of the ("X" one box only) members directors have voted to resum carrying on activities.	
THIRD:	The address of the registered office of the corporat	ion in the State of Maine is
	(stre	et, city, state and zip code)
FOURTH.	("Y" one boy only) public benefit corr	poration mutual banefit corporation

ED	*By	(signature)
		(signature)
MUST BE COMPLETED FOR VOTE OF MEMBERS		(type or print name and capacity)
certify that I have custody of the minutes showing the above action by the members.	*By	(signature)
(signature of clerk, secretary or asst. secretary)		(type or print name and capacity)

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

<sup>\*</sup>This document MUST be signed by any 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>s<b>ame entity/charter number</b></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