State of Maine

Town of Lisbon

Certificate of Sole Proprietor or Partnerships Adopting Name Other Than Their Own

Pursuant to Title 31 Chapter 1, §2

The undersigned hereby certifies that they intend to engage in the

_____ business

Type of Business

as sole proprietor thereof, and to adopt the name and style and designation

_____

Name of Business

in the conduct of said business.

Name of Owner: _____

Residence Address: _____

Mailing Address: _____

Business Address: _____

Name of Co-Owner: _____

Residence Address: _____

Mailing Address: _____

State of Maine - Town of Lisbon

County of _____ _____, 20____

Then personally appeared _____ and made oath to the foregoing certificate, that the same is true.

Before me, _____

_____

Town Clerk

Lisbon Town Clerk's Office

Date Received: _____

Time Received: _____

Recorded in Book #: _____

Page #: _____

Attest: _____

Clerk

* This form must be completed by sole proprietors or partnerships, and by the city or town clerk in the municipality in which the sole proprietorship is located: see Title 31 Chapter1, §2