

Filing Fee \$20.00

BUSINESS CORPORATION

STATE OF MAINE

**APPLICATION FOR THE USE OF AN
INDISTINGUISHABLE NAME**

<p>_____</p> <p>Deputy Secretary of State</p> <hr/> <p>A True Copy When Attested By Signature</p> <hr/> <p>_____</p> <p>Deputy Secretary of State</p>
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(Name of Corporation Allowing Indistinguishable Name)

Pursuant to [13-C MRSA §401.4](#), the undersigned corporation executes and delivers the following Application for the Use of an Indistinguishable Name:

FIRST: The above-named corporation hereby consents to the use of the following indistinguishable name:

to _____
(requestor of indistinguishable name)

SECOND: The entity in possession of the name undertakes to change its name to a name that is distinguishable on the records of the Secretary of State from the name of the applicant.

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

_____.

DATED _____ ***By** _____
(signature of any duly authorized officer)

(type or print name and capacity)

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

*This document **MUST** be signed by any duly authorized officer **OR** the clerk. ([13-C MRSA §121.5](#))

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):

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.

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)