

**REGISTRATION OF FOREIGN LIMITED  
PARTNERSHIP TO TRANSACT BUSINESS**

Submit in Duplicate

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

Name of Limited Partnership \_\_\_\_\_

Organized under the laws of \_\_\_\_\_

Date of Formation \_\_\_\_\_

Address of Principal Office \_\_\_\_\_  
Address City State Zip

Registered Agent Name: \_\_\_\_\_

Registered Office: \_\_\_\_\_ NE \_\_\_\_\_ Zip  
Street Address and post office box number (if any) City

Name and Mailing Addresses of each of the General Partners:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Signature of One General Partner Required**

\_\_\_\_\_  
Signature Printed name and title