

ATTACHMENT 15 – CERTIFICATE OF FIRM STATUS

The Bidder shall attach either a copy of the Certificate of Status issued by California's Office of the Secretary of State, or a copy of the firm's active on-line status information downloaded from the California Business Portal Website. If the required documentation cannot be supplied, the Contractor must document an explanation.

State of California
Secretary of State

**CERTIFICATE OF GOOD STANDING
FOREIGN LIMITED LIABILITY PARTNERSHIP**

I, SHIRLEY N. WEBER, PH.D., Secretary of State of the State of California, hereby certify:

That on the **28th day of November, 1995, ACCENTURE LLP**, a limited liability partnership organized and existing under the laws of **Illinois**, complied with the requirements of California law in effect on that date for the purpose of registering to transact intrastate business in the State of California;

That the above limited liability partnership is entitled to transact intrastate business in the State of California as of the date of this certificate subject, however, to any licensing requirements otherwise imposed by the laws of this state; and

That no information is available in this office on the financial condition, business activity or practices 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
January 17, 2024.



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

NP-25 (REV 01/2021)

NLH



State of California

Bill Jones
Secretary of State

LLP-5

FOREIGN LIMITED LIABILITY PARTNERSHIP
APPLICATION FOR REGISTRATION

IMPORTANT - Read the instructions before completing the form.
This document is presented for filing pursuant to Section 15055(a)(1) of the California Corporations Code.

1. Name of the foreign limited liability partnership: Andersen Consulting LLP

(Name must end with "Registered Limited Liability Partnership", "Limited Liability Partnership", "LLP", "LLP", "R.L.L.P.", "R.L.L.P." or such other similar ending as may be authorized by the laws of the jurisdiction of formation.)

2. Address of the principal office:

Address: 69 West Washington Street

City: Chicago

State: Illinois

Zip Code: 60602

3. Enter the agent for service of process in this state:

Name: Douglas W. Cunningham

Street address: 633 West Fifth Street - Suite 2700

City: Los Angeles

State: CALIFORNIA

Zip Code: 90071

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

☐ Practice of Public Accountancy

☐ Practice of Law

☒ Other Related:

Information technology services and other related services

5. Indicate whether the foreign 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.

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

7. If other matters are to be included in the Application For Registration (LLP-5) attach one or more separate pages.

Number of pages attached:

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

J. Robert Prince
Signature of Authorized Person

J. Robert Prince 10/23/95
Type or Print Name of Authorized Person Date

THIS SPACE FOR FILING USE ONLY

LLP 201995332001

FILED

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

NOV 28 1995

Bill Jones
BILL JONES, Secretary of State

9. RETURN ACKNOWLEDGMENT TO:

NAME Sharon A. Stachowiak
FIRM Andersen Consulting LLP
ADDRESS 69 West Washington Street
CITY/STATE Chicago, IL 60602
ZIP CODE

File Number 000-005



To all to whom these Presents Shall Come, Greeting:

*I, George H. Ryan, Secretary of State of the State of Illinois,
do hereby certify that*

ANDERSEN CONSULTING LLP,
HAVING REGISTERED IN THE STATE OF ILLINOIS ON SEPTEMBER 01, 1994,
APPEARS TO HAVE COMPLIED WITH ALL THE PROVISIONS OF THE UNIFORM
PARTNERSHIP ACT OF THIS STATE RELATING TO THE FILING OF THE
REGISTRATION AND PAYMENT, AND IS REGISTERED TO CONDUCT BUSINESS
IN THE STATE OF ILLINOIS AS A LIMITED LIABILITY PARTNERSHIP.




C-260

In Testimony Whereof, *I hereto set
my hand and cause to be affixed the Great Seal of
the State of Illinois this* 29TH
day of AUGUST *A.D., 19* 95

