DEBRASKA GOOD LIFE. Great Service. DEPARTMENT OF REVENUE	D8-4A81-B7DF-51CB6 Apk from Motor Vehic	olication fo	alifying N	onprofit treasurer.		ons	FORM 457
Name of Organization		Tioda mondo	Type of Ow	vnership			
The Catholic Bishop of Lincoln				profit Corpor	ation Othe	r (specify):	
Name of Owner of Property The Catholic Bishop of Lincoln			County Na Lancaste			State Where Nebraska	Incorporated
Street or Other Mailing Address 3400 Sheridan Blvd.			Contact Na Mark D.			Phone Numb 40248809	
City Lincoln	State NE	Zip Code 68506	Email Addr msgr.ma		Dlincolndioce	se.org	
	Identify Officers,	Directors, or Partr	ners of the	Nonprof	it Organizati	on	
ītle	Name, Address, City	, State, Zip Code					
President	James D. Conle	y, 3400 Sheridan E	3lvd., Linco	oln, NE 68	3506		
ice-President	Mark D. Huber,	3400 Sheridan Blv	d., Lincoln	, NE 6850	06		
ecretary-Treasurer	Daniel J. Rayer,	3400 Sheridan Blv	vd., Lincoli	n, NE 685	06		
rirector	Christopher P. 0	Goodwin, 3400 She	eridan Blvd	I., Lincoln	, NE 68506		
		Description of the					
Motor Vehicle Make	Model Year	Body Type			Vehicle ID Numi	per	Registration Date of Acquisition if Newly Purchase
Buick Lacrosse	2006	4 Door Sedan		2G4WC58	82061110673		April
ord F150	1999	Pickup		1FTZF182	21XKB91671	-	April
agle	1993	Utility Trailer		10229095			April
uick Lucerne CX	2008	4 Door Sedan			278U187157		April
arry-on	2007	Utility Trailer			3197M040523	1	April
empt Uses of Motor Vehicle:							vehicles used exclusively
ive detailed description of use, includin hese vehicles are used by the nd administrative endeavors o f the Platte River.	Chancery staff in pu	rsuance of the edu	ıcational, r			If No, give perd	NO centage of exempt use:
	, I declare that I have exami ly authorized to sign this ex ∤∕	emption application.	cation and, to Vice-Pre		y knowledge and	belief, it is correct 3/25/ Date	•
6DBB782D70294DA							
X Approval		or County Treasurer	r Hecomme	ndation			
Disapproval		DocuSigne	Some	۸			3/25/2019
	East	r County Board of E	Squatte Treas				Date
X Approval		ments:	qualization	Use Only			
Disapproval							
		Authorized Si	ignature				Date

Authorized by Neb. Rev. Stat. §§ 77-202(1)(c) and (d), and 60-3,185, and 60-3,189 DS

NEBRASKA JOHN STREET OF REVENUE	App from Motor Vehic	olication f	alifying I	Nonprofit Orga treasurer.	nizatio	ns	FORM 457
Name of Organization First Lutheran Church			Type of O	wnership nprofit Corporation		(an a alf. A.	
Name of Owner of Property			County N		Uotner	(specify):	Incorporated
irst Lutheran Church			Lancast	er		Nebraska	
treet or Other Mailing Address 551 South 70th Street			Contact N Bryan H			Phone Numb 402-488-0	
city	State	Zip Code	Email Add				
ncoln	NE NE	68506		flclincoln.org			
tle	Identify Officers, Name, Address, City		iners of th	e Nonprotit Org	anizatio	on	
ead Pastor		551 South 70th St	Lincoln	NE 69506			
ssociate Pastor		551 South 70th S					
ouncil President		1551 South 70th 3					
ourion i resident	Barry Granam	1001 00001 7001	ot Lincon	1, IVL 00000			
		Description of th	e Motor V	ehicles			
	•/	Attach an additiona	I sheet, if n	ecessary.			Registration Date of
Motor Vehicle Make	Model Year	Body Typ	e	Vehicle	ID Numb	er	Date of Acquisition if Newly Purchase
oyota Sienna	2007	Van	,	5TDZK23C27S	040736		4/2016
•				tax exempt licer		#2177	
/e detailed description of use, inc In is used for driving all aເ			st;			-	NO centage of exempt use:
Under penalties o	if law, I declare that I have exami	ned this exemption appl	ication and, to	o the best of my knowl	edge and b		
sidn (a "	m duly authorized to sign this ex	emption application.	Church	Accountant		3/22/	/2019
Dryan Han Authorized Signature	sen	:				Data	
Aumonzeo Signatur	00		Title			Date	
	F	or County Treasure	er Recomm	endation			
Approval	Com	ments:					
Disapproval		DocuSigr	ned by:				
_			1 1				3/25/2019
		Signaturage	Lagrenty Trea	Surer			Date
	For	County Board of E					
	_						
Approval	Com	ments:					
Disapproval							
		Authorized S	Signature				Date

