STATE OF MAINE

STATEMENT OF INTENTION TO DO BUSINESS UNDER AN ASSUMED NAME

(Domestic and Foreign Entities)

(Exact L	egal Name of Entity on the records of the Secretar	y of State)		
The above	entity executes and delivers the followin	ng Statement of Intention to do	Business Under an Assumed Name:	
FIRST:	The entity intends to transact business under the assumed name of:			
SECOND:	If the assumed name is not to be used at all the places of business in Maine, the location(s) where it will be used is (are):			
	Additional locations are attached h	nereto as Exhibit and mad	e a part hereof.	
THIRD:	(Foreign Entities Only)			
	Jurisdiction of incorporation/organization	on	and the date on which the	
	entity was authorized to transact busines	ss in Maine	·	
DATED _		*By	(original written signature)	
			(original written signature)	
	(type or print name)		(title of signer)	
LIMITED	PARTNERSHIPS AND LIMITED L	IABILITY PARTNERSHIPS	S (only if applicable)	
If signing p	partner or general partner is an entity, nam	ne of entity:		
(1) if a E (2) if a I (3) if a I (4) if a I	ment MUST be signed as follows: Business Corporation, by any duly authoric Limited Liability Company, by any duly a Limited Liability Partnership, at least one Limited Partnership, by at least one gener Nonprofit Corporation, by any duly authoric Limited Partnership, and duly authoric Limited Partnership, by any duly authoric Limited Partnership, by any duly authoric Limited Partnership, and Limited Partnership, by any duly authoric Limited Partnership, and Limited Partnership, and Limited Partnership Par	authorized person (31 MRSA §1 partner OR any duly authorized partner (31 MRSA §1324.1	(676.1B) OR d person (31 MRSA §826.1) (31 MRSA §860.1) OR l.J) (31 MRSA §1324.1.M) OR	
	it your payment made payable to the Main inpleted form to: Secretary of St	•		

Division of Corporations, UCC and Commissions

101 State House Station Augusta, ME 04333-0101

FORM NO. ASUM 5 (1 of 1) 12/23 Telephone Inquiries: (207) 624-7752 Email Inquiries: CEC.Corporations@Maine.gov

Customer Contact Cover Letter

Name of entity(s) on the submitted filings:				
Optional special handling request(s): (check onl	ly if applicable)			
Hold attested copy for pick up (will be	e required to pick up at our office in Augusta, Maine)			
24-hour expedited filing (next busines	ss day) service: \$50 additional filing fee per entity			
Immediate expedited filing (same bus	iness day): \$100 additional filing fee per entity			
NOTE: Only one expedite fee is required if filing i	multiple documents for the same entity/charter number at the same time			
Payment can be made by check or money order obtain a credit card voucher at https://www.maine	r (payable to Maine Secretary of State) or by credit card. You may e.gov/sos/cec/forms/credit.pdf.			
Total fee(s)	enclosed: \$			
(Name of contact person)	(Daytime telephone number)			
(Contact email address for <u>this</u> filing)	(Email address to use for annual report reminders)			
Name and address of person to return the attested	d copy of the completed filing:			
(Nam	ne 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

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 6 E. Chestnut Street, 5th Floor Augusta, ME 04330