

NEBRASKA ACCOUNTABILITY AND DISCLOSURE COMMISSION 1225 L Street, Suite 400 P.O. Box 95086 Lincoln, NE 68509 (402) 471-2522 www.nadc.nebraska.gov	REGISTRATION OF A SUPPLEMENTAL FILER NADC FORM SF-1	POSTMARK DATE	5/10/2022						
		MICROFILM NUMBER							
		OFFICE USE ONLY							
BEFORE COMPLETING THIS FORM READ THE GENERAL INFORMATION FILING REQUIREMENTS ON PAGE 4									
- Nebraska Business: Select Business "Nebraska Business" if you are a corporation, labor organization, limited liability company, limited liability partnership, industry, trade or professional association doing business in Nebraska, or if you are organized under Nebraska law. - Out of State Business: Select Business "Out of State Business" if you are a corporation, labor organization, or an industry, trade or professional association which is not doing business in Nebraska. - Individual: Select "Individual" if you are required to file on behalf of an individual person (yourself, or someone else who is not a committee, business or entity). - Other Entity: All others select "Other Entity".									
ITEM 1	NATURE OF FILING (Check Appropriate Box)								
	☒ This is an initial filing				☐ This is an amendment(complete Item 2 and other items to be amended)				
ITEM 2	SUPPLEMENTAL FILER INFORMATION								
THIS ADDRESS WILL BE USED BY THE COMMISSION FOR CORRESPONDING WITH THE FILER									
Supplemental Filer Type:		Nebraska Business Supplemental Filer				Registration Date:			5/10/2022
Business Name:		RESTORE THE GOOD LIFE INC							
Address:		4321 SOUTH 50TH STREET		LINCOLN	NE	68516			
		STREET ADDRESS		CITY	STATE	ZIP CODE			
Mailing Address:		4321 SOUTH 50TH STREET		LINCOLN	NE	68516			
		STREET ADDRESS		CITY	STATE	ZIP CODE			
TelePhone No:		(000) 000-0000		Email Address:		NADC@NEBRASKA.GOV			
ITEM 3	NATURE OF COMMITTEE (Check Appropriate Box)								
	☐ Individual Supplemental Filer				☒ Nebraska Business Supplemental Filer				
	☐ Other Entity Supplemental Filer				☐ Out of State Business Supplemental Filer				
ITEM 4	NAME, ADDRESS AND TELEPHONE NUMBER OF THE OFFICERS AND MEMBERS OF THE FILER								
Position	Name			Address	City	State	Zip code	Telephone No.	
Primary Agent	TANNER JUNNER			4321 S 50TH STREET	LINCOLN	NE	68516	(000) 000-0000	
ITEM 5	SIGNATURE OF FILER AND DATE								
Entered by NADC Admin User						5/10/2022			
(Signature of Filer)				(e - Signature Title)		Date			