

APPLICATION FOR ELECTRONIC ACCESS OF RECORDS

TO BE USED ONLY BY ENTITIES PROVIDING HEALTH RELATED PROFESSIONAL SERVICES OR LICENSED BY THE BOARD OF ENGINEERS AND ARCHITECTS

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

Name of Corporation _____
(must be the **exact** name as designated in the articles of incorporation)

Principal Place of Business _____
Street Address City State Zip

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

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

OFFICERS OF CORPORATION

This section must be completed. All officers of the corporation except secretary and asst. secretary must be licensed in Nebraska to render the professional service for which the professional corporation is organized.

President (Full Name & License #) Residence Street Address, City, State, Zip

Vice-President (Full Name & License #) Residence Street Address, City, State, Zip

Secretary (Full Name & License #) Residence Street Address, City, State, Zip

Asst. Secretary (Full Name & License #) Residence Street Address, City, State, Zip

Treasurer (Full Name & License #) Residence Street Address, City, State, Zip

(please complete both pages)

