

**CERTIFICATE OF WITHDRAWAL
TO TRANSACT
BUSINESS IN THE STATE OF NEBRASKA**

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

Submit in Duplicate
(returned file stamped copy is your certificate of withdrawal)

Name of Corporation

Incorporated under the laws of _____ desires to withdraw its authority to transact business in the State of Nebraska.

This corporation is no longer transacting business in the State of Nebraska and surrenders its authority to transact business in the State of Nebraska.

This corporation revokes the authority of its registered agent to accept service of process on its behalf and consents that service of process in any proceeding during the time it was authorized to transact business in the state may be made on this corporation at the following address:

Mailing Address at which process against corporation may be served:

Street Address City State Zip

Effective date if other than the date filed _____

Signature

Printed Name/Title

NOTE: Every filing must be signed by the chairperson of the board of directors, the president, or one of the officers of the corporation. If the corporation has not yet been formed or directors have not yet been selected, the filing shall be signed by an incorporator. If the corporation is in the hands of a receiver, trustee, or other court appointed fiduciary, the filing shall be signed by that fiduciary.

FILING FEE: \$30.00