

State of New Hampshire

Filing fee: \$15.00

Form 1

Use **black print** or type.

APPLICATION FOR RESERVATION OF NAME
FOR:
CORPORATION, LIMITED LIABILITY COMPANY, REGISTERED LIMITED
LIABILITY PARTNERSHIP OR LIMITED PARTNERSHIP

THE UNDERSIGNED APPLIES FOR RESERVATION OF THE FOLLOWING NAME FOR A
PERIOD OF ONE HUNDRED TWENTY DAYS:

1) Application for Reservation of Name for:

2) Name Being Reserved Under (please check one box only):

- RSA 293-A:4.02 – Corporation under RSA 293-A:4.01 requires the name shall contain the word “corporation”, “incorporated”, “limited” or the abbreviation “corp.”, “inc.”, or “ltd.” or words or abbreviations of like import in another language.
- RSA 304-C:4 - Limited Liability Company under RSA 304-C:3 requires the name shall contain the words “limited liability company” or the abbreviation “L.L.C.” or similar abbreviation.
- RSA 304-A:46 - **NEW HAMPSHIRE** Limited Liability Partnership under RSA 304-A:45 requires the name shall contain the words “limited liability partnership” or the abbreviation “L.L.P.” or “LLP” as the **last words or letters of its name**.
- RSA 304 A:46 - **FOREIGN** Limited Liability Partnership under RSA 304-A:50 requires the name must contain the words “limited liability partnership”, “registered limited liability partnership” or “professional limited liability partnership”, or the abbreviation “L.L.P.”, “LLP”, “R.L.L.P.”, “P.L.L.P.”, “PLL”, “P.L.L.” or “PLL” as the **last words or letters of its name**.
- RSA 304-B:3 - Limited Partnership under RSA 304-B:2 requires the name shall contain without abbreviation the words “limited partnership” as the **last words of its name**.

3) Nature of Business (**Required**):

4) **APPLICANT INFORMATION:**

(Print Name of Applicant)

(No.) (Street) (City/Town) (State) (Zip Code)

(Authorized Signature)

(Title)

(Print or type name)

(Email address)

Date signed: _____

(Phone number)

DISCLAIMER: All documents filed with the Corporate Division become public records and will be available for public inspection in either tangible or electronic form.

Mail fee with DATED AND SIGNED ORIGINAL to: Corporate Division, Department of State, 107 North Main Street, Concord NH 03301-4989.

Form 1 (6/2010)