

TO: **Lawyers Professional Responsibility Board**  
**445 Minnesota Street, Suite 2400**  
**St. Paul, MN 55101-2139**

**2021**

**PROFESSIONAL FIRMS ANNUAL REPORT**

The Minnesota Professional Firms Act, Minn. Stat. § 319B.11, requires this form to be completed, signed under penalty of perjury, and submitted to the Lawyers Professional Responsibility Board on or before January 1, 2022. If additional space is needed for any answer, please attach a separate sheet.

The undersigned states the following are true and correct under penalty of perjury:

(1) Law Firm Name (including suffix): \_\_\_\_\_

Law Firm Address:

Building Number and Street: \_\_\_\_\_

Suite Number: \_\_\_\_\_

City, State, and Zip Code: \_\_\_\_\_

Law Firm Telephone Number: \_\_\_\_\_

Law Firm Email: \_\_\_\_\_

(2) Has there been any amendment to the firm's organizational document, certificate of authority, or statement of qualification during 2021?

Yes \_\_\_\_ No \_\_\_\_

**If yes, please provide a copy of the amendment(s) with a proof of filing sheet from the Secretary of State's website.**

(3) Please identify by name, position, and address, each individual within the firm that either has an ownership interest or holds a position with governance authority. Feel free to attach additional sheets if more space is needed.

Name	Position title (e.g. owner, member, shareholder, partner)	Address of individual holding position	Authorized to practice law? Y/N
1.			
2.			
3.			
4.			

(4) Are all individuals (including employees, agents, and independent contractors) who furnish professional legal services within Minnesota on behalf of the firm, attorneys authorized to practice law?

Yes \_\_\_\_ No \_\_\_\_

This firm has, as of this date, complied with all the provisions of the Minnesota Professional Firms Act. The undersigned is an owner or employee of the firm, licensed to practice law, and authorized to make the above statements on behalf of the firm.

STATE OF \_\_\_\_\_

COUNTY OF \_\_\_\_\_

As provided in Minnesota Statutes § 358.116, I, \_\_\_\_\_, declare under penalty of perjury that everything I have stated in this document is true and correct.

Dated: \_\_\_\_\_  
 \_\_\_\_\_  
 (Signature of authorized attorney)

Make Checks in the amount of \$25.00 payable to **Lawyers Professional Responsibility Board**.