

**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>
---	--	---

<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>
---	--

**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):

The Corporations Act
**STATEMENT OF INTENT TO DISSOLVE OR
REVOCATION OF INTENT TO DISSOLVE**



1. Name of corporation

4. "*****The corporation intends to liquidate and dissolve under section 204 of *The Corporations Act*.

or

*****The corporation revokes its Certificate of Intent to Dissolve.

Date	Signature	Office held