		Filing Fee \$50.00
	LIMITED PARTNERSHIP	
	STATE OF MAINE	
STAT	TEMENT OF CORRECTION	
		Deputy Secretary of State
		A True Copy When Attested By Signature
	(Name of Limited Partnership)	Deputy Secretary of State
Pursuant to 31	MRSA §1327, the undersigned limited partnership, e	executes and delivers for filing this Statement of Correction:
FIRST:	Name of record requiring correction:	
SECOND:	Date on which the record was filed by Secretary of State:	
THIRD:	Said record contained false or erroneous information or was defectively signed.	
FOURTH:	The incorrect information and the reason it is incorrect or the manner in which the signing was defective is: (Attack separate document if more space is needed.)	
FIFTH:	The portion of the said record is corrected to read needed.)	in its entirety as follows: (Attach separate document if more space is

SIXTH:	When filed by the Secretary of State, the Statement of Correction is effective retroactively as of the effective date of t record the statement corrects, but the statement is effective when filed, except for the purposes of 31 MRSA §1303 and 4, and as to those persons relying on the uncorrected record and adversely affected by the correction.		
SEVENTH:	(Foreign Limited Partnership Only)		
	Jurisdiction of organization	and the date on which the limited	
	partnership was authorized to do business in Maine		
DATED			
General Partn	er(s)*		
	(signature)	(type or print name)	
For General P	artner(s) which are Entities		
Ву	(signature)		
	(signature)	(type or print name)	

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

^{*}Statement MUST be signed by at least one general partner listed in the certificate (31 MRSA §1324.1.J)

^{**}Business entity is defined as a business corporation, a limited partnership or a limited liability company.

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 order 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 atteste	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
111 Sewall Street, 4th Floor
Augusta, ME 04330