

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)

## Filer Contact Cover Letter

To: Department of the Secretary of State  
Division of Corporations, UCC and Commissions  
101 State House Station  
Augusta, ME 04333-0101

Tel. (207) 624-7752

Name of Entity (s):

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List type of filing(s) enclosed (i.e. Articles of Incorporation, Articles of Merger, Articles of Amendment, Certificate of Correction, etc.) Attach additional pages as needed.

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Special handling request(s): (check all that apply)

- Hold for pick up
- Expedited filing - 24 hour service (\$50 additional filing fee per entity, per service)
- Expedited filing - Immediate service (\$100 additional filing fee per entity, per service)

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

**Contact Information – questions regarding the above filing(s), please call or email:** (failure to provide a contact name and telephone number or email address will result in the return of the erroneous filing (s) by the Secretary of State's office)

\_\_\_\_\_  
(Name of contact person) \_\_\_\_\_  
(Daytime telephone number)

\_\_\_\_\_  
(Email address)

The enclosed filing(s) and fee(s) are submitted for filing. Please return the attested copy to the following address:

\_\_\_\_\_  
(Name of attested recipient)

\_\_\_\_\_  
(Firm or Company)

\_\_\_\_\_  
(Mailing Address)

\_\_\_\_\_  
(City, State & Zip)