Virtual multijurisdictional offices are not permitted in Nevada.

Item 1 Name of firm in Nevada and complete address list of all branches/offices.

Item 2 Exhibit A - In addition to names and work addresses of all attorneys employed by the firm, it MUST also include each jurisdiction each attorney is licensed in as well as attesting to his/her good standing in each jurisdiction. **DO NOT SUBMIT AN OFFICE EXTENSION LIST AS YOUR EXHIBIT.** It is not necessary to obtain certificates of good standing or prints of state bar websites.

Item 3 Exhibit B - MUST contain information regarding any pending discipline or investigation against any attorney employed by the firm. If there is none, you still need to submit the Exhibit; you may state “**No pending disciplinary action or investigation**” if there is none.

Item 4 Self explanatory.

Item 5 Please be sure to include your resident member’s **home address** and phone number, not his/her work address.

Item 6(E) Please give the name and address of your State Bar of Nevada approved financial institution/s. A list of approved financial institutions is available on our website at www.nvbar.org. “None” will not be an acceptable answer.

You must include proof the firm’s registration with the Nevada Secretary of State is current. A website print-out will work for this.

**Most frequent reasons applications are returned**

  - Exhibit A is incomplete
  - Exhibit B is not included
  - Item 5 lists work address rather than residential address
  - Item 6 (E) is not a State Bar of Nevada approved financial institution
  - Filing fee of $500 is not included

Mailing Address:
State Bar of Nevada
3100 W. Charleston Blvd., Suite 100
Las Vegas, NV 89102

Please email questions to Mary Jorgensen at maryj@nvbar.org.
Exhibits A and B may be made with a table in Word or a spreadsheet. Below are examples which you may use if you would like. Each exhibit is to be on their own page.

**Exhibit A**

*Attach as Exhibit A: MUST ACCOMPANY APPLICATION*

- The names and work addresses of ALL attorneys employed by the firm in any capacity i.e. attorney, firm administrator, paralegal, etc.
- The jurisdictions in which each attorney is licensed.
- Verification that each attorney is in good standing in each jurisdiction he/she is licensed in. You do not need to provide certificates of good standing. An attestation on the Exhibit will suffice. Do not submit bar website print outs as verification.

**Example:**

<table>
<thead>
<tr>
<th>Attorney</th>
<th>Office Address</th>
<th>Jurisdiction/s Licensed In</th>
<th>Good Standing</th>
</tr>
</thead>
<tbody>
<tr>
<td>John Doe</td>
<td>123 Main Street, Las Vegas, NV 89102</td>
<td>NV, CA, AZ</td>
<td>Yes</td>
</tr>
<tr>
<td>Jane Doe</td>
<td>456 Elm Road, Phoenix, AZ 85001</td>
<td>AZ</td>
<td>Yes</td>
</tr>
<tr>
<td>Matt Doe</td>
<td>789 Birch Avenue, Los Angeles, CA 90029</td>
<td>CA</td>
<td>No. See Exhibit B for explanation</td>
</tr>
</tbody>
</table>

**Exhibit B**

*Attach as Exhibit B: MUST ACCOMPANY APPLICATION*

- Information regarding any pending disciplinary action or investigation against any attorney, regardless of position, employed by the firm. A separate Exhibit must be submitted. If no discipline exists, indicate so on Exhibit B.

If there is no current or pending discipline or investigations, you may write such on your exhibit. If there is pending discipline or a pending investigation, you are required to submit a brief explanation. We will reach out to you if more information is needed.

**Example:**

<table>
<thead>
<tr>
<th>Attorney</th>
<th>Information Regarding Disciplinary Action or Investigation</th>
</tr>
</thead>
<tbody>
<tr>
<td>John Doe</td>
<td>No pending disciplinary action or investigation</td>
</tr>
<tr>
<td>Jane Doe</td>
<td>No pending disciplinary action or investigation</td>
</tr>
<tr>
<td>Matt Doe</td>
<td>One current investigation is pending regarding</td>
</tr>
<tr>
<td></td>
<td>...........................................................................</td>
</tr>
<tr>
<td></td>
<td>...........................................................................</td>
</tr>
</tbody>
</table>

-
RPC 7.5A
ORIGINAL/RENEWAL APPLICATION
REGISTRATION OF MULTIJURISDICTIONAL LAW FIRMS
☐ This is an application for a new firm registration. ☐ This is an annual renewal.
☐ Proof of Nevada Secretary of State current registration is included.

Firm ID: ______________________ (This is provided on the renewal notice.)