NEBRASKA Good Life. Great Service.	App from Motor Vehic	 To be filed with 	alifying N	lonprofit O		ons	FORM 457
Name of Organization		Read Instruction	Type of O	e side.			101
Nebraska Wesleyan Universit	у		X No	profit Corporation	on Othe	r (specify):	
Name of Owner of Property NEBRASKA WESLEYAN UNI	IVERSITY		County Na			State Where NEBRASK	
Street or Other Mailing Address 5000 ST. PAUL AVE			Contact N BENJAN	ame IIN DAHL		Phone Numb 402-465-2	
City Lincoln	State NE	Zip Code 68504	Email Add	ress NebrWesleya	an.edu		
	Identify Officers,	Directors, or Part	ners of th	e Nonprofit	Organizati	on	
Title	Name, Address, City	State, Zip Code					
PRESIDENT		5000 ST. PAUL A					
VP-FINANCE		NES 5000 ST. P.					
CONTOLLER	GREG MASCH	MAN 5000 ST. P.	AUL AVE.	LINCOLN,	NE 68504		
		Description of th	e Motor V	ehicles			
	• 4	Attach an additional	I sheet, if n	ecessary.			Posistration Data or
Motor Vehicle Make	Model Year	Body Typ	e	Ve	hicle ID Numi	per	Registration Date or Date of Acquisition, if Newly Purchased
ORD	2003	PICKUP		1FTNF21L2	3ED13096		03/19/2019
		-					
		<u> </u>					
kempt Uses of Motor Vehicle:				_	_		vehicles used exclusively
Agricultural and Horticultural So	ciety X Educational	Religious	Ct	aritable	Cemetery	as indicated?	
ive detailed description of use, includ ISED BY EMPLOYEES FOR MPLOYEES ARE NOT ALLO	THE BUSINESS OF	CARRYING OUT	THEIR AS			X YES If No, give perc	NO sentage of exempt use:
						1	
sign Buyamin Da	w, I declare that I have examinuly authorized to sign this ex	emption application.	Asst. C	the best of my kn	nowledge and	3/26/	• 0000000000000000000000000000000000000
sign Salocodeolsiga Mathematyl am o	duly authorized to sign this ex	emption application.	Asst. C	ontroller	nowledge and		• 0000000000000000000000000000000000000
sign Buyamin Da	duly authorized to sign this ex	emption application.	Asst. C	ontroller	nowledge and	3/26/	• Deposition (1992) - 1992 - 1992 - 1992 - 1992 - 1992 - 1992
sign Bryamin Da	duly authorized to sign this ex	emption application.	Asst. C	ontroller	nowledge and	3/26/	• Deposition (1992) - 1992 - 1992 - 1992 - 1992 - 1992 - 1992
sign Buyamin Da Authorized Signatuse	duly authorized to sign this ex	emption application. for County Treasure	Asst. C	ontroller	nowledge and	3/26/	• 0000000000000000000000000000000000000
here Approval	duly authorized to sign this ex	emption application. for County Treasure ments:	Asst. C	ontroller	nowledge and	3/26/	•

Approval

Disapproval

Authorized by Neb. Rev. Stat. §§ 77-202(1)(c) and (d), and 60-3,185, and 60-3,189

Date

Please retain a copy for your records.

