## Amendment or Correction to Limited Cooperative Association Biennial Report

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

1) Exact Name of Limited Coopera	ative Association:		
2) Foreign Limited Cooperative As	ssociation ONLY: Alternative Nan	ne:	
3) Year(s) of Biennial Report to be	amended or corrected:		
Only complete the following inform	mation you wish to amend or corre	ct.	
4) Designated Office Address:			
Street Address	City	State	Zip
5) Name and Street Address of the	Agent for Service of Process in N	ebraska:	
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: \$30.00

## 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.