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NEBRASKA
Good Life. Great Service.

To be filed with your county treasurer.

Read Instructions on reverse side.

FORM 457

Name of Organization Christ Lutheran Church						
Christ Lutheran Church			Type of Ownership		,	
			X Nonprofit Corporation	Other (specify):		
Name of Owner of Property Church & School			County Name Lancaster	State Where NE	here Incorporated	
Street or Other Mailing Address 4325 Sumner Street			Contact Name Ken Hobza		Phone Number 402-483-7774	
City Lincoln	State NE	Zip Code 68506	Email Address khobza@christlincoln.or	a		
			ers of the Nonprofit Org			
Title	Name, Address, City,		ers of the Nonpront Org	amzation		
			Linearia NE COEAC			
Chairman			Lincoln, NE 68516			
Vice - Chairman		2800 Holdrege St E				
Secretary	Valerie Dorfmeye	er 5830 Cavvy Rd. I	Lincoln, NE 68516			
		Description of the	Motor Vokislas			
		Description of the tack an additional s				
Motor Vehicle Make	Model Year	Body Type	Vehicle	e ID Number	Registration Date or Date of Acquisition, if Newly Purchased	
WERX Trailer	2015	Trailer	542BB1229HB0	D17895	Aug 2019	
Homemade 14' Enclosed Trailer	1980	Trailer	NET1085302		Aug 2019	
Ford	2006	15 Pass	1FBSS31L36D/	487606	Aug 2019	
Ford	2010	15 Pass	1FDEE3FS4AD	A90101	Aug 2019	
	_			1		
Give detailed description of use, including Trailers are used to transport iter. The vehicles are used for the trailing the vehicles are used for the vehicles ar	ms for our Cub Scou insporting of our stud declare that I have examin authorized to sign this exe	ed this exemption applicate application application.	e age children. Ition and, to the best of my knowled irector of Finance	If No, give per	ct and complete.	
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FORM	
457	

Application for Exemption FRASKA od Life. Great Service. DEPARTMENT OF REVENUE Application for Exemption From Motor Vehicle Taxes by Qualifying Nonprofit Organizations • To be filled with your county treasurer. • Read Instructions on reverse side.						FORM 457
Name of Organization Madonna Rehabilitation Hos	enital		Type of Ownership		(
Name of Owner of Property			X Nonprofit Corpo	orationOther	(specify):	comorated
Madonna Rehabilitation Hos	Lancaster NE			loorporated		
Street or Other Mailing Address 5401 South Street			Contact Name Mike Munro		Phone Number 402-413-30	
City _incoln	State NE	Zip Code 68506	Email Address jtillinghast@made		****	
			ners of the Nonpr	ofit Organizatio	n	
Title President and CEO	Name, Address, City		incoln NE COEOC	· · · · · · · · · · · · · · · · · · ·		
EVP, Chief Financial Officer		01 South Street, L z, 5401 South Stre	et, Lincoln, NE 685	506		
		Description of the				
Motor Vehicle Make	Model Year	Attach an additional Body Type	sheet, if necessary.	Vehicle ID Numbe	er	Registration Date or Date of Acquisition, if Newly Purchased
Chevrolet, Malibu	2019	Sedan	1G1ZD5	55T5KF176155		7/18/19
Agricultural and Horticultural	luding an explanation if multiple	e use classifications exist		Cemetery	Are the motor vas indicated?	ehicles used exclusively
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