

Filing Fee for an Assumed Name \$125.00

Filing Fee for a Fictitious Name \$40.00

**LIMITED PARTNERSHIP**

**STATE OF MAINE**

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

<p>_____</p> <p>Deputy Secretary of State</p> <hr/> <p><b>A True Copy When Attested By Signature</b></p> <hr/> <p>_____</p> <p>Deputy Secretary of State</p>
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\_\_\_\_\_  
(Real Name of Limited Partnership)

Pursuant to [31 MRSA §1308.2](#) or [31 MRSA §1415.3](#), the undersigned limited partnership executes and delivers the following Statement of Intention to do Business Under an Assumed or Fictitious Name:

**FIRST:** ("X" one box only.)

assumed name ([31 MRSA §1308.2](#))

fictitious name ([31 MRSA §1415.3](#))

The limited partnership intends to transact business under the assumed or fictitious name of

\_\_\_\_\_.

Please note: A **fictitious name** is a name adopted by a **foreign limited partnership** authorized to transact business in this State because its real name is unavailable for use under [31 MRSA §1308.1](#).

**Complete the following if applicable:**

**SECOND:** If such assumed name is to be used at fewer than all of the limited partnership's places of business in this State, the location(s) where it will be used is (are):

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Additional locations are attached hereto as Exhibit \_\_\_\_, and made a part hereof.

**THIRD: (Foreign Limited Partnership Only)**

Jurisdiction of organization \_\_\_\_\_ and the date on which  
the limited partnership was authorized to transact business in Maine \_\_\_\_\_.

**DATED** \_\_\_\_\_

**General Partner(s)\***

\_\_\_\_\_  
(signature) (type or print name)

**For General Partner(s) which are Entities**

Name of Entity \_\_\_\_\_

By \_\_\_\_\_  
(authorized signature) (type or print name and capacity)

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**\*Statement MUST be signed by:**

For a **domestic** limited partnership by at least one **general partner** listed in the certificate ([31 MRSA §1324.1.J](#)).

For a **foreign** limited partnership by at least one **general partner of the foreign limited partnership** ([31 MRSA §1324.1.M](#)).

The execution of this statement 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 form to: **Secretary of State**  
**Division of Corporations, UCC and Commissions**  
**101 State House Station**  
**Augusta, ME 04333-0101**  
Telephone Inquiries: **(207) 624-7752** Email Inquiries: [CEC.Corporations@Maine.gov](mailto:CEC.Corporations@Maine.gov)

## Customer Contact Cover Letter

Name of entity(s) on the submitted filings:

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**Optional special handling request(s):** (check only if applicable)

- Hold attested copy for pick up (will be required to pick up at our office in Augusta, Maine)
- 24-hour expedited filing (next business day) service: **\$50** additional filing fee per entity
- Immediate expedited filing (same business day): **\$100** additional filing fee per entity

**NOTE:** Only one expedite fee is required if filing multiple documents for the same entity/charter number at the same time.

**Payment can be made by check or money order** (payable to Maine Secretary of State) or by credit card. You may obtain a credit card voucher at <https://www.maine.gov/sos/cec/forms/credit.pdf>.

Total fee(s) enclosed: \$ \_\_\_\_\_

\_\_\_\_\_  
(Name of contact person)

\_\_\_\_\_  
(Daytime telephone number)

\_\_\_\_\_  
(Contact email address for this filing)

\_\_\_\_\_  
(Email address to use for annual report reminders)

Name and address of person **to return the attested copy** of the completed filing:

\_\_\_\_\_  
(Name 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](mailto: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, 4<sup>th</sup> Floor  
Augusta, ME 04330