

**APPLICATION FOR TRANSFER
of
RESERVED NAME
LIMITED LIABILITY COMPANY**

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.ne.gov>

Name Reserved: _____

Current Owner: _____

The undersigned hereby requests the above name be transferred to:

New Owner: _____

Street Address: _____

City State Zip code

Signature

Printed Name