Amendment or Correction to
Limited Cooperative Association
Biennial Report

Robert B. Evnen, Secretary of State
P.O. Box 94608
Lincoln, NE 68509
(402) 471-4079

1) Exact Name of Limited Cooperative Association:
________________________________________________________________________________________

2) Foreign Limited Cooperative Association ONLY: Alternative Name:
___________________________________________________________________________________

3) Year(s) of Biennial Report to be amended or corrected: __________ - __________

Only complete the following information you wish to amend or correct.

4) Designated Office Address:

____________________________________________________________________________
Street Address       City   State    Zip

5) Name and Street Address of the Agent for Service of Process in Nebraska:

____________________________________________________________________________
Name of Agent for Service of Process
Street Address       City   State    Zip

6) Principal Office Address:

____________________________________________________________________________
Street Address       City   State    Zip

Signature       Printed Name  Title   Date

FILING FEES: For Profit $30.00 (plus $5.00 for any additional pages)
Nonprofit $10.00 (plus $5.00 for any additional pages)

Make check payable to: Secretary of State
Revised 01/10/2019

Neb. Rev. Stat. § 21-2923
INSTRUCTIONS FOR COMPLETING
LIMITED COOPERATIVE ASSOCIATION
AMENDMENT OR CORRECTION TO BIENNIAL REPORT

The following information must be completed:

1. Exact Name of Limited Cooperative Association: As stated in the articles of organization, certificate of authority or most recent amendment.

2. Foreign Limited Cooperative Association ONLY: If you were required to choose an alternative name to use in Nebraska list the alternative name here.

3. Year(s) of Biennial Report to be amended or corrected. A separate form and fee must be submitted for each Biennial Report to be amended or corrected.

Only complete the following information being amended or corrected:

4. Designated Office address: Provide complete street address.

5. Name and Street Address of Agent for Service of Process. Provide complete name and street address in Nebraska.

6. Principal Office Address: Provide complete street address.