Authorized Signature

For County Board of Equalization Use Only

Comments:

SML

ood Life. Great Service.		icle Taxes by Qua	or Exemple alifying Nonprogram to a sounty treasure to a sounty treasure to a sount of the sound		ons	FORM 457
Name of Organization			Type of Ownership			
INCOLN MEDICAL EDUCATION	N PARTNERSHIF	•	X Nonprofit Cor	poration Othe	er (specify):	
lame of Owner of Property A			County Name LANCASTER		State Where NE	Incorporated
treet or Other Mailing Address 600 VALLEY RD			Contact Name Michael Almond	1	Phone Numl (402) 327	
ity INCOLN	State NE	Zip Code	Email Address			
INCOLIN		68510 , Directors, or Part	malmond@lmer		lon	
tle	Name, Address, Cit		ners of the Nonp	ront Organizati	ion	
RESIDENT		DERMAN, 4600 VA	ALLEY RD LINCO	I N. NF 68510		
FO/FINANCE DIRECTOR	MICHAEL ALM		LLLI IID LIIIO	211,112 00010		
EE ATTACHED BOARD LISTIN	IG					
		Description of th	e Motor Vehicles			
<u>a</u>	Ť	Attach an additional				Registration Date of
Motor Vehicle Make	Model Year	Body Typ	е	Vehicle ID Num	ber	Date of Acquisition if Newly Purchase
ORD	2015	F 250	1FTBF:	2B66FEB64188	3	APRIL 2019
ISSAN ALTIMA	2009	4 DR. SEDAN	1N4AL:	21E69N455040		APRIL 2019
DYOTA CAMRY	2004	4 DR. SEDAN	4T1BE	32K94U923176		APRIL 2019
mpt Uses of Motor Vehicle:					Ţ.	
	n explanation if multipl	e use classifications exis		Cemetery	as indicated?	NO
ive detailed description of use, including a ORD MAINTENANCE VEHICLE RAVEL THROUGHOUT THE S	n explanation if multipl USED FOR PLC	e use classifications exis DWING SNOW & LO DINATE DRUG ANI	ut: OCAL ERRANDS. D ALCOHOL COU	CARS	as indicated? XYES If No, give per	
ive detailed description of use, including a ORD MAINTENANCE VEHICLE RAVEL THROUGHOUT THE STRAINING'S AND TO PROVIDE Under penalties of law, I consider the legicle of law, I consider the law, I consider the law, I consider the law of la	n explanation if multiple USED FOR PLC FATE TO COORE TRAINING TO SO	e use classifications exis WING SNOW & LC DINATE DRUG ANI CHOOL PERSONN	LI: OCAL ERRANDS. D ALCOHOL COU IEL ALONG WITH	CARS INSELOR I MEETINGS.	as indicated? XYES If No, give per	NO reentage of exempt use:
ive detailed description of use, including a ORD MAINTENANCE VEHICLE RAVEL THROUGHOUT THE STRAINING'S AND TO PROVIDE Under penalties of law, I delegated the strain of law, I delegated t	n explanation if multiple USED FOR PLC FATE TO COORE TRAINING TO SO	e use classifications exis WING SNOW & LC DINATE DRUG ANI CHOOL PERSONN Inned this exemption application.	LI: OCAL ERRANDS. D ALCOHOL COU IEL ALONG WITH	CARS UNSELOR I MEETINGS.	as indicated? XYES If No, give per	NO reentage of exempt use:
ive detailed description of use, including a ORD MAINTENANCE VEHICLE RAVEL THROUGHOUT THE STRAINING'S AND TO PROVIDE Under penalties of law, I checodeological details am duly a Millian Ilmond	n explanation if multiple USED FOR PLC FATE TO COORE TRAINING TO SO	e use classifications exis DWING SNOW & LC DINATE DRUG ANI CHOOL PERSONN Intended this exemption application.	it: OCAL ERRANDS. D ALCOHOL COU IEL ALONG WITH	CARS UNSELOR I MEETINGS.	as indicated? XYES If No, give per	NO centage of exempt use:
ive detailed description of use, including a ORD MAINTENANCE VEHICLE RAVEL THROUGHOUT THE STRAINING'S AND TO PROVIDE Under penalties of law, I delegode distributed and duly a Millian Limbur L	n explanation if multiple USED FOR PLC FATE TO COORE TRAINING TO SO	e use classifications exis DWING SNOW & LC DINATE DRUG ANI CHOOL PERSONN Intended this exemption application.	it: OCAL ERRANDS. D ALCOHOL COU IEL ALONG WITH ication and, to the best of CFO/Finance D	CARS UNSELOR I MEETINGS. of my knowledge and	as indicated? XYES If No, give per belief, it is corre	NO centage of exempt use:
