

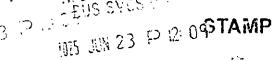
### State of Rhode Island

#### Department of State - Business Services Division

#### Statement of Registration

FOREIGN Limited Liability Partnership

→ Filing Fee: \$150.00



FOR SEGRE SAY OF STATE

Pursuant to the provisions of RIGL<u>7-12 1-1003</u>, the undersigned foreign limited liability partnership hereby applies for a Certificate of Registration to transact business in the State of Rhode Island, and for that purpose submits the following statement:

The name of the limited liability partnership is:					
KELLER GROVER LLP					
The name, if different, which it elects to use in Rhode Island is:					
The partnership is organized under the laws of:	3. The date of its formation is:				
California	09/30/2005				
The purpose or purposes which it proposes to pursue in the transaction of business in Rhode Island are:     To engage in the practice of law.					
5. The name and address of the registered agent/office in Rhode Island is:					
Agent Name Northwest Registered Agent LLC					
Street Address (NOT a P.O. Box) 700 NARRAGANSETT PARK DR STE 100					
City/Town PAWTUCKET	State RHODE ISLAND	Z <sub>ip</sub> Code 02861			
6. The Department of State is appointed the agent of the foreign partnership for service of process if, at any time, there is no registered agent or if the registered agent cannot be found or served following the exercise of reasonable diligence.					
7. The address, if applicable, of the office required to be ma	intained in the state or countr	y of its organization is:			

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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BY HMBDD

8. The name and business address of at least one partner is:				
GENERAL PARTNER BUSINESS ADDRESS 1 1 VECTOR 1				
	7110			
Jeffrey F. Keller	1965 Market Street, San Franciscó, CA 94103			
Eric A. Grover	1965 Market Street, San Francisco, CA 94103			
			,	
The address of the foreign partnership's principal place of business is:				
Address 1965 Market Street				
City/Town San Francisco		State CA	Zip Code 94103	
10. This application must be accompanied by a <u>Certificate of Good Standing/Letter of Status</u> from the state or country of formation dated within 60 days of the date of filing.				
11. Date when this Statement of Registration for a partnership will be effective: CHECK ONE BOX ONLY				
Date recieved (upon filing)				
Later effective date (date must be no more than 90 days from the date of filing)				
12. Under penalty of perjury, I declare and affirm that I have examined this Statement of Registration, including any accompanying attachments, and that all statements contained herein are true and correct.				
Type or Print Name of Partner		Date		
Eric A. Grover			6/17/2025	
Signature of Parper				

# State of California Secretary of State

## CERTIFICATE OF GOOD STANDING CALIFORNIA LIMITED LIABILITY PARTNERSHIP

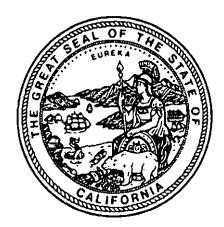
I, SHIRLEY N. WEBER, PH.D., Secretary of State of the State of California, hereby certify:

That on the 30th day of September, 2005, KELLER GROVER LLP, became recognized under the laws of the State of California by filing a certificate of registration in this office; and

That according to the records of this office, the said limited liability partnership is authorized to exercise all its powers, rights and privileges and is in good legal standing in the State of California; and

That no information is available in this office on the financial condition of this limited liability partnership.

IN WITNESS WHEREOF, I execute this certificate and affix the Great Seal of the State of California this day of June 6, 2025.



Shirley N. Weber, Ph.D. Secretary of State