DOMESTIC BUSINESS CORPORATION

STATE OF MAINE

ARTICLES OF AMENDMENT (Reorganization ordered or decreed by a court)

Deputy Secretary of State	
A True Copy When Attested By Signature	

(Name of Corporation)

Deputy Secretary of State

Pursuant to 13-C MRSA §1008, the undersigned individual(s) designated by the court execute(s) and deliver(s) the following Articles of Amendment:

Filing Fee \$50.00

FIRST: The text of each amendment approved by the court is set forth in Exhibit _____ attached and the date of the court's

order or decree approving these Articles of Amendment is

SECOND: The title of the reorganization proceeding in which the order or decree was entered:

THIRD: The court had jurisdiction of the proceeding under federal statute.

DATED _____

(signature of individual designated by the court)

(type or print name and capacity)

*By _

*By ____

(signature of individual designated by the court)

(type or print name and capacity)

*This document MUST be signed by the individual or individuals designated by the court. (13-C MRSA §1008.2)

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

SUBMIT COMPLETED FORMS TO: CORPORATE EXAMINING SECTION, SECRETARY OF STATE, 101 STATE HOUSE STATION, AUGUSTA, ME 04333-0101 FORM NO. MBCA-9A (1 of 1) Rev. 8/1/2004 TEL. (207) 624-7752

Customer Contact Cover Letter

Name of entity(s) on the submitted filings:	
Optional special handling request(s): (check o	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 busin	ness day) service: \$50 additional filing fee per entity
Immediate expedited filing (same by	usiness day): \$100 additional filing fee per entity
NOTE: Only one expedite fee is required if filin	g multiple documents for the <u>same entity/charter number</u> at the same tin
Payment can be made by check or money ord obtain a credit card voucher at https://www.main	ler (payable to Maine Secretary of State) or by credit card. You may ne.gov/sos/cec/forms/credit.pdf.
Total fee(s	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 attes	sted copy of the completed filing:
(Na	ame of attested copy recipient)
	(Firm or Company)
	(Mailing Address)

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