



State of California

Bill Jones

Secretary of State

LLP-1

REGISTERED LIMITED LIABILITY PARTNERSHIP
CERTIFICATE OF REGISTRATION**IMPORTANT** - Read the instructions before completing the form.

This document is presented for filing pursuant to Section 15049(a) of the California Corporations Code.

1. Name of the registered limited liability partnership:

Morrison & Foerster LLP

(Name must end with "Registered Limited Liability Partnership", "Limited Liability Partnership", "LLP", "LLP", "R.LLP", or "RLLP".)

2. Address of the principal office:

Address: 345 California Street

City: San Francisco

State: California

Zip Code: 94104-2675

3. If the address entered in Item 2 is not located in California, enter the agent for service of process in this state:

Name:

Street address:

N/A

City:

State: CALIFORNIA

Zip Code:

4. Indicate the business the registered limited liability partnership shall engage: (check one)

☐

Practice of Public Accountancy

☒

Practice of Law

☐

Other Related: _____

5. By filing this Certificate of Registration (LLP-1) with the Secretary of State the partnership named above is registering as a registered limited liability partnership pursuant to Section 15049 of the California Corporations Code. (DO NOT ALTER)

6. Indicate whether the registered limited liability partnership is complying with the alternative security provisions set forth in Section 15052(a)(1)(C) or Section 15052(a)(2)(C).

☒

Yes. Attach Alternative Security Provision (LLP-3).

☐

No.

7. Delayed effective date, if any: (month/day/year)

January 1, 1996

8. If other matters are to be included in the Certificate of Registration (LLP-1) attach one or more separate pages.

Number of pages attached, if any:

-0-

9. It is hereby declared that I am the person who executed this instrument, which execution is my act and deed.

Signature of Authorized Partner

Michael A. Jacobs 12/29/95

Type or Print Name of Authorized Partner Date
Managing Partner for Operations

Signature of Authorized Partner

Type or Print Name of Authorized Partner Date

Signature of Authorized Partner

Type or Print Name of Authorized Partner Date

10. RETURN ACKNOWLEDGMENT TO:

NAME Misako Sack
 FIRM Morrison & Foerster
 ADDRESS 345 California Street
 CITY/STATE San Francisco, California
 ZIP CODE 94104

THIS SPACE FOR FILING USE ONLY

LLP 201995363016

FILED

In the office of the Secretary of State
of the State of California

DEC 29 1995

BILL JONES, Secretary of State

MORRISON & FOERSTER

LOS ANGELES
SACRAMENTO
ORANGE COUNTY
PALO ALTO
WALNUT CREEK
SEATTLE

ATTORNEYS AT LAW
345 CALIFORNIA STREET
SAN FRANCISCO, CA 94104-2675
TELEPHONE (415) 677-7000
TELEFACSIMILE (415) 677-7522
TELEX 34-0154 MRSN FOERS SFO

NEW YORK
WASHINGTON, D.C.
DENVER
LONDON
BRUSSELS
HONG KONG
TOKYO

December 29, 1995

DIRECT DIAL NUMBER

415-677-7007

Via Over-the-Counter Filing

Office of Secretary of State of California
Attention: Joannie Hollomon, Esq.
Limited Liability Partnership Unit
1500 Eleventh Street, Third Floor
Sacramento, CA 95814

Re: Morrison & Foerster LLP

Dear Ms. Hollomon:

In accordance with our telephone conversations of yesterday, enclosed for filing are the original and one copy each of the following documents:

1. Certificate of Registration on Form LLP-1;
2. Alternative Security Provision on Form LLP-3 with attachments thereto.

Also enclosed is the original Certificate of Reservation of the name "Morrison & Foerster LLP." We would very much appreciate your processing these documents for immediate filing, certify enclosed copies, issue five status certificates, and return it to the person filing these documents by hand. Enclosed in payment of the applicable fees are three checks for \$70 in payment of the Form LLP-1 filing fee, for \$15 in payment of the special handling fee, and for \$30 in payment of five status certificates issuance fees.

