

**APPLICATION FOR TRANSFER
of RESERVED NAME
LIMITED LIABILITY COMPANY**

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

Name Reserved: _____

Current Owner: _____

The undersigned hereby requests the above name be transferred to:

New Owner: _____

Street Address: _____
Street Address City State Zip

Signature

Printed Name