

STATE OF MAINE

_____ as sole proprietor thereof, and to adopt the name
(type of business)

_____ in conducting said business. This stated business
(name of business) is located at the following;

BUSINESS ADDRESS: _____

Telephone

STATE OF MAINE
.....SSA.D. 20.....

seal

Notary Public

Fee for filing: \$10.00

Certificate if Sole Proprietor
Adopting Name Other Than His Own

NAME

ADOPTED NAME

DATED _____

CLERKS OFFICE

Municipality of

Received _____, 20 ____
And Recorded in the Town Clerk's Office

ATTEST:

Town Clerk