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R.I. DEPT. OF STATE
BUS SVCS DIV



State of Rhode Island
Department of State - Business Services Division

2020 NOV -9 A 8 35

STAMP

Notice of Registration

FOREIGN Limited Liability Partnership

→ Filing Fee: \$1,000.00

FOR
SECRETARY OF STATE
LIABILITY

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

| | | |
|--|-----------------------|-------------------|
| 1. The name of the foreign limited liability partnership shall be: | | |
| RAUSCH, STURM, ISRAEL, ENERSON & HORNIK LLP | | |
| The name, if different, under which it proposes to register and transact business in Rhode Island is: | | |
| | | |
| 2. The jurisdiction, the laws of which govern its partnership agreement and under which it is registered as a Limited Liability Partnership, is: | | |
| Wisconsin | | |
| 3. The address of the principal office is: | | |
| Address 250 N. Sunnyslope Road, Suite 300 | | |
| City/Town Brookfield | State WI | Zip Code 53005 |
| 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 Corporation Service Company | | |
| Street Address (NOT a P.O. Box) 222 Jefferson Boulevard, Suite 200 | | |
| City/Town Warwick | State RHODE ISLAND | Zip Code 02888 |

MAIL TO:
Division of Business Services
148 W. River Street, Providence, Rhode Island 02904-2615
Phone: (401) 222-3040
Website: www.sos.ri.gov

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SECRETARY OF STATE
LIABILITY

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5. The name and address of all resident partners in Rhode Island is:

| NAME | ADDRESS |
|------|---------|
| | |
| | |
| | |
| | |

Check the box to indicate an attachment

6. A brief statement of the business in which the partnership is engaged:

Practice of Law

Check the box to indicate an attachment

7. Any other information that the partnership determines to include:

Check the box to indicate an attachment

8. The partnership is a Registered Limited Liability Partnership. The notice shall be effective for 2 (two) years from the date of filing. Upon expiration the Foreign Limited Liability Partnership is responsible for filing a new notice.

Under penalty of perjury, I/we declare and affirm that I/we have examined this Notice of Foreign Limited Liability Partnership, including any accompanying attachments, and that all statements contained herein are true and correct.

| | |
|--|-----------|
| Type or Print Name of Partner or Authorized Representative | Date |
| Julie Rausch, Partner | 11/2/2020 |

| |
|---|
| Signature of Partner or Authorized Representative |
|  |

| | |
|-------------------------------|------|
| Type or Print Name of Partner | Date |
| | |

| |
|----------------------|
| Signature of Partner |
| |

| | |
|-------------------------------|------|
| Type or Print Name of Partner | Date |
| | |

| |
|----------------------|
| Signature of Partner |
| |

United States of America
State of Wisconsin

DEPARTMENT OF FINANCIAL INSTITUTIONS

Division of Corporate & Consumer Services



To All to Whom These Presents Shall Come, Greeting:

I, Patti Epstein, Administrator of the Division of Corporate and Consumer Services, Department of Financial Institutions, do hereby certify that

RAUSCH, STURM, ISRAEL, ENERSON & HORNIK LLP

is a domestic limited liability partnership registered under the laws of this state and that its date of registration is December 31, 2008.

I further certify that said limited liability partnership has, within its most recently completed report year, filed an annual report required under ss. 178.0913 Wis. Stats., and that it has not filed a Statement of Cancellation.

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IN TESTIMONY WHEREOF, I have hereunto set my hand and affixed the official seal of the Department on November 04, 2020.

A handwritten signature in cursive script that reads "Patti Epstein".

PATTI EPSTEIN, Administrator
Division of Corporate and Consumer Services
Department of Financial Institutions



DFI/Corp/33

To validate the authenticity of this certificate

Visit this web address: <http://www.wdfi.org/apps/ccs/verify/>

Enter this code: 279064-E537759D



State of Rhode Island
Department of State | Office of the Secretary of State
Nellie M. Gorbea, *Secretary of State*

I, NELLIE M. GORBEA, Secretary of State of the State of Rhode Island,
hereby certify that this document, duly executed in accordance with the provisions
of Title 7 of the General Laws of Rhode Island, as amended, has been filed in this

office on this day:

November 09, 2020 08:35 AM

A handwritten signature in blue ink that reads "Nellie M. Gorbea".

Nellie M. Gorbea
Secretary of State