George H Ryan

SECRETARY OF STATE

 <p>State of California Bill Jones Secretary of State</p> <p>LIMITED LIABILITY PARTNERSHIP AMENDMENT TO REGISTRATION</p> <p>A \$30.00 filing fee must accompany this form IMPORTANT – Read instructions before completing this form.</p>	<p style="text-align: center;">FILED In the Office of the Secretary of State of the State of California</p> <p style="text-align: center;">APR 19 1999</p> <p style="text-align: center;"><i>Bill Jones</i> BILL JONES, Secretary of State</p> <p style="text-align: right; font-size: small;">This Space For Filing Use Only</p>										
<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; padding: 5px;">1. Secretary of State File Number partnership: 201995332001</td> <td style="width: 50%; padding: 5px;">2. Name of registered limited liability partnership or foreign limited liability Andersen Consulting LLP</td> </tr> </table>		1. Secretary of State File Number partnership: 201995332001	2. Name of registered limited liability partnership or foreign limited liability Andersen Consulting LLP								
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<p>3. COMPLETE ONLY THE SECTIONS WHERE INFORMATION IS BEING CHANGED. ADDITIONAL PAGES MAY BE ATTACHED IF NECESSARY.</p>											
<p>A. Registered limited liability partnership or foreign limited liability partnership name.</p>											
<p>B. The address of the principal office:</p> <p>Address <u>100 South Wacker Drive</u></p> <p>City <u>Chicago</u> State <u>Illinois</u> Zip Code <u>60606</u></p>											
<p>C. The name of the Agent for Service of Process.</p> <p><u>C T Corporation System</u></p>											
<p>D. If an individual, California address of the Agent for Service of Process:</p> <p>Address _____</p> <p>City _____ State <u>CA</u> Zip Code _____</p>											
<p>E. The business in which the limited liability partnership shall engage: (Check One)</p> <p><input type="checkbox"/> Practice of Architecture <input type="checkbox"/> Practice of Public Accountancy</p> <p><input type="checkbox"/> Practice of Law <input type="checkbox"/> Related _____</p>											
<p>F. Indicate whether the limited liability partnership is complying with the alternative security provisions.</p> <p><input type="checkbox"/> YES. Attach Alternative Security Provision (LLP-3). <input type="checkbox"/> NO</p>											
<p>G. Other matters to be included in this Amendment to Registration. Attach additional pages, if necessary.</p>											
<p>4. Total number of pages attached, if any: <u>none</u></p>											
<p>5. Declaration: It is hereby declared that I am the person who executed this instrument, which execution is my act and deed. <u>Andersen Consulting LLP</u></p> <table style="width: 100%;"> <tr> <td style="width: 50%; vertical-align: bottom;"> By: <u><i>Michael P. Brownell</i></u> Signature of Authorized Partner </td> <td style="width: 50%; vertical-align: bottom;"> <u>Michael P. Brownell, Partner</u> <u>4/16/99</u> Type or Print Name of Authorized Partner Date </td> </tr> <tr> <td style="border-top: 1px solid black; height: 20px;"></td> <td style="border-top: 1px solid black; height: 20px;"></td> </tr> <tr> <td style="border-top: 1px solid black; height: 20px;"></td> <td style="border-top: 1px solid black; height: 20px;"></td> </tr> </table>		By: <u><i>Michael P. Brownell</i></u> Signature of Authorized Partner	<u>Michael P. Brownell, Partner</u> <u>4/16/99</u> Type or Print Name of Authorized Partner Date								
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<p>6. RETURN TO:</p> <table style="width: 100%;"> <tr> <td style="width: 20%;">NAME</td> <td style="border: 1px solid black; width: 80%;"></td> </tr> <tr> <td>FIRM</td> <td style="border: 1px solid black;">Joseph E. Smith</td> </tr> <tr> <td>ADDRESS</td> <td style="border: 1px solid black;">Andersen Consulting LLP</td> </tr> <tr> <td>CITY/STATE</td> <td style="border: 1px solid black;">225 North Michigan Avenue, Rte. Code A16G/16S7D</td> </tr> <tr> <td>ZIP CODE</td> <td style="border: 1px solid black;">Chicago, Illinois 60601</td> </tr> </table>		NAME		FIRM	Joseph E. Smith	ADDRESS	Andersen Consulting LLP	CITY/STATE	225 North Michigan Avenue, Rte. Code A16G/16S7D	ZIP CODE	Chicago, Illinois 60601
NAME											
FIRM	Joseph E. Smith										
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ZIP CODE	Chicago, Illinois 60601										
<div style="display: flex; justify-content: space-between; font-size: x-small;"> SEC/STATE (REV. 1/99) FORM LLP-2 -- FILING FEE: \$30.00 Approved by Secretary of State </div>											



State of California
Bill Jones
Secretary of State

LLP-2

**LIMITED LIABILITY PARTNERSHIP
 AMENDMENT TO REGISTRATION**

IMPORTANT-Read the Instructions on the back of this form before completing it.

1. Name of registered limited liability partnership or foreign limited liability partnership:
 Andersen Consulting LLP

2. Secretary of State File number: 201995332001

3. Enter only the information in the Registration (LLP-1) which is being amended by filing this Amendment (LLP-2).

a. The name of registered limited liability partnership or foreign limited liability partnership: ACCENTURE LLP

b. The address of the principal office:

Address: n/a

City: _____ State: _____ Zip Code: _____

c. The name and address of the agent for service of process in this state:

Name: n/a

Street address: _____

City: _____ State: CALIFORNIA Zip Code: _____

d. The business in which the 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) 01/01/2001

f. Indicate whether the limited liability partnership is complying with the alternative security provisions.

☐ Yes. Attach Alternative Security Provision (LLP-3). ☒ No.

g. Other matters to be included in the Amendment (LLP-2) attach additional pages.
 Number of pages attached, if any: ☐

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

[Signature]
 Signature of Authorized Partner

Michael E. Hughes, Partner
 Type or Print Name of Authorized Partner Date

 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 TO:

NAME ☐

FIRM ☐

ADDRESS ☐

CITY/STATE ☐

ZIP CODE ☐

THIS SPACE FOR FILING USE ONLY

LLP 201995332001

FILED
 in the office of the Secretary of State
 of the State of California

OCT 26 2000

[Signature]
 BILL JONES, Secretary of State

**EFFECTIVE
 DATE**

1-1-2001

REG/STATE (REV. 1/97)

FORM LLP-2 -- FILING FEE: \$30
 Approved by Secretary of State

CA069 - CT System Online



I hereby certify that the foregoing transcript of 4 page(s) is a full, true and correct copy of the original record in the custody of the California Secretary of State's office.

JAN 21 2014 NS

Date: _____

Debra Bowen

DEBRA BOWEN, Secretary of State