

State of Maine
TOWN OF HARRISON

CERTIFICATE OF ASSOCIATION FOR PURPOSE OF ENGAGING IN MERCANTILE ENTERPRISE (Title 31 M.R.S.A. Section 1)

The undersigned hereby certify that they have become associated as partners or otherwise for the purpose of engaging in the _____
Business, under the partnership name (or d/b/a) with the name, style or designation of _____ in the conduct of said business.

(Name of Business)

Business Location Address _____ Harrison, Maine _____
(Zip Code)

WWW. _____
(Business Website) (Email)

Printed Name of Partner Residence Address Signature-Must be witnessed by Notary

Phone Number

Printed Name of Partner Residence Address Signature-Must be witnessed by Notary

Phone Number

INFORMATION BELOW MUST BE COMPLETED BY A NOTARY PUBLIC OR ATTORNEY
STATE OF MAINE

Cumberland County, SS. _____ A.D. 20____

Personally appeared the above named _____ and
made oath that the statements contained in the foregoing certificate are true.

Before me,

Attorney or Notary Public / Commission Expires:

Note: This certificate shall be deposited in the Town of Harrison Clerks Office in which the business is to be carried on. The Clerk is entitled to a fee of Ten dollars (\$10.00) for recording this certificate.