

**NOTICE OF CANCELLATION
OF FOREIGN LIMITED LIABILITY COMPANY
CERTIFICATE OF AUTHORITY**

Submit in Duplicate

Robert B. Evnen, Secretary of State
P.O. Box 94608
Lincoln, NE 68509
(402) 471-4079
www.sos.ne.gov

Name of Limited Liability Company _____

Organized under the laws of the State or Jurisdiction of _____

The company is no longer transacting business in the State of Nebraska and desires to cancel its certificate of authority to transact business in the state of Nebraska.

Effective date if other than the date filed _____.

Signature of Authorized Representative

Printed name of Authorized Representative

FILING FEE: \$15.00