

APPLICATION FOR ELECTRONIC ACCESS OF RECORDS (FOREIGN CORPORATIONS)

TO BE USED ONLY BY ENTITIES 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.state.ne.us>

Name of Corporation _____
(must be the **exact** name as registered with the Nebraska Secretary of State)

Principal Place of Business _____
Street Address City State Zip

Practice of _____
(Please name profession corporation is engaged in)

Telephone Number () _____

_____ Check here if this is the first filing for a new foreign professional corporation

PERSONNEL OF THE CORPORATION WHO WILL BE RENDERING PROFESSIONAL SERVICES IN NEBRASKA AND/OR ARE LICENSED IN NEBRASKA

Full Name & Nebraska License # _____ Residence Street Address, City, State, Zip _____

Full Name & Nebraska License # _____ Residence Street Address, City, State, Zip _____

Full Name & Nebraska License # _____ Residence Street Address, City, State, Zip _____

Full Name & Nebraska License # _____ Residence Street Address, City, State, Zip _____

Full Name & Nebraska License # _____ Residence Street Address, City, State, Zip _____

Full Name & Nebraska License # _____ Residence Street Address, City, State, Zip _____

FEE: \$50.00
(please complete reverse side)

PERSONNEL RENDERING PROFESSIONAL SERVICES IN NEBRASKA

(continued)

Full Name & Nebraska License #

Residence Street Address, City, State, Zip

Full Name & Nebraska License #

Residence Street Address, City, State, Zip

Full Name & Nebraska License #

Residence Street Address, City, State, Zip

Full Name & Nebraska License #

Residence Street Address, City, State, Zip

Full Name & Nebraska License #

Residence Street Address, City, State, Zip

Full Name & Nebraska License #

Residence Street Address, City, State, Zip

**OFFICERS SHAREHOLDERS AND DIRECTORS OF THE CORPORATION
WHO ARE NOT LICENSED IN NEBRASKA**

Full Name, License # and State of License

Director, Shareholder, Officer (list office held)

Full Name, License # and State of License

Director, Shareholder, Officer (list office held)

Full Name, License # and State of License

Director, Shareholder, Officer (list office held)

Full Name, License # and State of License

Director, Shareholder, Officer (list office held)

Full Name, License # and State of License

Director, Shareholder, Officer (list office held)

Full Name, License # and State of License

Director, Shareholder, Officer (list office held)

SIGNATURE OF OFFICER _____ Date _____

NAME & TITLE OF OFFICER _____
Please Print or Type