

APPLICATION FOR CERTIFICATE OF AUTHORITY TO TRANSACT BUSINESS

John A. Gale, Secretary of State
Room 1301 State Capitol, P.O. Box 94608
Lincoln, NE 68509
<http://www.sos.ne.gov>

Attach a certificate of existence, or document of similar import, duly authenticated by the secretary of state or other official having custody of the corporate records in the state or country under whose law the corporation is incorporated. Such certificate shall not be more than sixty (60) days old. A certified copy of the articles of incorporation should not be submitted and is not acceptable in lieu of such certificate.

Name of Corporation _____

Fictitious Name of Corporation* _____
(to be used only if actual corporate name is unavailable for use or does not comply with Nebraska law)

*Must provide a resolution from the Board of Directors signed by the Secretary adopting this fictitious name. Note: Fictitious name must contain one of the words incorporated, corporation, limited or an abbreviation thereof.

Incorporated under the laws
of _____

Date of Incorporation _____ Period of Duration _____

Address of Principal Office _____
Street Address City State Zip

Registered Agent _____

Registered Office _____
Street Address and Post Office Box (if any) City NE Zip

Effective date if other than the date filed _____

Signature

Printed Name/Title

The Model Business Corporation Act requires that every filing be signed by the chairperson of the board of directors, the president, or one of the officers of the corporation. If the corporation has not yet been formed or directors have not yet been selected, the filing shall be signed by an incorporator. If the corporation is in the hands of a receiver, trustee, or other court appointed fiduciary, the filing shall be signed by that fiduciary.

NOTE: To complete this filing you must provide a list of officers and directors names and street addresses.

FILING FEE: \$145.00 (if you have more than one page listing officers and directors please add \$5.00 a page for each additional page)

OFFICERS:

Name/Title

Street Address

City State Zip

Name/Title

Street Address

City State Zip

Name/Title

Street Address

City State Zip

Name/Title

Street Address

City State Zip

Name/Title

Street Address

City State Zip

Name/Title

Street Address

City State Zip

DIRECTORS:

Name

Street Address

City State Zip

Name

Street Address

City State Zip

Name

Street Address

City State Zip

Name

Street Address

City State Zip

Name

Street Address

City State Zip

Name

Street Address

City State Zip

Please Copy this page and submit additional pages if needed.