Filing Fee \$20.00 LIMITED LIABILITY PARTNERSHIP STATE OF MAINE APPLICATION FOR THE USE OF AN INDISTINGUISHABLE NAME Deputy Secretary of State A True Copy When Attested By Signature (Name of Limited Liability Partnership Allowing Indistinguishable Name) Deputy Secretary of State Pursuant to 31 MRSA \$803-A.4, the undersigned limited liability partnership executes and delivers the following Application for the Use of an Indistinguishable Name: **FIRST:** The above-named limited liability partnership hereby consents to the use of the following indistinguishable name: (requestor of indistinguishable name) The entity in possession of the name undertakes to change its name to a name that is distinguishable on the records of SECOND: the Secretary of State from the name of the applicant. The entity in possession of the name must change its name to:* THIRD: *By ______ (signature of a partner) DATED (type or print name and capacity)

*This application must be accompanied by the applicable form to change its name as provided in Item Third.

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

^{*}Certificate MUST be signed by at least one partner (31 MRSA §826.1.B and §860.1). The execution of this certificate constitutes an oath or affirmation under the penalties of false swearing under 17-A MRSA §453.

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