

STATEMENT OF DESIGNATION CANCELLATION PROTECTED SERIES

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

Name of Limited Liability Company _____

Name of Protected Series _____

The Protected Series of the above-named company is terminated.

Effective date if other than the date filed _____.

Signature of Authorized Representative

Printed name of Authorized Representative