

Filing Fee \$35.00

**LIMITED PARTNERSHIP**

**STATE OF MAINE**

**STATEMENT TO  
ADD/DELETE/CHANGE LOCATION  
WHERE AN ASSUMED NAME  
IS USED IN MAINE**

<hr style="width: 20%; margin: auto;"/> Deputy Secretary of State
<hr style="width: 80%; margin: auto;"/> <p><b>A True Copy When Attested By Signature</b></p> <hr style="width: 20%; margin: auto;"/> Deputy Secretary of State

\_\_\_\_\_  
(Real Name of Limited Partnership)

Pursuant to [31 MRSA §1308.2](#), the undersigned limited partnership executes and delivers the following Statement to Add/Delete/Change Location Where an Assumed Name is Used in Maine:

**FIRST:** The assumed name of the limited partnership affected by this change:  
\_\_\_\_\_.

**SECOND:** The location where the assumed name is currently being used, if any:  
\_\_\_\_\_.

**THIRD:** The limited partnership intends to: (provide description of change/addition/deletion in the space provide below)

Change location(s)     
  Add additional location(s)     
  Delete location(s)

\_\_\_\_\_

\_\_\_\_\_

Additional locations are attached as Exhibit \_\_\_\_, and made a part hereof.

**GENERAL PARTNER(S)\***

**DATED** \_\_\_\_\_

\_\_\_\_\_  
(signature)

\_\_\_\_\_  
(type or print name)

**For General Partner(s) which are Entities**

Name of Entity \_\_\_\_\_

By \_\_\_\_\_  
(authorized signature)

\_\_\_\_\_  
(type or print name and capacity)

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

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](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)