County Treasurer from Wotor Vehicle Taxes by Qualifying Nonprofit Organizations Read instructions on reverse side. Name of Organization Michael Chiversit Name of Owner of Property County Name Contact N	File with Your Application for Exemption						FORM
Name of Opportunition Page Institution on reverse elde. Agenda Hem # 34	!	from Motor Vehicle Taxes by Qualifying Nonprofit Organizations					457
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Single of Other Malling Address Control Name	Name of Owner of Property		C	111 //	,	State Where 1	ncorporateu
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Type of Ownership Agricultural and Horticultural Society Educational Organization Religious Organization Charitable Organization Cemetery Cemetery Organization Cemetery Organization Cemetery Cemetery Organization Cemetery Orga		State	Zip Code 1	mail Address		11 0	. /,
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Check Tax 2020	Cherry Trax		<u> </u>	KL7C	~~~ , ~~	5081297	
Motor Vehicle described above is used in the following exampt category (please mark the applicable boxes): Agricultural and Horticultural Society Educational Religious Charitable Cemetery as indicated? Give a detail description of the use of the motor vehicles Milland Majorary Agricultural and Horticultural Society Agricultural and Horticultural Society Religious Charitable Cemetery Agricultural and Horticultural Society Religious Charitable Cemetery Agricultural and Horticultural Society Agricultural and Horticultural and	Chear Trax			12/ 7C	V SBX4.Ba	07468	1 / C
Approval	wery max				<i></i>	5. 10 0	
Give a detail description of the use of the motor vehicle: Middland University admissions staff coeches, to there Myes No					Comptons		vehicles used exclusively
Middand Units crosity admissions staff corches, tother employees for Middand business 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. i also declare that I am day sythorized to sign this exemption application. Approval For County Treasurer Recommendation Approval of a Portion Denial Approval of a Portion Signature of County/Heasurer Signature of County/Heasurer Date		a of the meter uphida			-	/.	
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For County Treasurer Recommendation Approval Comments:		of I Homell		ssoc. UPt	Controller	\ \ \\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	12020
Approval Approval of a Portion Denial Comments: Signature of County/freasurer Comments: Solo-303	THE Authorized Signa		I Title			Date	
Approval of a Portion Denial Signature of County/Reasurer Date		j-(or County Treasurer R	ecommendation			
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For County Board of Equalization Use Only							Date
Approval If the County Board's determination is different from the County Treasurer's recommendation, an explanation is required.	☐ Approval	If the C	ounty Board's determination	on is different from the	e County Treasurer's	s recommendation	on, an explanation is required.
Approval of a Portion	Approval of a Portion	<u></u>		···			
Denied	☐ Denied						
I declare that to the best of my knowledge and belief, the determination made by the County Board of Equalization is correct pursuant to the laws of the State of Nebraska.			I declare that	to the best of my kno	owledge and belief,	the determinatio	n made by the County Board
			Of Equalization is	College betabalk to	ne laws of the State	or Nebraska.	
Signature of County Board Member Date			or Equalization is	Contact paradiant to t	ne laws of the State	of Nebraska.	