

**DOMESTIC
BUSINESS CORPORATION**

STATE OF MAINE

**STATEMENT OF ABANDONMENT OF
NONPROFIT CONVERSION**

(Name of Corporation)

Filing Fee \$35.00

<p>_____ Deputy Secretary of State</p> <hr/> <p>A True Copy When Attested By Signature</p> <p>_____ Deputy Secretary of State</p>
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Pursuant to [13-C MRSA §936](#), the undersigned corporation executes and delivers the following Statement of Abandonment of Nonprofit Conversion:

FIRST: The nonprofit conversion is abandoned after articles of nonprofit conversion or articles of charter surrender have been filed with the Secretary of State but before the nonprofit conversion has become effective on _____.

SECOND: This statement takes effect upon filing, and the nonprofit conversion is considered abandoned and does not become effective.

DATED _____

***By** _____
(signature of an officer or other duly authorized representative)

(type or print name and capacity)

*This document **MUST** be signed by an officer or other duly authorized representative. ([§936.2](#))

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)