

**APPLICATION FOR AMENDED  
CERTIFICATE OF AUTHORITY  
LIMITED COOPERATIVE ASSOCIATION  
(FOREIGN)**

Submit in Duplicate

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

Name of Limited Cooperative Association \_\_\_\_\_

Alternative Name \_\_\_\_\_  
(only used when the associations name does not comply with Nebr. Rev. Stat. 21-2908)

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

Date original certificate of authority was filed in Nebraska \_\_\_\_\_

The name of the organization has been changed to:

Alternative Name \_\_\_\_\_  
(only used when the associations name does not comply with Neb. Rev. Stat. 21-2908)

The address of the designated office in this state has been changed to:

The address of the designated office in state of organization has been changed to: (if such address is required by state of organization) \_\_\_\_\_

Name and address of registered agent in Nebraska:

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

Address: \_\_\_\_\_ NE \_\_\_\_\_  
Street and Mailing Address City Zip

\_\_\_\_\_  
Signature of Officer or Authorized Representative

\_\_\_\_\_  
Printed name of Officer or Authorized Representative

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Not for Profit \$10.00 plus \$5.00 per page for any additional pages