Sign Under penalties of law, I am duly a sign Under density and duly a sign	n explanation if multiple USED FOR PLO FATE TO COORE TRAINING TO SO	e use classifications exis DWING SNOW & LC DINATE DRUG ANI CHOOL PERSONN Inned this exemption application.	it: OCAL ERRANDS. D ALCOHOL COU IEL ALONG WITH ication and, to the best of CFO/Finance D	CARS UNSELOR I MEETINGS. of my knowledge and	as indicated? XYES If No, give per belief, it is corre	NO centage of exempt use:
Under penalties of law, I calescore to the control of the control of the calescore of the c	n explanation if multiple USED FOR PLO FATE TO COORE TRAINING TO SO	e use classifications exis DWING SNOW & LO DINATE DRUG ANI CHOOL PERSONN Initial this exemption application. For County Treasure	it: OCAL ERRANDS. D ALCOHOL COU IEL ALONG WITH Ication and, to the best of CFO/Finance D Title or Recommendation	CARS UNSELOR I MEETINGS. of my knowledge and	as indicated? XYES If No, give per belief, it is corre	NO centage of exempt use:
ive detailed description of use, including a ORD MAINTENANCE VEHICLE RAVEL THROUGHOUT THE STRAINING'S AND TO PROVIDE Under penalties of law, I called the content of the co	n explanation if multiple USED FOR PLO FATE TO COORE TRAINING TO SO	e use classifications exis DWING SNOW & LC DINATE DRUG ANI CHOOL PERSONN Inined this exemption application. For County Treasure Inments:	it: OCAL ERRANDS. D ALCOHOL COU IEL ALONG WITH Ication and, to the best of CFO/Finance D Title Pr Recommendation The by: Warven	CARS UNSELOR I MEETINGS. of my knowledge and	as indicated? XYES If No, give per belief, it is corre	NO centage of exempt use: % act and complete. /2019
Under penalties of law, I calegories of law, I cale	n explanation if multiple USED FOR PLC FATE TO COORE TRAINING TO SO eclare that I have examulthorized to sign this of	e use classifications exis DWING SNOW & LC DINATE DRUG ANI CHOOL PERSONN Inned this exemption application. For County Treasure Inments:	it: OCAL ERRANDS. D ALCOHOL COU IEL ALONG WITH Ication and, to the best of CFO/Finance D Title PRecommendation Title AGREGATION AND A	CARS UNSELOR I MEETINGS.	as indicated? XYES If No, give per belief, it is corre	centage of exempt use: % act and complete. /2019
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Under penalties of law, I consider the sign and the state of law, I consider the sign and the state of law, I consider the sign and the state of law, I consider the sign and the state of law, I consider the state of law	n explanation if multiple USED FOR PLC FATE TO COORE TRAINING TO SO Declare that I have examinationized to sign this of	e use classifications exis DWING SNOW & LC DINATE DRUG ANI CHOOL PERSONN Initial this exemption application. For County Treasure Inments: Docustign Signatures Dr County Board of E	it: OCAL ERRANDS. D ALCOHOL COU IEL ALONG WITH Ication and, to the best of CFO/Finance D Title PRecommendation Title AGREGATION AND A	CARS UNSELOR I MEETINGS.	as indicated? XYES If No, give per belief, it is corre	NO centage of exempt use: % act and complete. /2019
Under penalties of law, I called the state of la	n explanation if multiple USED FOR PLC FATE TO COORE TRAINING TO SO Declare that I have examinationized to sign this of	e use classifications exis DWING SNOW & LC DINATE DRUG ANI CHOOL PERSONN Initial this exemption application. For County Treasure Inments: Docustign Signatures Dr County Board of E	it: OCAL ERRANDS. D ALCOHOL COU IEL ALONG WITH Ication and, to the best of CFO/Finance D Title PRecommendation Title AGREGATION AND A	CARS UNSELOR I MEETINGS.	as indicated? XYES If No, give per belief, it is corre	NO centage of exempt use: % act and complete. /2019

Authorized by Neb. Rev. Stat. §§ 77-202(1)(c) and (d), and 60-3,185, and 60-3,189

SMI.



