Filing Fee \$145.00

| | DOMESTIC OR FOREIGN NINCORPORATED ENTITY | |
|---|--|--|
| | STATE OF MAINE | |
| ARTICL | LES OF ENTITY CONVERSION | |
| | | Deputy Secretary of State |
| | | A True Copy When Attested By Signature |
| (Name of Unincorporated Entity Prior to Conversion) | | Deputy Secretary of State |
| Pursuant to 13 Conversion: | -C MRSA §955.2 or §955.3, the undersigned unincorp | orated entity executes and delivers the following Articles of Entity |
| FIRST: | The name of the unincorporated entity is changed as follows (the name must satisfy the requirements of 13-C MRSA §401): | |
| SECOND: | (Foreign Unincorporated Entity Only) The unincorporated entity was organized in (state or country) and the date of organization was | |
| THIRD: | ("X" one box only.) (Domestic Unincorporated Entity) The plan of entity conversion was duly approved in accordance with the organic law of the unincorporated entity. | |
| | | |
| | (Foreign Unincorporated Entity) The comanner required by its organic law. | onversion of the unincorporated entity was duly approved in the |
| FOURTH: | All the statements required to be set forth in Artic | cles of Incorporation (Form MBCA-6-1) are attached as Exhibit |

*This document MUST be signed by an officer or other duly authorized representative. (13-C MRSA §955.2 or §955.3)

Please remit your payment made payable to the Maine Secretary of State.

conversion) is _____

The effective date of the articles of entity conversion (if other than the date of filing of the articles of entity

(signature of an officer or other duly authorized representative)

(type or print name and capacity)

DATED

FIFTH:

Customer Contact Cover Letter

| Name of entity(s) on the submitted filings: | | | |
|--|---|--|--|
| | | | |
| Optional special handling request(s): (check on | aly if applicable) | | |
| Hold attested copy for pick up (will b | be required to pick up at our office in Augusta, Maine) | | |
| 24-hour expedited filing (next busine | ess day) service: \$50 additional filing fee per entity | | |
| Immediate expedited filing (same bus | siness 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 orde obtain a credit card voucher at https://www.maine | er (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 | ed copy of the completed filing: | | |
| (Nan | 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