

Application for Nonprofit Certificate of Exemption

Nebraska Department of Banking and Finance
<http://ndbf.nebraska.gov>

1526 K Street, Suite 300
 PO Box 95006
 Lincoln, NE 68509-5006

Nonprofit Organization Certificate of Exemption pursuant to Section 45-703.01 of the Residential Mortgage Licensing Act.

1. Identifying Information

Exact name, principal business address, mailing address, if different, and telephone numbers of Applicant:

(A) Entity name: _____ (sole proprietors provide last, first, and full middle name) (B) IRS Employer Identification Number: _____
 (Social Security Number is allowed for sole proprietorship)

(C) Main address (Do not use a P.O. Box):

 Number & Street City State Country/Province Postal Code

(D) Business phone, fax, and email address:
 _____ Ext _____ _____ Ext _____ _____ _____
 Business Phone Toll Free Number Fax Line Email Address

(E) Mailing address: Same as above

 P.O. Box or Number & Street City State Country/Province Postal Code

(F) Other than the office in 1C, does the entity conduct business with consumers through branch offices or other business locations?
 YES NO

2. Other Trade Names

Any other trade name(s) (i.e. business name, fictitious name, or "doing business as" name) for this organization must be identified below. Use additional sheets as necessary.

_____ Other Trade Names or "dba" used

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_____ Other Trade Names or "dba" used

3. Web Addresses

Provide the full web address(es) for the organization and any separate websites for other trade names identified in question 2 (if one exists).

(A) Website Address: _____
 Is your organization accepting applications or transacting business through this website? YES NO

(B) Website Address: _____
 Is your organization accepting applications or transacting business through this website? YES NO

(C) Website Address: _____
 Is your organization accepting applications or transacting business through this website? YES NO

4. Primary Contact Employee Information

List below the individual as the primary contact employee for this organization. Minimum of one primary organization contact must be identified and the individual must be authorized to receive all compliance and licensing information, communications and mailings, and be responsible for disseminating it to others within your organization as necessary. Use additional sheets if necessary.

_____	_____	_____	_____		
First Name	Last Name	Title	Email Address		
_____		_____	_____	_____	_____
P.O. Box or Number & Street		City	State	Country/Province	Postal Code
_____	Ext _____	_____			
Business Phone	Fax Line				

5. Legal Status

- (A) Fiscal year end (MM/DD): _____
- (B) If other than a sole proprietorship, indicate date and place the entity obtained its legal status (i.e., state or country where incorporated, where partnership agreement was filed, or where Applicant entity was formed):
Formation State: _____ Formation Country/Province: _____ Date of formation (MM/DD/YYYY): _____
- (C) Indicate legal status of Applicant.
- | | | |
|-------------|--------------------------------|----------------------------|
| Corporation | Limited Liability Organization | Not For Profit Corporation |
| Partnership | Sole Proprietorship | Other (Specify) _____ |

EXECUTION: The undersigned, swear (or affirm) as follows, that I executed this form on behalf, and with the authority, of said Applicant and said Applicant agrees to and represents the following:

- (1) That the information and statements contained herein, including exhibits attached hereto, and other information filed herewith, all of which are made a part of this application, are current, true and complete and are made under the penalty of perjury, or un-sworn falsification to authorities, or similar provisions as provided by law;
- (2) To the extent any information previously submitted is not amended, such information remains accurate and complete;
- (3) That the jurisdiction(s) to which an application is being submitted may conduct any investigation into the background of the Applicant, and any related individuals or entities, in accordance with all laws and regulations for purposes of making a determination on the application;
- (4) To keep the information contained in this form current and to file accurate supplementary information on a timely basis; and
- (5) To comply with the provisions of law, including the maintenance of accurate books and records, pertaining to the conduct of business for which the Applicant is applying.

If the Applicant has knowingly made a false statement of a material fact in this application or in any documentation provided to support the foregoing application, then the foregoing application may be denied.

Signature of Applicant's representative Date (MM/DD/YYYY)