

**APPLICATION FOR RESERVATION
of
LIMITED PARTNERSHIP 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

Street Address

City, State, Zip