

STATEMENT OF QUALIFICATION AS A LIMITED LIABILITY PARTNERSHIP

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

Name of Partnership _____

(Name must end in the words: registered limited liability partnership; limited liability partnership; R.L.L.P.; RLLP; "L.L.P." or "LLP")

____ Yes, the above-named Limited Liability Partnership will engage in the practice of law
(if "Yes" you must attach a current Certificate of Authority from the Nebraska Supreme Court)

Address of Principal Office _____
Street Address City State Zip

If the Principal Office is not in Nebraska, you must provide a Nebraska Office or agent:

Address of Nebraska Office _____ NE _____
Street Address City Zip

Or

Agent for Service of Process _____

Agent Office _____ NE _____
Street Address and post office box number, (if any) City Zip

Optional: The effective date of this filing is _____

Registration as a: _____ Domestic LLP
_____ Foreign LLP

If Foreign, State or Jurisdiction Limited Liability Partnership was formed _____

Domestic LLPs Only: The above-named partnership hereby elects to become a Nebraska Limited Liability Partnership

Neb. Rev. Stat. §67-406 Requires that at least two partners sign the document:

Signature of Partner

Signature of Partner

Printed Name

Printed Name

FILING FEE: \$110.00

Add \$30.00 for the Certificate of Authority from the Supreme Court if submitted

Revised 07/01/2021

Neb. Rev. Stat. 67-454 & 67-458