

R.I. DEPT. OF STATE BUS SYCS DIV. 2020 FEB - 3 PM 1: 1-6

Notice of Registration

FOREIGN Limited Liability Partnership

→ Filing Fee: \$1,000.00

The undersigned, foreign registered limited liability partnership in accordance with RIGL <u>7-12-59</u>, submits notice of its intent to transact business in the State of Rhode Island and for that purpose makes the following statement:

makes the following statement.			
1. The name of the foreign limited liability partnership shall b	e:		
Eide Bailly LLP			
The name, if different, under which it proposes to register an	d transact business in Rhode I	Island is:	
	·		
2. The jurisdiction, the laws of which govern its partnership a Limited Liability Partnership, is:	igreement and under which it is	s registered as a	
Minnesota			
The address of the principal office is:			
Address 4310 17th Avenue S.			
City/Town Fargo	State ND	Zip Code 58103	
4. If the partnership's principal office is not located in Rhode Island, the name and address of the initial registered agent/office in Rhode Island is:			
Agent Name CT Corporation System	paryoal		
Street Address (NOT a P.O. Box) 450 Veterans Memorial Highway, Suite 7A			
City/Town East Providence	State RHODE ISLAND	Zip Code 02914	

MAIL TO:

Division of Business Services
148 W. River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040 Website: www.sos.ri.gov FILED

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FORM 550 - Revised: 12/2018

5. The name and address of all resident partners in Rhode Island is:			
NAME	ADDRESS		
	Eide Bailly does not have an office nor partners in Rhode Island.		
	Check the box to indicate an attachment		
6. A brief statement of the business in which the partnership is engaged:			
Certified Public Accountants and Business Advisors			
	Check the box to indicate an attachment		
7. Any other information that the partnership	determines to include:		
None.			
	Check the box to indicate an attachment		

8. The partnership is a Registered Limited Liability Partnership. The notice shall be of filing. Upon expiration the Foreign Limited Liability Partnership is responsible for	
Under penalty of perjury, I/we declare and affirm that I/we have examined this Notic Partnership, including any accompanying attachments, and that all statements cont	•
Type or Print Name of Partner or Authorized Representative	Date
Jeffrey S. Strand	1/20/2020
Signature of Partner or Authorized Representative	•
Julieu A. Atrand SIGN DOCUMENT HERE	
Type or Print Name of Partner	Date
Signature of Partner	•
SIGN DOCUMENT HERE	
Type of Print Name of Partner	Date
Signature of Partner	
SIGN DOCUMENT HERE	

Office of the Minnesota Secretary of State Certificate of Good Standing

I, Steve Simon, Secretary of State of Minnesota, do certify that: The business entity listed below was filed pursuant to the Minnesota Chapter listed below with the Office of the Secretary of State on the date listed below and that this business entity is registered to do business and is in good standing at the time this certificate is issued.

Name:

Eide Bailly LLP

Date Filed:

10/09/2019

File Number:

1109063500087

Minnesota Statutes, Chapter:

323A

Home Jurisdiction:

Minnesota

This certificate has been issued on:

12/10/2019



Steve Simon
Secretary of State
State of Minnesota