

**APPLICATION FOR RESERVATION
of
LIMITED COOPERATIVE ASSOCIATION NAME**

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

The undersigned hereby requests the following name be reserved:

Name to be Reserved _____

Reservation is good for 120 days

DATED _____

Signature

Printed Name of Applicant

Street Address

City, State, Zip

FILING FEE: \$30.00

Revised 07/01/2021

Neb. Rev. Stat. 21-2907