

**APPLICATION FOR RESERVATION  
of  
LIMITED PARTNERSHIP 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: \_\_\_\_\_

\_\_\_\_\_

Reservation is good for 120 days

DATED \_\_\_\_\_

\_\_\_\_\_  
Signature

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

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

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