BUSINESS	CORPORATION
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STATE OF MAINE

TERMINATION OF STATEMENT OF INTENTION TO DO BUSINESS UNDER AN ASSUMED OR FICTITIOUS NAME

<u>ling Fee \$20.0</u>)	
	Deputy Secretary of State	
Α	True Copy When Attested By Signature	

(Real Name of Corporation)

Deputy Secretary of State

Pursuant to 13-C MRSA §404.8, the undersigned corporation executes and delivers the following Termination of Statement of Intention to do Business Under an Assumed or Fictitious Name:

FIRST: The corporation no longer intends to transact business under an assumed or fictitious name.

SECOND: The corporation intends to terminate the assumed or fictitious name of

DATED _____

*By_

(signature of any duly authorized person)

(type or print name and capacity)

*This document **MUST** be signed by any duly authorized officer **OR** the clerk. (§121.5)

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

SUBMIT COMPLETED FORMS TO: CORPORATE EXAMINING SECTION, SECRETARY OF STATE, 101 STATE HOUSE STATION, AUGUSTA, ME 04333-0101 FORM NO. MBCA-5A 7/1/2003 TEL. (207) 624-7740

Customer Contact Cover Letter

Name of entity(s) on the submitted filings:		
Optional special handling request(s): (check or	nly if applicable)	
\Box Hold attested copy for pick up (will be	be required to pick up at our office in Augusta, Maine)	
□ 24-hour expedited filing (next busine	ess day) service: \$50 additional filing fee per entity	
Immediate expedited filing (same bu	siness day): \$100 additional filing fee per entity	
NOTE: Only one expedite fee is required if filing	g multiple documents for the <u>same entity/charter number</u> at the same tim	
Payment can be made by check or money order obtain a credit card voucher at https://www.maine	er (payable to Maine Secretary of State) or by credit card. You may e.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 attest	red copy of the completed filing:	
(Nar	me of attested copy recipient)	
	(Firm or Company)	
	(Mailing Address)	
	(City, State & Zip)	
	(Firm or Company) (Mailing Address) (City, State & Zip) nd telephone number or email address will result in any e	

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