

APPLICATION FOR ELECTRONIC ACCESS OF RECORDS

TO BE USED ONLY BY PROTECTED SERIES PROVIDING HEALTH RELATED PROFESSIONAL SERVICES OR LICENSED BY THE BOARD OF ENGINEERS AND ARCHITECTS

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

Name of Protected Series _____

Practice of _____
(the professional service for which the protected series is organized to do business)

MEMBERS OF THE PROTECTED SERIES

This Section Must be Completed. List all members of the protected series who are required by Nebraska law to be licensed or certified to perform the professional services for which the protected series was organized (attach additional pages if needed).

_____ Full Name & License #	_____ <u>Residence</u> Street Address, City, State, Zip
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_____ Full Name & License #	_____ <u>Residence</u> Street Address, City, State, Zip
_____ Full Name & License #	_____ <u>Residence</u> Street Address, City, State, Zip

(over)

MANAGERS OF THE PROTECTED SERIES

This Section Must be Completed. List all managers of the protected series who are required by Nebraska law to be licensed or certified to perform the professional services for which the protected series was organized (attach additional pages if needed).

Full Name & License #

Residence Street Address, City, State, Zip

Full Name & License #

Residence Street Address, City, State, Zip

Full Name & License #

Residence Street Address, City, State, Zip

Full Name & License #

Residence Street Address, City, State, Zip

Full Name & License #

Residence Street Address, City, State, Zip

PROFESSIONAL EMPLOYEES OF THE PROTECTED SERIES

This Section Must be Completed. List all professional employees of the protected series who are required by Nebraska law to be licensed or certified to perform the professional services for which the protected series was organized (attach additional pages if needed).

Full Name & License #

Residence Street Address, City, State, Zip

Full Name & License #

Residence Street Address, City, State, Zip

Full Name & License #

Residence Street Address, City, State, Zip

Full Name & License #

Residence Street Address, City, State, Zip

Full Name & License #

Residence Street Address, City, State, Zip

Signature of Authorized Representative

Date

Printed Name of Authorized Representative