### LIMITED PARTNERSHIP

STATE OF MAINE

## NOTICE OF TRANSFER OF RESERVED NAME

	Deputy Secretary of State			
A True Copy When Attested By Signature				

Deputy Secretary of State

Pursuant to 31 MRSA §1309.1.C, the undersigned transferor executes and delivers the following Notice of Transfer of Reserved Name:

Filing Fee \$20.00

	(Name previously reserved put	rsuant to 31 M	MRSA §1309.1)	
Name of original applicant				
Name of transferee				
Address of transferee				
ORIGINAL APPLICANT (Transferor)		DATI	E <b>D</b>	
(signature of transferor)		(type or print name and capacity)		
• This transfer of reserved na	ame will expire 120 days from the date	of filing t	he original application.	
The execution of this notice cor	nstitutes an oath or affirmation under th	ne penaltie	es of false swearing under 17-A MRSA§453.	
Please remit your payment mad	e payable to the Maine Secretary of St	ate.		
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			

# **Customer Contact Cover Letter**

### Name of entity(s) on the submitted filings:

### Optional special handling request(s): (check only if applicable)

Hold attested copy for pick up (will be required to pick up at our office in Augusta, Maine)

24-hour expedited filing (next business day) service: **\$50** additional filing fee per entity

Immediate expedited filing (same business day): **\$100** additional filing fee per entity

**NOTE:** Only one expedite fee is required if filing multiple documents for the <u>same entity/charter number</u> at the same time.

**Payment can be made by check or money order (**payable to Maine Secretary of State) or by credit card. You may obtain a credit card voucher at https://www.maine.gov/sos/cec/forms/credit.pdf.

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

(Name of contact person)

(Contact email address for *this* filing)

(Email address to use for annual report reminders)

(Daytime telephone number)

Name and address of person to return the attested copy of the completed filing:

(Name 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