

So It's Time To Fill Out Your Professional Firms Report

**Karin Ciano,
Senior Assistant Director**



Office of Lawyers Professional Responsibility
Protecting the Public · Strengthening the Profession

Law Firm Name and Contact Information

QUESTION 1



Office of Lawyers Professional Responsibility
Protecting the Public · Strengthening the Profession

Law Firm Name

FOR OFFICE USE ONLY
Check # _____ Amt. _____

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: _____

Full legal name

Brick and mortar address



Office of Lawyers Professional Responsibility
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Amendment to Organizational Documents

QUESTION 2



Office of Lawyers Professional Responsibility
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Amendment to official documents

(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.

2 choices

Provide amendments and proof that they were filed with SOS

Office of the Minnesota Secretary of State
Minnesota Limited Liability Company | Amendment to Articles of Organization
Minnesota Statutes, Chapter 322C



Read the instructions before completing this form.

Filing Fee: \$55 for expedited service in-person and online filings, \$35 if submitted by mail

Note: Information provided when filing a business entity is public data and may be viewable online. This includes but is not limited to all individual names and addresses.

1. List the name of this company currently on file with the Office of the Minnesota Secretary of State: (Required)

2. The articles of organization for this Limited Liability Company are amended pursuant to Chapter 322C.

AMENDMENT OPTIONS: Complete as many amendment options as apply. Complete an option only if you are changing the information related to that option.

3. The company name is changed to:

4. The registered office address is changed to:

Street Address (*A post office box by itself is not acceptable*) _____ City _____ ^{MN} State _____ Zip Code _____

5. The registered agent is changed to:

6. The business mailing address has changed to:

Address _____ City _____ State _____ Zip Code _____

7. The articles of organization are otherwise amended as follows:

8. I, the undersigned, certify that I am signing this document as the person whose signature is required, or as agent of the person(s) whose signature would be required who has authorized me to sign this document on his/her behalf, or in both capacities. I further certify that I have completed all required fields, and that the information in this document is true and correct and in compliance with the applicable chapter of Minnesota Statutes. I understand that by signing this document I am subject to the penalties of perjury as set forth in Section 609.48 as if I had signed this document under oath.

Signature of Authorized Person or Authorized Agent

Date



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Who's in charge, what positions they hold, their address, and whether they are admitted to the bar

QUESTION 3



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People with ownership interest or governance authority

- (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. John Dewey	Owner	123 Anystreet Anytown MN 55555	Y
2.			
3.			
4.			



Employees, agents, contractors providing legal services

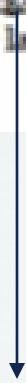
AUTHORIZED TO PRACTICE LAW



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(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 ___



Furnishing professional legal services = practicing law.
Non-lawyer professionals working under a lawyer's supervision are not furnishing professional legal services.



DECLARATION



Office of Lawyers Professional Responsibility
Protecting the Public · Strengthening the Profession

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 _____ } Complete
COUNTY OF _____ }

Lawyer name here

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: Date of signature _____ Lawyer signature here
(Signature of authorized attorney)

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

↑
Yes, paper checks! No trust account checks please.

