

The Corporations Act  
**MISSING SHARE CLASSES**



NAME OF CORPORATION	REGISTRY NUMBER
ADDRESS (INCLUDE POSTAL CODE)	CONTACT NAME & TELEPHONE NUMBER

Please provide a list of all missing share classes:

Disclaimer: I certify that I am authorized by the corporation to file this document with the Director under The Corporations Act and the information contained therein is true.

\_\_\_\_\_ (Print Name)

Date: \_\_\_\_\_

\_\_\_\_\_ (Signature)

Please submit the completed form to Companies Office, 1010 - 405 Broadway, Winnipeg, Manitoba, R3C 3L6