

**COMPANIES OFFICE
FILING REQUEST**



Series _____ of _____

Entity Name: _____

Registry Number: _____ and/or Business Number: _____

A Return Address: _____

Contact Person: _____

Telephone No.: _____

Client Reference Number: _____

<p>B Name Reservation Number, if applicable: _____</p>	<p>C EXPEDITED SERVICE REQUESTED: (additional fees apply)</p>	<p>D Effective Date – is the date documents are received unless you specify a date up to 30 days in the future: _____ Day Month Year</p> <p>Documents will be processed and released after this date</p>
---	--	--

<p>E Confirm Mailing Address for Annual Return/Renewal: Same as box A</p> <p>Note: If not completed, the registered office address will be recorded as the mailing address</p>	<p>F Provide an email address if you wish to receive Annual Return/Renewal notifications electronically: _____</p>
---	--

**Return fee and two copies to:
Companies Office 1010 – 405 Broadway, Winnipeg, MB. R3C 3L6**

OFFICE USE ONLY			
Type of forms being filed: <input type="checkbox"/> Corporate <input type="checkbox"/> Business <input type="checkbox"/> Cooperative			Initials:
Fees:	Payment method OR Account number:	Received On:	
_____ _____ _____			
Released Date (dd/mm/yyyy):	Released By:	Pickup Date (dd/mm/yyyy):	Signature (Pickup):

The Business Names Registration Act
DISSOLUTION OF A BUSINESS NAME



PLEASE PRINT OR TYPE.

1) Business name		
2) Name and address to which duplicate should be returned (include postal code)	3) Contact person, if different from registrant	
	Tel. (8:00-4:30)	

4) I/(We) stopped carrying on business under this name on

(Date - day/month/year)

Declaration:
No other firm, person or corporation was associated in partnership with the registrant(s).

5) Registrant(s) on file		
Full name	Residence address	Signature

A schedule is attached with the names, addresses and signatures of additional registrants.