

CONSENT FOR USE OF SIMILAR NAME

John A. Gale, Secretary of State
Room 1301 State Capitol, P.O. Box 94608, Lincoln, NE 68509
(402) 471-4079
<http://www.sos.ne.gov>

Please file this consent with new business formation document or amendment to change business name where a name conflict exists.

Consenting Entity

Account Number of Entity giving Consent

Gives Consent To

To Use The Name

By signing and submitting this form to the Nebraska Secretary of State, the undersigned hereby certifies that he or she has the requisite authority to execute this document. Consent form must be signed by an authorized representative of the consenting entity.

Signature

Printed Name