

**FOR OFFICE USE ONLY**

Check # \_\_\_\_\_ Amt. \_\_\_\_\_

TO: Office of Lawyers Professional Responsibility  
Minnesota Judicial Center, Suite 105  
25 Rev. Dr. Martin Luther King Jr. Blvd.  
St. Paul, MN 55155

2025

**PROFESSIONAL FIRMS ANNUAL REPORT**

**Minn. Stat. § 319B.11, Subd. 4**

**For the year ending December 31, 2025**

**Please complete one form (3 pages) for each professional firm**

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

Law Firm Address: \_\_\_\_\_

\_\_\_\_\_

Law Firm Mailing Address (if different): \_\_\_\_\_

\_\_\_\_\_

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

Law Firm Phone Number: \_\_\_\_\_

- (2) If the firm has amended its organizational document, certificate of authority, or statement of qualification since its last professional firms report,\* please describe the contents of that amendment. **If there's no amendment, check "NONE."**

<input type="checkbox"/> <b>NONE</b>	<input type="checkbox"/> Firm address changed to (1) above
<input type="checkbox"/> Firm name changed to (1) above from _____ (prior firm name)	<input type="checkbox"/> Other amendments (please describe on separate sheet or provide a copy of amendment)

\_\_\_\_\_  
\* If the firm makes such an amendment after this report is submitted, please supplement the report to include all amendments through December 31, 2025.

- (3) List the names of all people who are owners or have governance authority for the firm in the first column, and for each person, state their title or position with the firm. An ownership interest is defined in Minn. Stat. § 319B.02, subdiv. 14, as “(1) with respect to a professional firm that is a corporation, except a nonprofit corporation, shares in the corporation; (2) with respect to a professional firm that is a limited liability company, a membership interest in the limited liability company; and (3) with respect to a professional firm that is a limited liability partnership, a partnership interest.” **List all who have an ownership interest.** Governance authority is defined in Minn. Stat. § 319B.02, subdiv. 9, as “the authority and responsibility to determine important policies for a professional firm; superintend the professional firm’s overall operations; and maintain general, active management of and ultimate control over all matters involving professional judgment.” **List all who have governance authority.**

Attach a separate sheet if needed.

<u>NAME</u>	<u>TITLE OR POSITION WITHIN FIRM</u>

- (4) We will presume everyone listed in the answer to Question (3) can be reached at the firm address provided in the answer to Question (1). If anyone listed above cannot be reached at the firm address, please list their individual addresses on a separate sheet.

## DECLARATION

After reviewing the necessary records, the undersigned states as follows:

- (5) **All lawyers (whether employees, agents, or independent contractors) who furnished professional legal services on behalf of the firm within Minnesota in 2025 are now, or were at the time, authorized to practice law in Minnesota.**
- a. If any lawyer furnishing professional legal services within Minnesota on behalf of the firm in 2025 was not authorized to practice law in Minnesota for any part of 2025, please describe and explain on an attached sheet.
- (6) **All firm owners and those occupying a position of governance authority with the firm in 2025, as listed in Question (3), are now, or were at the time, either lawyers authorized to practice law in Minnesota, or lawyers licensed by another state to practice law.**
- a. If any lawyer who was an owner or in a position of governance authority with the firm in 2025 was not authorized to practice law in Minnesota or licensed by another state to practice law for any part of 2025, please describe and explain on an attached sheet.

**The undersigned is an owner or employee of the firm who is duly licensed to practice law and authorized to make the above statements on behalf of the firm.**

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.

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

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

Dated: \_\_\_\_\_

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

\_\_\_\_\_  
(Print name of person signing above)

Include check for \$25.00 payable to **Office of Lawyers Professional Responsibility**