

**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>B</b> Name Reservation Number, if applicable:          _____</p>	<p><b>C</b> EXPEDITED SERVICE REQUESTED:          (additional fees apply)</p>	<p><b>D</b> 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><b>E</b> 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><b>F</b> Provide an <b>email address</b> 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):

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1. Name of Corporation

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2. The corporation has voluntarily resolved to liquidate and dissolve pursuant to:

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""Subsection 203(1)

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""Subsection 203(2)

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""Subsection 203(3)

""Section 204

The corporation has discharged all its obligations, and now has no liabilities.

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3. Documents and records of the corporation shall be kept for six years from the date of dissolution by:

Name in full

Address in full (include postal code)

Date	Signature	Office held

**Note:** Indicate (X) in paragraph 2 for the relevant provision under which the corporation is being dissolved.