

APPLICATION FOR ELECTRONIC ACCESS OF RECORDS

TO BE USED ONLY BY LIMITED LIABILITY COMPANIES PROVIDING HEALTH RELATED PROFESSIONAL SERVICES OR LICENSED BY THE BOARD OF ENGINEERS AND ARCHITECTS

John A. Gale, Secretary of State
P.O. Box 94608
Lincoln, NE 68509
<http://www.sos.ne.gov>

Name of Limited Liability Company _____

Practice of _____
(the professional service for which the limited liability company is organized to do business)

MEMBERS OF THE LIMITED LIABILITY COMPANY

This Section Must be Completed. List all members of the limited liability company who are required by Nebraska law to be licensed or certified to perform the professional services for which the limited liability company was organized (attach additional pages if needed).

_____	_____
Full Name & License #	<u>Residence</u> Street Address, City, State, Zip
_____	_____
Full Name & License #	<u>Residence</u> Street Address, City, State, Zip
_____	_____
Full Name & License #	<u>Residence</u> Street Address, City, State, Zip
_____	_____
Full Name & License #	<u>Residence</u> Street Address, City, State, Zip
_____	_____
Full Name & License #	<u>Residence</u> Street Address, City, State, Zip

(over)

MANAGERS OF THE LIMITED LIABILITY COMPANY

This Section Must be Completed. List all managers of the limited liability company who are required by Nebraska law to be licensed or certified to perform the professional services for which the limited liability company was organized (attach additional pages if needed).

Full Name & License #

Residence Street Address, City, State, Zip

Full Name & License #

Residence Street Address, City, State, Zip

Full Name & License #

Residence Street Address, City, State, Zip

Full Name & License #

Residence Street Address, City, State, Zip

Full Name & License #

Residence Street Address, City, State, Zip

PROFESSIONAL EMPLOYEES OF THE LIMITED LIABILITY COMPANY

This Section Must be Completed. List all professional employees of the limited liability company who are required by Nebraska law to be licensed or certified to perform the professional services for which the limited liability company was organized (attach additional pages if needed).

Full Name & License #

Residence Street Address, City, State, Zip

Full Name & License #

Residence Street Address, City, State, Zip

Full Name & License #

Residence Street Address, City, State, Zip

Full Name & License #

Residence Street Address, City, State, Zip

Full Name & License #

Residence Street Address, City, State, Zip

Signature of Authorized Representative

Date

Printed Name of Authorized Representative