NEBRASKA REAL ESTATE COMMISSION PO Box 94667 Lincoln, NE 68509-4667



Phone: 402-471-2004 Fax: 402-471-4492

Website: www.nrec.ne.gov E-mail: realestate.commission@nebraska.gov

## **CORPORATION SUBORDINATION RESOLUTION**

| The undersigned officer of                                  | certifies that the following                           |
|-------------------------------------------------------------|--------------------------------------------------------|
| resolution was duly adopted by the Board of Directors of    | the corporation on,                                    |
| ,and is in full force and effect:                           |                                                        |
|                                                             |                                                        |
| RESOLVED, that                                              | so long as s/he is associated with this                |
| company as the licensed real estate broker responsible      | for conducting the real estate brokerage activities of |
| this company, s/he shall have full authority to carry out c | or perform all real estate transactions on behalf of   |
| the company for which a real estate broker's license is re  | equired and s/he shall not be subject to the direction |
| of any officer in carrying out or performing such transact  | ions, and that this resolution may be rescinded or     |
| amended only upon notice to the Nebraska Real Estate        | Commission.                                            |
|                                                             |                                                        |
| Submission of this Corporation Subordination Res            | solution verifies that all statements and information  |
| provided herein are true and correct and may be used a      | s necessary by the Nebraska Real Estate                |
| Commission if furtherance of assuring compliance with t     | he laws it regulates.                                  |
|                                                             |                                                        |
| Dated,,                                                     | ,                                                      |
|                                                             |                                                        |
|                                                             |                                                        |
|                                                             | Authorized Representative's Signature                  |
|                                                             |                                                        |
|                                                             |                                                        |
|                                                             | Office Held                                            |