

STATE OF MARYLAND

CORPORATE NAME RESERVATION APPLICATION FOR RE-RESERVATION

PURSUANT TO THE MARYLAND CODE

TO: THE STATE DEPARTMENT OF ASSESSMENTS AND TAXATION

RE: **DEPARTMENT ID# V** _____

PLEASE RE-RESERVE, IF AVAILABLE, THE FOLLOWING ENTITY NAME:

(List name to be re-reserved with the appropriate ending here; e.g., Inc, LLC, LLP.)

FOR THE EXCLUSIVE PERIOD OF 30 DAYS PURSUANT TO THE MARYLAND CODE, THE UNDERSIGNED BEING THE PERSON INTENDING TO FORM AN ENTITY AND ADOPT THE ABOVE RE-RESERVED NAME, HEREBY EXECUTES THIS APPLICATION THIS _____ DAY OF _____ A.D.

NAME AND ADDRESS OF APPLICANT:

(If reserving for a company or firm, please list the firm or company name and have a contact person added in the address.)

BY: _____
Signature of Applicant

Name: _____
Print or Type Name

NOTE: A fee of \$25.00 must accompany this application.

() Check here for expedited service, an additional fee of \$20.00 is required.