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APPLICATION FOR REGISTRATION OF LIMITED LIABILITY PARTNERSHIP

To the Secretary of State of Idaho

The undersigned partnership hereby applies for registration as a Limited Liability Partnership, and submits the following information pursuant to section 53-343A, I.C.

1. The name of the partnership is Stoel Rives LLP.
2. It's principal office is located at 900 SW Fifth Avenue, Suite 2300 Portland, OR 97204.
3. It's registered office in Idaho is located at One Capital Center, Suite 1015, 999 Main Street, Boise, Idaho 83702, and the name of the registered agent at that address is Dale G. Higer.
4. The partnership is organized in the state of Oregon.
5. The nature of it's business is law firm.
6. The name(s) and address(es) of at least one partner:

Name	Address
Margaret B. Kushner	900 SW Fifth Avenue, Suite 2300 Portland, OR 97204

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SECRETARY OF STATE
STATE OF IDAHO

7. Other matters (optional):

8. Signature(s) of at least one partner listed in item 6.

Margaret B. K

Secretary of State use only IDAHO SECRETARY OF STATE CDL
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