LIMITED LIABILITY COMPANY STATE OF MAINE APPLICATION FOR THE USE OF AN INDISTINGUISHABLE NAME Openuty Secretary of State A True Copy When Attested By Signature (Name of Limited Liability Company Allowing Indistinguishable Name) Deputy Secretary of State Deputy Secretary of State

The entity in possession of the name must change its name to:*

**Authorized person(s)

Dated _______

(Signature)

(Type or print name and capacity)

(Type or print name and capacity)

*This application must be accompanied by the applicable form to change the name as provided in Item Third.

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 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

THIRD:

^{**}Pursuant to 31 MRSA §1676.1B, this statement MUST be signed by a person authorized by the limited liability company.

Customer Contact Cover Letter

Name of entity(s) on the submitted filings:	
Optional special handling request(s): (check on	aly if applicable)
Hold attested copy for pick up (will b	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 bus	siness 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 orde 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 attested	ed copy of the completed filing:
(Nan	ne 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

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
6 E. Chestnut Street, 5th Floor
Augusta, ME 04330