

**APPLICATION FOR RESERVATION  
of  
LIMITED LIABILITY COMPANY NAME**

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>*

The undersigned hereby requests the following name be reserved:

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

\_\_\_\_\_

If the Secretary of State finds that the name applied for is available, it will be reserved for the applicant's exclusive use for a one-hundred-twenty-day (120) period.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Printed Name

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

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