

**APPLICATION FOR AMENDED CERTIFICATE OF AUTHORITY
LIMITED COOPERATIVE ASSOCIATION (FOREIGN)**

Robert B. Evnen, Secretary of State
P.O. Box 94608
Lincoln, NE 68509
www.sos.nebraska.gov

Name of Limited Cooperative Association _____

Alternative Name _____
(only used when the associations name does not comply with Nebr. Rev. Stat. 21-2908)

Organized under the laws of the State of _____

Date original certificate of authority was filed in Nebraska _____

The name of the organization has been changed to:

Alternative Name _____
(only used when the associations name does not comply with Neb. Rev. Stat. 21-2908)

The address of the designated office in this state has been changed to:

Street Address City State Zip

The address of the designated office in state of organization has been changed to:
(if such address is required by state of organization)

Street Address City State Zip

Name and address of registered agent in Nebraska:

Registered Agent Name: _____

Address: _____ NE _____
Street and Mailing Address City Zip

Signature of Officer or Authorized Representative

Printed name of Officer or Authorized Representative