

Filing Fee \$35.00

LIMITED PARTNERSHIP

STATE OF MAINE

APPLICATION FOR THE USE OF AN INDISTINGUISHABLE NAME

<p>_____ Deputy Secretary of State</p> <hr/> <p><b>A True Copy When Attested By Signature</b></p> <hr/> <p>_____ Deputy Secretary of State</p>
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\_\_\_\_\_  
(Name of Limited Partnership Allowing Indistinguishable Name)

Pursuant to [31 MRSA §1308.D.1](#), the undersigned limited partnership executes and delivers the following Application for the Use of an Indistinguishable Name:

**FIRST:** The above-named limited partnership 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 a general partner)  
\_\_\_\_\_  
(type or print name and capacity)

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

\*\*Certificate **MUST** be signed by at least one **general partner** listed in the certificate. ([31 MRSA §1324.1.J](#))

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](mailto:CEC.Corporations@Maine.gov)

## 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):

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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.

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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)