

Filing Fee \$5.00

**DOMESTIC  
NONPROFIT CORPORATION**

**STATE OF MAINE**

**APPLICATION FOR EXCUSE**

\_\_\_\_\_  
Deputy Secretary of State

**A True Copy When Attested By Signature**

\_\_\_\_\_  
Deputy Secretary of State

\_\_\_\_\_  
(Name of Corporation)

Pursuant to [13-B MRSA §1301.5](#), the undersigned corporation executes and delivers for filing this Application for Excuse:

President  
Treasurer  
Clerk or Secretary  
(circle title)

I, \_\_\_\_\_

of the above named corporation, a corporation duly organized under the laws of the State of Maine, certify that said corporation ceased to carry on activities on (date) \_\_\_\_\_. Application is made to be excused from further filing an annual report with the Secretary of State of Maine, so long as the corporation in fact carries on no activities.

I further certify that all required Annual Reports have been filed with the Secretary of State. (Note: If the excuse process is completed on or before June 1st, then the Annual Report covering the previous calendar year is not required.)

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

\_\_\_\_\_  
(signature)

**NOTE:** The excuse is effective upon acceptance by the Office of the Secretary of State.

**SUBMIT COMPLETED FORMS TO: CORPORATE EXAMINING SECTION, SECRETARY OF STATE,  
101 STATE HOUSE STATION, AUGUSTA, ME 04333-0101**

## 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)