APPLICATION FOR AMENDED CERTIFICATE OF AUTHORITY
LIMITED COOPERATIVE ASSOCIATION
(FOREIGN)
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 Cooperative Association __________________________________________
______________________________________________________________________

Alternative Name _______________________________________________________
(only used when the associations name does not comply with Nebr. Rev. Stat. 21-2908)

Organized under the laws of the State of _______________________________________

Date original certificate of authority was filed in Nebraska ______________________

The name of the organization has been changed to:
______________________________________________________________________

Alternative Name _______________________________________________________
(only used when the associations name does not comply with Neb. Rev. Stat. 21-2908)

The address of the designated office in this state has been changed to:
______________________________________________________________________

The address of the designated office in state of organization has been changed to: (if such
address is required by state of organization)____________________________________

Name and address of registered agent in Nebraska:
Registered Agent Name:___________________________________________________

Address:  _____________________________________________NE_______________
                      Street and Mailing Address     City Zip

_________________________                  ________________________________
Signature of Officer or Authorized Representative Printed name of Officer or Authorized Representative

FILING FEE: For Profit $30.00 plus $5.00 per page for any additional pages
Not for Profit $10.00 plus $5.00 per page for any additional pages

Revised 01/10/2019                       Neb. Rev. Stat. 21-2903, 21-29,110