## STATE OF MARYLAND

## **CORPORATE NAME RESERVATION APPLICATION FOR RE-RESERVATION**

## PURSUANT TO THE MARYLAND CODE

TO: THE STATE DEPARTMENT OF ASSESSMEN		
RE: <b>DEPARTMENT ID# V</b> PLEASE RE-RESERVE, IF AVAILABLE, THE FOL	LOWING E	ENTITY NAME:
(List name to be re-reserved with the	e appropria	te ending here; e.g., Inc, LLC, LLP.)
FOR THE EXCLUSIVE PERIOD OF <u>30 DAYS</u> 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		
NAME AND ADDRESS OF APPLICANT: (If reserving for a company or firm, please list the fi added in the address.)	irm or comp	any name and have a contact person
	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.

