

STATEMENT OF QUALIFICATION AS A LIMITED LIABILITY PARTNERSHIP

John A. Gale, Secretary of State
P.O. Box 94608
Lincoln, NE 68509
www.sos.ne.gov

Submit in Duplicate

Name of Partnership _____

_____ (Name must end in the words: registered limited liability partnership; limited liability partnership; R.L.L.P.; RLLP; "L.L.P." or "LLP")

____ Yes, the above named Limited Liability Partnership will engage in the practice of law (if "Yes" you must attach a current certificate of authority from the Nebraska Supreme Court)

Address of Principal Office _____
Street Address City State Zip

If the Principal Office is not in Nebraska you must provide a Nebraska Office or agent:

Address of Nebraska Office _____
Street Address City State Zip

Or

Agent for Service of process _____

Agent Office _____ NE _____
Street Address and post office box number, (if any) City Zip

Optional: The effective date of this filing is _____, _____
month day year

Registration as a: ___ Domestic LLP
___ Foreign LLP (originally registered out of state) Name of State _____

Domestic LLPs Only: The above named partnership hereby elects to become a Nebraska Limited Liability Partnership

Neb. Rev. Stat. §67-406 Requires that at least two partners sign the document

Signature of Partner

Signature of Partner

Printed Name

Printed Name

FILING FEE: \$205.00 plus \$5.00 for each page in addition to this form.
Add \$15.00 for the certificate of authority from the Supreme Court if submitted

Revised 02/07/2018

Neb. Rev. Stat. 67-454 & 67-458