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FRA SECTION OF FELDE FOR MINES

Notice of Registration

FOREIGN Limited Liability Partnership

→ Filing Fee: \$1,000.00

	liability partnership in accordance with RIGL Z ass in the State of Rhode Island and for that pu	
1. The name of the foreign limited liability p	artnership shall be:	
RAUSCH, STURM, ISRAEL, ENERSO	N & HORNIK LLP	
The name, if different, under which it propo	ses to register and transact business in Rhode	e Island is:
The jurisdiction, the laws of which govern Limited Liability Partnership, is: Wisconsin	n its partnership agreement and under which it	is registered as a
3. The address of the principal office is:		
Address 250 N. Sunnyslope Road, Suite 300		
City/Town	State	Zip Code
Brookfield	WI	53005
4. If the partnership's principal office is not agent/office in Rhode Island is:	located in Rhode Island, the name and addres	s of the initial registered
Agent Name Corporation Service Company		
Street Address (NOT a P.O. Box) 222 Jefferson Boulevard, Suite 200		
City/Town	State	Zip Code
Warwick	RHODE ISLAND	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 **FILED**

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Selection (Selection)

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FORM 550 - Revised: 08/2020

NAME	fall resident partners in Rhode Island is: ADDRESS
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	Check the box to indicate an attachment
6. A brief statement of the I	usiness in which the partnership is engaged:
Practice of Law	
	Objects the format of the standard and all the standards and the s
	Check the box to indicate an attachment
7. Any other information the	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		
Julio Rausch, Partner	11/2/2020		
Signature of Partner or Authorized Representative			
Type or Print Name of Partner	Date		
Signature of Partner			
Type of 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 Cancelation.

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



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