## BUSINESS CORPORATION

## STATE OF MAINE

## APPLICATION FOR RESERVATION OF NAME

Deputy Secretary of State

## A True Copy When Attested By Signature

Deputy Secretary of State

Pursuant to 13-C MRSA §402.1, the undersigned applicant executes and delivers the following Application for Reservation of Name:

## (Name to be reserved)

Name of applicant $\qquad$

Address of applicant $\qquad$

## APPLICANT

DATED $\qquad$
(type or print name and capacity)

- Names are reserved for a period of 120 days and may not be renewed.
- The Secretary of State will not act as an agent by holding applications for filing upon expiration of an existing reservation. Timely filing is the responsibility of the applicant.
- This application serves only as a reservation of the right to the use of a name. Actual use of the name is not recommended until the purpose for which the name is reserved is completed.

Please remit your payment made payable to the Maine Secretary of State.
SUBMIT COMPLETED FORMS TO: CORPORATE EXAMINING SECTION, SECRETARY OF STATE,

## Customer Contact Cover Letter

Name of entity(s) on the submitted filings:

Optional special handling request(s): (check only if applicable)

$\square$
$\square$
$\square$
$\square$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: $\mathbf{\$ 5 0}$ additional filing fee per entity Immediate expedited filing (same business day): $\mathbf{\$ 1 0 0}$ 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: \$ $\qquad$
(Name of contact person)
(Contact email address for this filing)
(Daytime telephone number)
(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

## 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

