		Filing Fee \$5.00	
N	NONPROFIT CORPORATION		
	STATE OF MAINE		
TERMINATION OF STATEMENT OF INTENTION TO CARRY ON ACTIVITIES UNDER AN ASSUMED OR FICTITIOUS NAME		Deputy Secretary of State A True Copy When Attested By Signature	
	(Real Name of Corporation)	Deputy Secretary of State	
	3-B MRSA §308-A.8, the undersigned corporation arry on Activities Under an Assumed or Fictitious Nam	executes and delivers the following Termination of Statement of the:	
FIRST:	The corporation no longer intends to carry on activ	rities under an assumed or fictitious name.	
SECOND:	The corporation intends to terminate the assumed or fictitious name of		
THIRD:	The address of the registered office of the corporation in the State of Maine is		
	(stre	et, city, state and zip code)	
DATED		*By(signature)	
		(type or print name and capacity)	
		*By(signature)	

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

(type or print name and capacity)

^{*}This document MUST be signed by any duly authorized officer. (13-B MRSA §104.1.B)

Customer Contact Cover Letter

Name of entity(s) on the submitted filings:			
Optional special handling request(s): (check on	nly if applicable)		
Hold attested copy for pick up (will b	pe 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	me 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