

**APPLICATION FOR RESERVATION  
of  
LIMITED COOPERATIVE ASSOCIATION NAME**

Submit in Duplicate

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

The undersigned hereby requests the following name be reserved:

Name to be Reserved \_\_\_\_\_  
\_\_\_\_\_

Reservation is good for 120 days

DATED \_\_\_\_\_

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Printed Name of Applicant

\_\_\_\_\_  
Street Address

\_\_\_\_\_  
City, State, Zip

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