

**State Bar of Wisconsin
Limited Liability Legal Practice Registration Form**

Firm Name _____

Firm Address _____

State or Jurisdiction in which organized, if other than Wisconsin _____

Attorney Name (List all attorneys in firm)	Residence Address	State or Jurisdiction where Licensed	Attorney Identification Number	Nature of Ownership Interest (If applicable)

**If more space is needed, please use continuation page and attach

The undersigned Wisconsin Lawyer with an ownership interest in the organization represents that, to the best of my knowledge, at the time of filing each lawyer in the organization is in good standing in Wisconsin, or if licensed to practice law elsewhere, in the states or jurisdictions in which he or she is licensed.

Signature

Date

Limited Liability Organization Name _____

Attorney Name (List all attorneys in firm)	Residence Address	States or Jurisdiction where licensed	Attorney Identification Number	Nature of Ownership Interest (If applicable)