

**APPLICATION FOR TRANSFER
of
RESERVED NAME
LIMITED LIABILITY COMPANY**

Submit in Duplicate

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

Name Reserved: _____

Current Owner: _____

The undersigned hereby requests the above name be transferred to:

New Owner: _____

Street Address: _____

City State Zip code

Signature

Printed Name