

**APPLICATION FOR RENEWAL OF
RESERVATION
of
LIMITED PARTNERSHIP NAME**

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

The undersigned hereby requests the following reservation be renewed for an additional term of 120 days:

Reserved Name: _____

DATED _____

Signature

Printed Name

Street Address

City, State, ZIP

FILING FEE: \$30.00

Revised 08/08/2022

Neb. Rev. Stat. §67-235