

**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</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 of dissolved corporation	2. Business Number
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3. Date of dissolution

4. The applicant is:

a director

an officer (President, Secretary, etc.)

a shareholder

a creditor

other (please explain) _____

5. Name of applicant in full	Address in full (include postal code)	Date	Signature

Instructions: If the dissolved corporation was in default with respect to any filings required under the Act, all such defaults must be remedied, to a maximum of three years, at the time of delivering the articles.