

# APPLICATION FOR ELECTRONIC ACCESS OF RECORDS

## TO BE USED ONLY BY LIMITED LIABILITY COMPANIES PROVIDING HEALTH RELATED PROFESSIONAL SERVICES OR LICENSED BY THE BOARD OF ENGINEERS AND ARCHITECTS

John A. Gale, Secretary of State  
Room 1301 State Capitol, P.O. Box 94608  
Lincoln, NE 68509  
*<http://www.sos.ne.gov>*

Name of Limited Liability Company \_\_\_\_\_

Practice of \_\_\_\_\_  
(the professional service for which the limited liability company is organized to do business)

### MEMBERS OF THE LIMITED LIABILITY COMPANY

**This Section Must be Completed.** List all members of the limited liability company who are required by Nebraska law to be licensed or certified to perform the professional services for which the limited liability company was organized (attach additional pages if needed).

\_\_\_\_\_  
Full Name & License #

\_\_\_\_\_  
Residence Street Address, City, State, Zip

\_\_\_\_\_  
Full Name & License #

\_\_\_\_\_  
Residence Street Address, City, State, Zip

\_\_\_\_\_  
Full Name & License #

\_\_\_\_\_  
Residence Street Address, City, State, Zip

\_\_\_\_\_  
Full Name & License #

\_\_\_\_\_  
Residence Street Address, City, State, Zip

\_\_\_\_\_  
Full Name & License #

\_\_\_\_\_  
Residence Street Address, City, State, Zip

(over)

**MANAGERS OF THE LIMITED LIABILITY COMPANY**

**This Section Must be Completed.** List all managers of the limited liability company who are required by Nebraska law to be licensed or certified to perform the professional services for which the limited liability company was organized (attach additional pages if needed).

\_\_\_\_\_  
Full Name & License #

\_\_\_\_\_  
Residence Street Address, City, State, Zip

\_\_\_\_\_  
Full Name & License #

\_\_\_\_\_  
Residence Street Address, City, State, Zip

\_\_\_\_\_  
Full Name & License #

\_\_\_\_\_  
Residence Street Address, City, State, Zip

\_\_\_\_\_  
Full Name & License #

\_\_\_\_\_  
Residence Street Address, City, State, Zip

\_\_\_\_\_  
Full Name & License #

\_\_\_\_\_  
Residence Street Address, City, State, Zip

**PROFESSIONAL EMPLOYEES OF THE LIMITED LIABILITY COMPANY**

**This Section Must be Completed.** List all professional employees of the limited liability company who are required by Nebraska law to be licensed or certified to perform the professional services for which the limited liability company was organized (attach additional pages if needed).

\_\_\_\_\_  
Full Name & License #

\_\_\_\_\_  
Residence Street Address, City, State, Zip

\_\_\_\_\_  
Full Name & License #

\_\_\_\_\_  
Residence Street Address, City, State, Zip

\_\_\_\_\_  
Full Name & License #

\_\_\_\_\_  
Residence Street Address, City, State, Zip

\_\_\_\_\_  
Full Name & License #

\_\_\_\_\_  
Residence Street Address, City, State, Zip

\_\_\_\_\_  
Full Name & License #

\_\_\_\_\_  
Residence Street Address, City, State, Zip

\_\_\_\_\_  
Signature of Authorized Representative

\_\_\_\_\_  
Date

\_\_\_\_\_  
Printed Name of Authorized Representative