|                |   | Filing Fee \$50.00   |
|----------------|---|--|
|                | LIMITED PARTNERSHIP   |  |
|                | STATE OF MAINE  |  |
| STAT           | TEMENT OF CORRECTION  |  |
|                |   | Deputy Secretary of State  |
|                |   | A True Copy When Attested By Signature                                   |
|                | (Name of Limited Partnership)   | Deputy Secretary of State  |
| Pursuant to 31 | MRSA §1327, the undersigned limited partnership,  | executes and delivers for filing this Statement of Correction:           |
| FIRST:         | Name of record requiring correction:  |  |
| SECOND:        | Date on which the record was filed by Secretary of  | of State:  |
| THIRD:         | Said record contained false or erroneous information or was defectively signed.   |  |
| FOURTH:        | The incorrect information and the reason it is incorrect or the manner in which the signing was defective is: (Attack separate document if more space is needed.) |  |
|                |   |  |
|                |   |  |
|                |   |  |
|                |   |  |
| FIFTH:         | The portion of the said record is corrected to reac needed.)  | l in its entirety as follows: (Attach separate document if more space is |
|                |   |  |
|                |   |  |

| SIXTH:        | When filed by the Secretary of State, the Statement of Correction is effective retroactively as of the effective date of t record the statement corrects, but the statement is effective when filed, except for the purposes of 31 MRSA §1303 and 4, and as to those persons relying on the uncorrected record and adversely affected by the correction. |                                   |  |
|---------------|--|-----------------------------------|--|
| SEVENTH:      | (Foreign Limited Partnership Only)   |                                   |  |
|               | Jurisdiction of organization   | and the date on which the limited |  |
|               | partnership was authorized to do business in Maine   |                                   |  |
| DATED         |  |                                   |  |
| General Partn | er(s)*   |                                   |  |
|               | (signature)  | (type or print name)              |  |
| For General P | artner(s) which are Entities   |                                   |  |
|               |  |                                   |  |
| Ву            | (signature)  |                                   |  |
|               | (signature)  | (type or print name)              |  |
|               |  |                                   |  |
|               |  |                                   |  |
|               |  |                                   |  |
|               |  |                                   |  |
|               |  |                                   |  |
|               |  |                                   |  |

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

<sup>\*</sup>Statement MUST be signed by at least one general partner listed in the certificate (31 MRSA §1324.1.J)

<sup>\*\*</sup>Business entity is defined as a business corporation, a limited partnership or a limited liability company.

## **Customer Contact Cover Letter**

| Name of entity(s) on the submitted filings:   |  |  |  |  |
|---|--|--|--|--|
|   |  |  |  |  |
| Optional special handling request(s): (check onl  | ly if applicable)  |  |  |  |
| Hold attested copy for pick up (will be   | e required to pick up at our office in Augusta, Maine)   |  |  |  |
| 24-hour expedited filing (next busines  | ss day) service: \$50 additional filing fee per entity   |  |  |  |
| Immediate expedited filing (same bus  | iness day): \$100 additional filing fee per entity   |  |  |  |
| NOTE: Only one expedite fee is required if filing i   | multiple documents for the <b>same entity/charter number</b> at the same time                      |  |  |  |
| Payment can be made by check or money order obtain a credit card voucher at https://www.maine | r (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   | d copy of the completed filing:  |  |  |  |
| (Nam  | 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