

**BUSINESS FILING REQUEST**  
The Business Names Registration Act



**A** Effective Date of registration (**Optional**)  
You may request that the registration have an effective date that is up to 30 days in the future from the date that you filed the documents. Documents will be released **on or after** this date. If you wish this option, please enter the requested effective date in the space below. Verbal or other forms of requests will not be honoured. If this date is left blank, the registration will be made effective the date that your documents were received by the Companies Office:

\_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
Day                      Month                      Year

**B Expedited Service required (additional fees required)**

**C** Current name of the business  
\_\_\_\_\_

Business Number \_\_\_\_\_ and/or Registry Number \_\_\_\_\_

**D** Identify the form being filed:

Registration  
A Request for Name Reservation has been filed. The Reservation Number is \_\_\_\_\_

Change of Business Name  
A Request for Name Reservation has been filed. The Reservation Number is \_\_\_\_\_

Dissolution

Other \_\_\_\_\_

**E** Optional: I wish to receive an e-mail notification to the following address when the renewal is due to be filed:  
\_\_\_\_\_

Note: In the event that the e-mail notification is undeliverable, the Renewal will be sent to the Mailing Address on record.

**F** Name and address of sender \_\_\_\_\_ Contact person: \_\_\_\_\_

Tel(8:00-4:30): \_\_\_\_\_

Fee enclosed: \_\_\_\_\_

Client Reference Number: \_\_\_\_\_

**G OFFICE REPLY**

Forms accepted, your copy is enclosed.

REMARKS \_\_\_\_\_

\_\_\_\_\_

Date \_\_\_\_\_ Signature for receipt \_\_\_\_\_

Return fee and two copies of forms to:  
Companies Office, 1010-405 Broadway, Winnipeg, MB R3C 3L6

Available in alternate formats, upon request

The Business Names Registration Act  
**CHANGE IN A LIMITED LIABILITY PARTNERSHIP**



1. Name of Limited Liability Partnership (before any changes)	
2. Name and address to which duplicate should be returned (including postal code)	3. Contact person, if different from registrant  Telephone (8:30-4:30)
4. A change occurred in the Limited Liability Partnership on the following date:	
5. Please select and complete one (1) or more of the following:	
<p>The name of the firm has been changed to:</p> <p>The designate Manitoba-resident partner has been "ej cpi g"vq" *pco g"cpf "tgukf gpeg"cf f tguu+&lt;"</p> <p>The Registered Office in Manitoba has been "ej cpi gf "vq&lt;"</p> <p>The separate post office box number designated as the "O cpkqdc"cf f tguu'hqt "ugtxleg"d{ "o cki] cu'dggp"" changed to:</p> <p>Other (please attach schedule and specify)</p>	

6. **Where the name of the firm is being changed:**  
The business name being registered is not that of another know firm, company, corporation or unincorporated association, or a name liable to be confounded or confused with the other name, or otherwise objectionable on public grounds

7. The signature of a partner is required.  
(Important: If the partner is a corporation, the signature of a corporate officer is required.)

Date	Signature	Office Held (for Corporate Officer)
------	-----------	-------------------------------------

Please print partner's name