

**APPLICATION FOR RESERVATION
of
LIMITED LIABILITY COMPANY NAME**

Submit in Duplicate

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

The undersigned hereby requests the following name be reserved:

Name to be Reserved _____

If the Secretary of State finds that the name applied for is available, it will be reserved for the applicant's exclusive use for a one-hundred-twenty-day (120) period.

Signature

Printed Name

Street Address

City, State, Zip