Should you require any additional information or documentation in connection with this filing, please call me immediately at the number noted above. Thank you for your assistance.

Very truly yours,



Misako Maki Sack
Senior Legal Assistant

Enclosures
cc: Marshall Small (w/o encls.)

sf-64592



I hereby certify that the foregoing transcript of 2 page(s) is a full, true and correct copy of the original record in the custody of the California Secretary of State's office.

SEP 28 2021

A handwritten signature in blue ink, appearing to read "Shirley N. Weber".

SHIRLEY N. WEBER, Ph.D., Secretary of State



State of California
Bill Jones
Secretary of State

LLP-2

**LIMITED LIABILITY PARTNERSHIP
 CERTIFICATE OF AMENDMENT**

IMPORTANT-Read the instructions before completing the form.

This document is presented for filing pursuant to Section 15050(a) of the California Corporations Code.

1. Name of registered limited liability partnership:

Morrison & Foerster LLP

2. File number:

201995363016

3. Enter only the information in the Certificate of Registration (LLP-1) amended by filing this Certificate of Amendment (LLP-2).

a. Name of registered limited liability partnership: _____

b. Address of the principal office:

Address: 425 Market Street

City: San Francisco

State: CA

Zip Code: 94105-2482

c. If the address entered in Item 2 is not located in California, enter the agent for service of process in this state:

Name: _____

Street address: _____

City: _____

State: CALIFORNIA

Zip Code: _____

d. Indicate the business the registered limited liability partnership shall engage: (check one)

☐

Practice of Public Accountancy

☐

Practice of Law

☐

Other Related: _____

e. Delayed effective date, if any: (month/day/year) _____

f. Indicate whether the registered limited liability partnership is complying with the alternative security provisions set forth in Section 15052(a)(1)(C) or Section 15052(a)(2)(C).

☐

Yes. Attach Alternative Security Provision (LLP-3).

☐

No.

g. If other matters are to be included in the Certificate of Amendment (LLP-2) attach one or more separate pages.

Number of pages attached, if any:

-0-

4. It is hereby declared that I am the person who executed this instrument, which execution is my act and deed.

X
 Signature of Authorized Partner

Michael A. Jacobs 1/13 /97

Type or Print Name of Authorized Partner Date
 Managing Partner for Operations

Signature of Authorized Partner

Type or Print Name of Authorized Partner Date

Signature of Authorized Partner

Type or Print Name of Authorized Partner Date

5. RETURN ACKNOWLEDGMENT TO:

NAME Misako Sack
 FIRM Morrison & Foerster LLP
 ADDRESS 425 Market Street
 CITY/STATE San Francisco, CA 94105
 ZIP CODE

THIS SPACE FOR FILING USE ONLY

LLP 201 995 36 3016

FILED

In the office of the Secretary of State
 of the State of California

JAN 17 1997

BILL JONES, Secretary of State



I hereby certify that the foregoing transcript of _____ page(s) is a full, true and correct copy of the original record in the custody of the California Secretary of State's office.

SEP 28 2021

Shirley N. Weber - FS

SHIRLEY N. WEBER, Ph.D., Secretary of State

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 **29th day of December, 1995, MORRISON & FOERSTER 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 November 12, 2021.



A handwritten signature in black ink, appearing to read "Shirley N. Weber", is written over a horizontal line.

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

EXECUTION

In accordance with 28 U.S.C. § 1746, and subject to the penalties of 18 U.S.C. § 1001 and 22 U.S.C. § 618, the undersigned swears or affirms under penalty of perjury that he/she has read the information set forth in this statement filed pursuant to the Foreign Agents Registration Act of 1938, as amended, 22 U.S.C. § 611 *et seq.*, that he/she is familiar with the contents thereof, and that such contents are in their entirety true and accurate to the best of his/her knowledge and belief.

Date	Printed Name	Signature
3/28/22	John Smith	John Smith