DOMESTIC LIMITED LIABILITY PARTNERSHIP

STATE OF MAINE

CERTIFICATE OF CORRECTION

Filing Fee \$50.00
•
Deputy Secretary of State
A True Copy When Attested By Signature
Deputy Secretary of State

(Name of Limited Liability Partnership)

Pursuant to 31 MRSA §824, the undersigned, a limited liability partnership registered under the laws of the State of Maine, executes and delivers for filing this certificate of correction:

FIRST:	On the Secretary of State filed a document delivered for filing by the undersigned limited liability		
	partnership entitled:		
SECOND:	Said document is an inaccurate record of the action therein referred to, or was defectively or erroneously execu sealed or acknowledged.		

THIRD: The inaccuracy or defect to be corrected is described as follows:

FOURTH: The portion of the said document to be corrected is corrected to read in its entirety as follows:

FIFTH: Said document as so corrected is effective as of the date of original filing set forth in Article FIRS those persons who are substantially and adversely affected by the correction, and as to those person			
			the of correction is filed by the Secretary of State.
DATED			
DATED			
Partner(s)*			
_			
	(signature)		(type or print name and capacity)
For Partner	r(s) which are Entities		
Name of En	tity		
ву	(authorized signature)		(type or print name and capacity)
	accompanied by Form MLLP-18 (31 MRSA gned hereby accepts the appointment as regis		the above-named domestic limited liability partnership.
Registered Agent			DATED
-	-		
	(signature)		(type or print name)
For Registe	red Agent which is a Corporation		
	prporation		
Ву			
	(authorized signature)		(type or print name and capacity)

*Certificate **MUST** be signed by at least one **partner OR** by any duly authorized person (31 MRSA §826.1.B or 2). The execution of this certificate constitutes an oath or affirmation under the penalties of false swearing under 17-A MRSA §453.

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 04333-0101FORM NO. MLLP-17 (2 of 2) Rev. 8/1/2004TEL. (207) 624-7752

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