

Amendment or Correction to Limited Cooperative Association Biennial Report

John A. Gale, Secretary of State
Room 1301 State Capitol, P. O. Box 94608
Lincoln, NE 68509
(402) 471-4079

1) Exact Name of Limited Cooperative Association:

2) Foreign Limited Cooperative Association ONLY: Alternative Name:

3) Year(s) of Biennial Report to be amended or corrected: _____ - _____

Only complete the following information you wish to amend or correct.

4) Designated Office Address:

Street Address	City	State	Zip
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5) Name and Street Address of the Agent for Service of Process in Nebraska:

Name of Agent for Service of Process

Street Address	City	State	Zip
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6) Principal Office Address:

Street Address	City	State	Zip
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Signature	Printed Name	Title	Date
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FILING FEES: For Profit \$30.00 (plus \$5.00 for any additional pages)
Nonprofit \$10.00 (plus \$5.00 for any additional pages)

Make check payable to: Secretary of State
SOS Revised 7/17/2014

Neb. Rev. Stat. § 21-2923

INSTRUCTIONS FOR COMPLETING
LIMITED COOPERATIVE ASSOCIATION
AMENDMENT OR CORRECTION TO BIENNIAL REPORT

The following information must be completed:

1. Exact Name of Limited Cooperative Association: As stated in the articles of organization, certificate of authority or most recent amendment.
2. Foreign Limited Cooperative Association ONLY: If you were required to choose an alternative name to use in Nebraska list the alternative name here.
3. Year(s) of Biennial Report to be amended or corrected. A separate form and fee must be submitted for each Biennial Report to be amended or corrected.

Only complete the following information being amended or corrected:

4. Designated Office address: Provide complete street address.
5. Name and Street Address of Agent for Service of Process. Provide complete name and street address in Nebraska.
6. Principal Office Address: Provide complete street address.