## 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

Robert B. Evnen, Secretary of State P.O. Box 94608 Lincoln, NE 68509 www.sos.nebraska.gov

Name of Limited Liability Company	
Practice of	or which the limited liability company is organized to do business)
(the professional service for	or which the limited liability company is organized to do business)
<b>MEMBERS OF THE</b>	E LIMITED LIABILITY COMPANY
	all members of the limited liability company who are or certified to perform the professional services for which zed (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
Full Name & License #	Residence Street Address, City, State, Zip
Full Name & License #	Residence Street Address, City, State, Zip

(please complete both pages)

## **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
Full Name & License #	Residence Street Address, City, State, Zip
which the limited liability company	was organized (attach additional pages if needed).
	o be licensed or certified to perform the professional services for 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
Full Name & License #	Residence Street Address, City, State, Zip
DATE	Signature of Authorized Representative
	Printed Name of Authorized Representative

FILING FEE: \$55.00 Revised 07/01/2021