

**TOWN OF FREEPORT  
30 MAIN STREET, FREEPORT, ME 04032  
207-865-4743**

**STATE OF MAINE  
CERTIFICATE OF PARTNERSHIP  
ADOPTING NAME OTHER THAN THEIR OWN  
(M.R.S.A Title 31, Sec. 1 et seq.)**

The undersigned hereby certify that they intend to engage in the (type of)

\_\_\_\_\_ business as a PARTNERSHIP and to adopt

the name or designation of \_\_\_\_\_

The business is located at: \_\_\_\_\_

\_\_\_\_\_  
Name of Partner

\_\_\_\_\_  
Name of Partner

\_\_\_\_\_  
Address

\_\_\_\_\_  
Address

\_\_\_\_\_  
Town

\_\_\_\_\_  
State

\_\_\_\_\_  
Zip

\_\_\_\_\_  
Town

\_\_\_\_\_  
State

\_\_\_\_\_  
Zip

\_\_\_\_\_  
Phone

\_\_\_\_\_  
Phone

\_\_\_\_\_  
Signature of Partner

\_\_\_\_\_  
Signature of Partner

Personally appeared before me the above-signed \_\_\_\_\_ and  
\_\_\_\_\_ and made oath to the truth of the above on this  
\_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_ .

\_\_\_\_\_  
Notary Public/Town Clerk

(NOTE: This certificate shall be deposited in the office of the Clerk of the Town in which  
the business is to be carried on, before commencing business.)

Fee \$10