4600 Valley Road, Lincoln, NE 68510 p. (402) 483-4581 · f. (888) 778-5869 Imep.com

Chairman

Korby Gilbertson (At-Large) Attorney/Lobbyist Radcliffe & Associates 625 S 14th Street, #100 Lincoln, NE 68508 Tem: 01/18 - 12/19 Original start date: 01/16 Phone: (402) 430-6801 Email:KorbyG@radcliffeandassociates.com

Vice Chairman

Eric Mooss (Bryan Health) President, Bryan Physician Network Bryan Health 2300 S. 16th Street Lincoln, NE 68502 Original start date: 04/16 Phone: (402) 639-8614 E-mail: eric.mooss@bryanhealth.org

Secretary/Treasurer

Michael Rapp, M.D. (CHI Health) V.P., Medical Operations CHI Health St. Elizabeth 555 S. 70th Street Lincoln, NE 68510 Original start date: 07/17 Phone: (402) 219-8946 E-mail: mrapp@stez.org

LMEP President

Alan Linderman, M.D. President & CEO Lincoln Medical Education Partnership 4600 Valley Road Lincoln, NE 68510-4844 Original start date: 10/08 Phone: (402) 327-6801 E-mail: alinderman@lmep.com

Board of Directors FY 2018 - 2019

Carolyn Cody, M.D. (Bryan Health) **Breast & General Surgical Specialties** Bryan Health 2222 S 16th Street, Suite 430 Lincoln, NE 68502 Original start date: 09/07 Phone: (402) 483-8570 E-mail: carolyn.cody@bryanhealth.org

Mark Hutchins, M.D. (Bryan Health) Nebraska Hematology Oncology, PC 4004 Pioneer Woods Drive Lincoln, NE 68506 Tem: 01/17 - 12/18 Original start date: 01/11 Phone: (402) 484-4900 E-mail: mhutchins@yourcancercare.com

Robert Koch, M.D. (Bryan Health) Children First Pediatrics 3901 Pine Lake Rd Lincoln, NE 68516 Term: 01/19 - 01/21 Original start date: 01/19 Phone: (402) 488-7337 Email: bob@cfpne.com

Luke Mitchell (At-Large) VP - Mortgage Lending Cornhusker Bank 8310 O Street Lincoln, NE 68510 Tem: 01/19 - 01/21 Original start date: 01/19 Phone: (402) 434-2224 E-mail: luke.mitchell@cornhuskerbank.com Carol Ott Schacht (At-Large) Leadership Consultant University of Nebraska - Lincoln 3200 S 31st Street Lincoln, NE 68502 Tem: 12/16 - 12/18 Original start date: 12/16 Phone: (402) 525-0442 E-mail: c.ottschacht@unl.edu

Derek Vance (CHI Health) President CHI Health St. Elizabeth 555 S. 70th Street Lincoln, NE 68510 Original start date: 07/18 Phone: (402) 219-7700 E-mail: dvance@stez.org

LMEP Resident Physician: Daniel Owen, M.D. Lincoln Family Medicine Program 4600 Valley Road Lincoln, NE 68510 Term: 07/18 - 06/19 Phone: (402) 483-4591 E-mail: dowen@Imep.com

Board Member Emeritus Lawrence Bausch, M.D. (Bryan Health) 6724 Forest Lake Place Lincoln, NE 68516 Original start date: 07/10 Phone: (402) 730-7432 Email:lawrence.bausch@bryanhealth.org













