

**NOTICE OF CANCELLATION
OF FOREIGN LIMITED LIABILITY COMPANY
CERTIFICATE OF AUTHORITY**

Submit in Duplicate

John A. Gale, Secretary of State
Room 1301 State Capitol, P.O. Box 94608
Lincoln, NE 68509
(402) 471-4079
http://www.sos.state.ne.us.

Name of Limited Liability Company _____

Organized under the laws of the State or Jurisdiction of _____

The company is no longer transacting business in the State of Nebraska and desires to cancel its certificate of authority to transact business in the state of Nebraska.

Effective date if other than the date filed _____.

Signature of Authorized Representative

Printed name of Authorized Representative

FILING FEE: \$15.00

January 2011

*****Neb. Rev. Stat. 21-383