

**REGISTRATION OF FOREIGN LIMITED
PARTNERSHIP TO TRANSACT BUSINESS**

Submit in Duplicate

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

Name of Limited Partnership _____

Organized under the laws of _____

Date of Formation _____

Address of Principal Office _____
Address City State Zip

Registered Agent Name: _____

Registered Office: _____ NE _____
Street Address and post office box number (if any) City Zip

Name and Mailing Addresses of each of the General Partners:

Signature of One General Partner Required

Signature Printed name and title