This constitutes the form required by the provisions of RPC 7.5A relating to firms having an office in Nevada and in one or more other jurisdiction/s. This application must be filed with the State Bar of Nevada, 3100 W. Charleston Blvd., Ste. 100, Las Vegas, Nevada 89102, together with the annual fee of $500, prior to the establishment of an office within the State of Nevada or if renewing, on or before the anniversary date of your original filing.

1. Set forth:
   • Name of firm (do not attach as an exhibit):

   • Complete address for ALL additional branches of the firm. You may attach as an exhibit if necessary. Do not submit firm letterhead.

2. Attach as Exhibit A: MUST ACCOMPANY APPLICATION
   • The names and work addresses of ALL attorneys employed by the firm in any capacity i.e. attorney, firm administrator, paralegal, etc.
   • The jurisdiction(s) in which each attorney is licensed.
   • Verification that each attorney is in good standing in each jurisdiction he/she is licensed in. You do not need to provide certificates of good standing. An attestation on the Exhibit will suffice. Do not submit bar website print outs as verification.

3. Attach as Exhibit B: MUST ACCOMPANY APPLICATION
   • Information regarding any pending disciplinary action or investigation against any attorney, regardless of position, employed by the firm. A separate Exhibit must be submitted. If no discipline exists, indicate so on Exhibit B.
4. Set forth the following information regarding the permanent office of the firm located in Nevada **(do not attach as an exhibit):**

- Address:

- Telephone number:

- Fax number:

5. Set forth **(do not attach as an exhibit):**

- The name of the active member in good standing of the State Bar of Nevada who will maintain a full-time presence (not less than 30 hours per week) in the physical Nevada office of the firm and who will be the firm's designated agent for service of process in Nevada:

- The **residence address** of your resident member:

- The residential telephone number:

6. **THE FIRM HEREBY CERTIFIES THAT:**

   (A) The firm will at all times that the firm is practicing in Nevada maintain a permanent office in Nevada containing a resident member of the firm who is an active member in good standing of the State Bar of Nevada;

   (B) The firm will notify the State Bar of any change in the identity of its resident member or Nevada address within thirty (30) days thereafter.

   (C) The firm will disclose in writing to its Nevada clients whether all of its attorneys are licensed to practice in Nevada and, if not, to disclose to the Nevada clients what legal work will be performed by attorneys not admitted to practice in Nevada.

   (D) The firm understands that it is required to provide to the State Bar evidence of its compliance with Subpart (C) above upon request.
The firm maintains the following trust accounts in accordance with SCR 78.5 and SCR 217 and all funds arising from any matter in Nevada will be maintained solely in those accounts:

- **Name of Financial Institution(s) and address(es):** MUST BE A NEVADA STATE BAR APPROVED FINANCIAL INSTITUTION, DO NOT LIST OUT OF STATE FINANCIAL INSTITUTIONS

Name of financial institution:

Account number:

Nevada address for financial institution:

The firm will comply fully with the provisions of RPC 7.5, regarding firm names.

7. The firm acknowledges its responsibility to file with the state bar a renewal application for registration on or before the anniversary date of the approval of the original application and pay an annual fee of $500.

The State Bar of Nevada may contact: ____________________________

phone: _______________________ , email: ___________________________ with any questions regarding this application.

The firm will maintain a permanent office in Nevada with a resident member of the firm who is also an active member in good standing of the State Bar of Nevada at all times the firm is practicing in Nevada and will notify the state bar of any changes of status or address within 30 days of the change in status or address.

I certify that the information contained in this Original/Renewal Application and its attachments are true and correct.

Signed: ____________________________

Must be original signature of Managing Partner/Principal Shareholder

Signature stamps will not be accepted.

Printed Name: ____________________________

Title: ____________________________ Date: ____________________________
Resident Member Attestation

I, ________________________________, hereby agree to act as
Resident Member and maintain a full-time presence in the Nevada office for the firm of
______________________________________________________________.

I have read RPC 7.5A and agree to all responsibilities as specifically outlined in
RPC7.5A(j).

(j) Responsibilities of Nevada-licensed members. The members of the firm who
are admitted to practice in Nevada shall be responsible for and actively
participate as a principal or lead lawyer in all work performed for Nevada clients
and for compliance with all state and local rules of practice. It is the
responsibility of the Nevada-licensed members of the firm to ensure that any
proceedings in this jurisdiction are tried and managed in accordance with all
applicable procedural and ethical rules and that out-of-state members of the firm
comply with Supreme Court Rule 42 before appearing in any proceedings that are
subject to that rule.

I understand this firm registration is separate from my individual
attorney account. I will notify the MJP Processor at the State Bar if my status with
the above-named firm changes.

Original signature must accompany application. Signature stamps will not be accepted.

Resident Member Signature ___________________________ Date __________________