Name of Organization Bryan Medical Center Shame of Organization Bryan Medical Center Shame of Organization Sha	DCUSign Envelope ID: C8B7166A-A VEBRASKA Good Life, Great Service.	App	olication fo	or Exe	emption Ionprofit Organization	ons	FORM 457
Ary and Modical Center State County Name County Name State Vibraria (nonportated Nethrackia) County Name State Vibraria (Nethrackia) County Name Phone Number Nethrackia Nethrackia County Name Phone Number Nethrackia County Name			Read Instruction	ns on revers	se side.		451
Content Comments						er (specify):	
Contact Name Phone Number 402-481-3170 402-	Name of Owner of Property						Incorporated
Heather Seeba 402-481-3170 100	Bryan Medical Center			Lancast	er	Nebraska	
Indication NE 68506 Kay.Larsen@bryanhealth.org Identify Officers, Directors, or Partners of the Nonprofit Organization			· · · · · · · · · · · · · · · · · · ·			the comment of the co	
Identify Officers, Directors, or Partners of the Nonprofit Organization	•		•				
Name, Address, City, State, Zip Code Director of Supply Chain Heather Seeba, 1600 S. 48th St., Lincoin, NE 68506	incoln						
Description of the Motor Vehicles				ners of th	e Nonprofit Organizati	ion	
Description of the Motor Vehicles Attach an additional sheet, if necessary. Registration Date of Ae Howly P Wehicle ID Number Date of Ae Howly P Wehicle ID Number Date of Ae Howly P Are the motor vehicles used as indicated? Are the motor vehicles used as indic							
Actach an additional sheet, if necessary. Registratic Date of Actach an Additional Sheet, if necessary. Segistratic Date of Actach an Additional Sheet, if necessary. Segistratic Date of Actach an Actach an Additional Sheet, if necessary. Segistratic Date of Actach an Actach and Segistration Date of Motor Vehicles. Actach and Segistration Date of Motor Vehicles and Segistration Date of Motor Vehicles used evaluation and segistration of use, including an explanation if multiple use classifications exist: Actach and Segistration Date of Investment of the provision of mobile diagnostic services throughout Nebraska. Actach and Supplies transportation for maintenance, grounds and supply chain. Employee and attent transportation. If No. give percentage of exemplication and, to the best of my knowledge and belief, it is correct and complete. Actach and Segistration Date Segistrat	orector of Supply Chain	Heather Seeba	, 1600 S. 48th St.,	Lincoln, N	E 68506		
Act Body Type Vehicle ID Number Registratic Date of Act If Newly P It N							
Registration Regi		3					
Model Year Body Type Vehicle ID Number Date of Kenny Model Year Body Type Vehicle ID Number If Newly P Monda 2019 CRV 2HKRW6H33KH209617 3/20/19		•	Attach an additional	sheet, if n	ecessary.		Registration Date o
Are the motor vehicles used examination of multiple use classifications exist: Are the motor vehicles used examination of mobile diagnostic services throughout Nebraska. If No, give percentage of exemination transportation. If No, give percentage of exemination transportation. Are the motor vehicles used examinations exist: If No, give percentage of exemination for the provision of mobile diagnostic services throughout Nebraska. If No, give percentage of exemination transportation. If No, give percentage of exemination and the least of my knowledge and belief, it is correct and complete. Action of the provision of the provision application. If No, give percentage of exemination If No, give perce	Motor Vehicle Make	Model Year	Body Type	е	Vehicle ID Num	ber	Date of Acquisition if Newly Purchased
Agricultural and Horticultural Society Educational Religious X Charitable Cemetery as indicated? Agricultural and Horticultural Society Educational Religious X Charitable Cemetery as indicated?	londa	2019	CRV		2HKRW6H33KH20961	17	3/20/19
Agricultural and Horticultural Society Educational Religious X Charitable Cemetery as indicated? Agricultural and Horticultural Society Educational Religious X Charitable Cemetery as indicated?							
Agricultural and Horticultural Society Educational Religious X Charitable Cemetery as indicated? Agricultural and Horticultural Society Educational Religious X Charitable Cemetery as indicated?			-				
Agricultural and Horticultural Society Educational Religious X Charitable Cemetery as indicated? Agricultural and Horticultural Society Educational Religious X Charitable Cemetery as indicated?							
Under penalties of law, I declare that I have examined this exemption application and, to the best of my knowledge and belief, it is correct and complete. Sign Under penalties of law, I declare that I have examined this exemption application and, to the best of my knowledge and belief, it is correct and complete. Sign Here Under penalties of law, I declare that I have examined this exemption application and, to the best of my knowledge and belief, it is correct and complete. Birector, Supply Chain Title Date For County Treasurer Recommendation Comments: Disapproval Comments: For County Board of Equalization Use Only Comments:	The state of the s	ciety Educational	Religious	Xch	Cemetery		vehicles used exclusively
Director, Supply Chain Here Authorized Signature Authorized Signature For County Treasurer Recommendation X Approval Comments: Disapproval For County Board of Equalization Use Only X Approval Comments:	mployee transportation for th quipment and supplies trans	e provision of mobile	diagnostic services	s througho		If No, give per	centage of exempt use:
For County Treasurer Recommendation X Approval Comments: Disapproval Disapproval For County Board of Equalization Use Only X Approval Comments:	sign followoodeolisigen Housely am of		xemption application.	Directo		3/20,	
Approval Comments: Disapproval Disapproval Disapproval For County Board of Equalization Use Only X Approval Comments:	Authorized Signature					Date	
Disapproval			For County Treasure	r Recomm	endation	********************	
3/27/ Date For County Board of Equalization Use Only X Approval Comments:	Approval	Com	nments:				
3/27/ Signature Minimum Treasurer For County Board of Equalization Use Only X Approval Comments:	Disapproval		De au Simm				
For County Board of Equalization Use Only Approval Comments:			Corle	1 Same			3/27/2019
X Approval Comments:		Fo	0 =				Date
	X Approval			-4-411241101	. 230 Omy		
		3011					
K.							
Authorized Signature Date			Authorized S	Signature		****	Date

