

**APPLICATION FOR RESERVATION
of
LIMITED COOPERATIVE ASSOCIATION 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 _____

Reservation is good for 120 days

DATED _____

Signature

Printed Name of Applicant

Street Address

City, State, Zip

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Not for Profit \$30.00 plus \$5.00 per page for any additional pages