



**State of Maryland Department of Assessments and Taxation**  
**CORPORATE NAME RESERVATION APPLICATION**  
*Pursuant to Title 1, Section 505 of the Maryland Corporations and Associations Code*

TO: THE STATE DEPARTMENT OF ASSESSMENTS AND TAXATION PLEASE 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 PROVISIONS OF TITLE 1, SECTION 505 OF THE MARYLAND CODE, THE UNDERSIGNED BEING THE PERSON INTENDING TO FORM AN ENTITY AND ADOPT THE ABOVE 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.