COMPANIES OFFICE FILING REQUEST



										Series		of
Entity Name:												
Registry Number: and/or Business Number:												
A	Return Addre	ess:						Cont	eact Person:			
								Tele	phone No.:			
								Clier	nt Reference Number:			
В	Name Reservati	on Numb	er, if applicable:	F	EXPEDIT REQUES (additional	STED:	ERVICE	D	Effective Date – is the unless you specify a da			
									Day	Month	Year	r
									Documents will be proces			
E	E Confirm Mailing Address for Annual Return/Renewal: Same as box A					F	Provide an email adda Return/Renewal notifi	ress if you wis cations electro	h to reonically	ceive Annual y:		
	Note: If not completed, the registered office address will be recorded as the mailing address											
Return fee and two copies to: Companies Office 1010 – 405 Broadway, Winnipeg, MB. R3C 3L6												
OFI	FICE USE ONLY	I										
Type of forms being filed:												
Fees: Payment method OR Accou		nt number: Received On:										
Released Date (dd/mm/yyyy): Released By: Pickup Date (dd/mr					ate (dd/mm/	⁄уууу):	Signature (Pickup):					

The Business Names Registration Act **REGISTRATION OF A LIMITED PARTNERSHIP**



PLEASE PRINT OR TYPE

1)	Name of limited partnership					
2)	Name and address (include mostel and a) to subject doublests she					
2)	Name and address (include postal code) to which duplicate should be returned					
3)	Complete one of the following:					
	The registration is for a Manitoba Limited Partnership. Schedule A is attached with the names and addresses of the Limited Partners and their capital contributions.					
	The registration is for an extra-provincial Limited Partnership. The partnership has the status of a Limited Partnership under the laws of:					
	(Income III and I Inciditation and					
	(Insert Home Jurisdiction and					
4a)	Home Jurisdiction Registry Number	4b) Home Jurisdiction Registration Date				
5)	5) The date of start of business (cannot be more than 30 days in future)					
6)	The place of business is (full address, including postal code)					
7)	The main type of business is					

8) (a) Does this business have a Business Numb	ber?						
, , ,							
	Yes No						
(b) If the answer to (a) is "ves" please set ou	(b) If the answer to (a) is "yes", please set out the Business Number.						
(b) If the answer to (a) is yes, please set of	a the Business Number.						
							
Declaration:	6 1 1 6						
The business name being registered is not that name liable to be confounded or confused with the		corporation, or unincorporated association or a mable on public grounds.					
No other firm, person or corporation is associated	d in partnership with the registrant(s	s).					
The general partner makes this application and has signed on behalf of all limited partners.							
9) Registrant(s)	A 11	6					
Full name of general partner(s)	Address	Signature and office held					

SCHEDULE A (Required for the Registration of a Manitoba Limited Partnership only)

Full name of limited partner(s)	Address	Capital contribution (in dollar value)