

STATE OF MAINE
Town of Lyman
11 South Waterboro Road, Lyman, ME 04002
207-247-0643 Town Clerk 207-499-7563 fax

CERTIFICATE OF SOLE PROPRIETOR
ADOPTING NAME OTHER THAN THEIR OWN
(Title 31, M. R. S. A., Sec. 2)

The undersigned hereby certifies that he/she intends to engage in the following business

Publication of musical recordings, public performances

(type of business)

as sole proprietor thereof, and adopting the following name, style and designation

Lost Tree

(Name of Business)

at 10 Lost Tree Lane, Lyman, ME 04002

(Physical Address of business in Lyman)

Same

(207) 423-1348

(Mailing Address of Business if different.)

(phone number)

in the conduct of said business.

Thomas E. U. Wallace

(Printed Name)

(Signature)

10 Lost Tree Lane, Lyman, ME 04002

(Resident Address, City, State and Zip)

Same

(Mailing address if different)

State of Maine
York s.s.

Date _____

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

Before me,

Municipal Clerk / ~~Notary Public~~ / Attorney at Law

CC: Town Assessors Office
Town Clerks Office – Lyman, Maine
Received: _____
Recorded at: _____
Volume: _____ Page: _____

Printed Name
Commission Expires: _____

Attest: _____
Town Clerk or Deputy Town Clerk

Non Refundable \$10.00 application fee