

**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 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 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):

PLEASE PRINT OR TYPE / VEUILLEZ ÉCRIRE EN CARACTÈRES D'IMPRIMERIE OU DACTYLOGRAPHIER

1. Name of limited partnership :

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

3. Full name and address of general partner(s) on file:

4. The place of business is (full address, including postal code):

5. The change occurred on :

6. A change in the **general partner(s)** occurred. The general partner(s) are now as follows:

Full name of general partner(s) /

Address

Declaration:

No other firm person or corporation is associated in partnership with the registrant(s). /

7. Signature

Signature of a general partner after the change /

Office held