

Filing Fee for an Assumed Name \$125.00

Filing Fee for a Fictitious Name \$40.00

**LIMITED PARTNERSHIP**

**STATE OF MAINE**

**STATEMENT OF INTENTION TO DO  
BUSINESS UNDER AN ASSUMED  
OR FICTITIOUS NAME**

\_\_\_\_\_  
Deputy Secretary of State

**A True Copy When Attested By Signature**

\_\_\_\_\_  
Deputy Secretary of State

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

Pursuant to [31 MRSA §1308.2](#) or [31 MRSA §1415.3](#), the undersigned limited partnership executes and delivers the following Statement of Intention to do Business Under an Assumed or Fictitious Name:

**FIRST:** ("X" one box only.)

☐

assumed name ([31 MRSA §1308.2](#))

☐

fictitious name ([31 MRSA §1415.3](#))

The limited partnership intends to transact business under the assumed or fictitious name of

\_\_\_\_\_.

Please note: A **fictitious name** is a name adopted by a **foreign limited partnership** authorized to transact business in this State because its real name is unavailable for use under 31 MRSA §1308.1.

**Complete the following if applicable:**

**SECOND:** If such assumed name is to be used at fewer than all of the limited partnership's places of business in this State, the location(s) where it will be used is (are):

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

☐

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

**THIRD: (Foreign Limited Partnership Only)**

Jurisdiction of organization \_\_\_\_\_ and the date on which  
the limited partnership was authorized to transact business in Maine \_\_\_\_\_.

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

**General Partner(s)\***

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

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

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

By \_\_\_\_\_  
(authorized signature) (type or print name and capacity)

---

**\*Statement MUST be signed by:**

For a **domestic** limited partnership by at least one **general partner** listed in the certificate ([31 MRSA §1324.1.J](#)).

For a **foreign** limited partnership by at least one **general partner of the foreign limited partnership** ([31 MRSA §1324.1.M](#)).

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)

## 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 same entity/charter number 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)

\_\_\_\_\_  
(Daytime telephone number)

\_\_\_\_\_  
(Contact email address for this filing)

\_\_\_\_\_  
(Email address to use for annual report reminders)

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](mailto: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  
111 Sewall Street, 4<sup>th</sup> Floor  
Augusta, ME 04330