

**APPLICATION FOR  
CANCELLATION OF RESERVATION  
of  
LIMITED PARTNERSHIP NAME**

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

The undersigned hereby requests the following reservation be cancelled:

Reserved Name: \_\_\_\_\_  
\_\_\_\_\_

DATED \_\_\_\_\_

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Street Address

\_\_\_\_\_  
City, State, ZIP

FILING FEE: \$30.00

Revised 08/08/2022

Neb. Rev. Stat. §67-235