Authorized by Neb. Rev. Stat. §§ 77-202(1)(c) and (d), and 60-3,185, and 60-3,189 DS

Please retain a copy for your records.

SML

OCUSign Envelope ID: DBF6AB03 NEBRASIKA Good Life, Great Service,		Olication fo cle Taxes by Qua • To be filed with	or Exempalifying Nonpolyour county treasu	rofit Organizatio	ons	FORM 457
Name of Organization		• neau instructio	Type of Ownershi			
Connecting Pointe Church of	f the Nazarene		X Nonprofit (Corporation Other	r (specify):	-
Name of Owner of Property			County Name Lancaster		State Where	Incorporated
Street or Other Mailing Address 1901 S 70th St			Contact Name Dustalyn Gral	nam	Phone Numb 40248965	
City Lincoln	State NE	Zip Code 68506	Email Address connecting po	inte@gmail.com	-	
	Identify Officers,	Directors, or Part	ners of the No	profit Organization	on	
Title	Name, Address, City	, State, Zip Code	-			
Dustalyn Graham	28618 Alvo Rd	Murdock, NE 6840	7			
Lena Wimes	5512 Channel D	Or Lincoln, NE 685	16			
		Description of the	e Motor Vehicle	es		
Motor Vehicle Make	Model Year	Attach an additional Body Type	tional sheet, if necessary.		er	Registration Date o
Ford	2007	15 passenger va	an 1505	5531LX7DA03380		if Newly Purchased
ord	2017	15 passenger va		XX2ZM5HKB07442)	6/18
ord	2005	12 Passenger va		NE31L65HA11714	•	4/18
ord	1999	15 passenger va		SS31L8XHB05816		4/18
Oodge	2014	mini van		RDGBG8ER24097		4/18
Agricultural and Horticultural S Bive detailed description of use, inclurance in the control of	iding an explanation if multiple			Cemetery	as indicated? XYES If No, give per	NO centage of exempt use:
	law, I declare that I have exami duly authorized to sign this ex M 	xemption application.	Office Mana	ger	pelief, it is corre 3/27/ Date	
		or County freasure	- necommendati	OII		
Y]	Com	ments:				
X Approval						
^_ApprovalDisapproval		Docusign	Larver			4/3/2019
		Accompangia S	Sarven Doughth Treasurer			4/3/2019 Date
	Fo	CalelM	Sarven Doughth Treasurer	Only		
<u> </u>		Accompangia S	Sarven Doughth Treasurer	Only		
Disapproval		Signature set of E	Sarven Doughth Treasurer	Only		

Authorized by Neb. Rev. Slat. §§ 77-202(1)(c) and (d), and 60-3,185, and 60-3,189 DS