

**APPLICATION FOR 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

An original certificate of good standing or existence from the state or country of organization executed by the official having custody of such records must be filed with this application.

NOTE: A certified copy of the company's articles of organization may not be filed in lieu of a certificate of good standing or existence.

Name of Limited Cooperative Association _____

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

Organized under the laws of the State/Jurisdiction of _____

Address of Designated office in this state:

_____ NE _____
Street and Mailing Address City State Zip

Address of Designated office in state of organization IF such address is required by state of organization:

_____ _____
Street and Mailing Address City State Zip

Name and address of registered agent in Nebraska:

Registered Agent Name: _____

Address: _____ NE _____
Street and Mailing Address City State Zip

Signature of Officer or Authorized Representative

Printed name of Officer or Authorized Representative

FILING FEE: For Profit \$145.00 plus \$5.00 per page for any additional pages
Not for Profit \$25.00 plus \$5.00 per page for any additional pages

OFFICERS:

Name/Title

Street and Mailing Address

Name/Title

Street and Mailing Address

Name/Title

Street and Mailing Address

Name/Title

Street and Mailing Address

Name/Title

Street and Mailing Address

Name/Title

Street and Mailing Address

Name/Title

Street and Mailing Address

Name/Title

Street and Mailing Address

Name/Title

Street and Mailing Address

DIRECTORS:

Name

Street and Mailing Address

Name

Street and Mailing Address

Name

Street and Mailing Address

Name

Street and Mailing Address

Name

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Please Copy this page and submit additional pages if needed.