

**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>
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<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>
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**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):

1. **Name Notation to be dissolved**

2. Name and address to which duplicate should be returned (including postal code):

3. Name of Contact Person

Telephone (8:00-4:30)

4. The registrant(s) stopped using this name notation on:

_____ (Month/Day/Year)

5. If the name in no. 1 above is being noted by another organization, please provide the organization's name and address:

6. Provide the names and addresses of **two (2)** members or officers:

Full Name

Residence Address

7. Signature

Please Type individual's name:

The signature of one of the registrants in no. 6 is required. (Important: if the registrant is a corporation, the signature of a corporate officer and the office held is required.)

Office Held (if applicable):