

NONPROFIT CORPORATION

STATE OF MAINE

STATEMENT OF INTENTION TO CARRY ON ACTIVITIES UNDER AN ASSUMED OR FICTITIOUS NAME

Deputy Secretary of State

A True Copy When Attested By Signature

Deputy Secretary of State

(Real Name of Corporation)

Pursuant to 13-B MRSA §308-A, the undersigned corporation executes and delivers the following Statement of Intention to Carry on Activities Under an Assumed or Fictitious Name:

FIRST: The address of the registered office of the corporation in the State of Maine is \_\_\_\_\_

(street, city, state and zip code)

SECOND: ("X" one box only.)

assumed name (13-B MRSA §308-A.1) fictitious name (13-B MRSA §308-A.2)

The corporation intends to carry on activities under the assumed or fictitious name of \_\_\_\_\_

Please note: A fictitious name is a name adopted by a foreign corporation authorized to carry on activities in this State because its real name is unavailable pursuant to 13-B MRSA §301-A.

Complete the following if applicable:

THIRD: If such assumed name is to be used at fewer than all of the corporation's places of activity in this State, the location(s) where it will be used is (are):

Four horizontal lines for providing location information.

**FOURTH: (Foreign Corporation Only)**

Jurisdiction of incorporation \_\_\_\_\_ and the date on which  
the corporation was authorized to carry on activities in Maine \_\_\_\_\_

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

\*By \_\_\_\_\_  
(signature)

\_\_\_\_\_  
(type or print name and capacity)

\*By \_\_\_\_\_  
(signature)

\_\_\_\_\_  
(type or print name and capacity)

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\*This document **MUST** be signed by any duly authorized officer. ([13-B MRSA §104.1.B](#))

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 04333-0101**

## 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)