

The Corporations Act  
**REQUEST FOR SERVICE**



|  |                       |
|--|-----------------------|
| <b>A</b> Name and address of sender _____<br>_____ | Contact person _____  |
|  | Tel(8:30-4:30) _____  |
|  | Fee enclosed \$ _____ |

|   |
|---|
| <b>B</b> Current name of the corporation _____<br>_____ |
| Business Number _____                                   |

|   |
|---|
| <b>C</b> <b>IF YOU ARE FILING ARTICLES OR AN APPLICATION, PLEASE IDENTIFY THE FORM BEING FILED:</b> |
| Articles of Incorporation _____   |
| Articles of _____   |
| Application for Registration _____  |
| Application for Supplementary Registration _____  |
| Other _____   |

|  |
|--|
| <b>D</b> <b>IF YOU WANT CERTIFICATES AND/OR COPIES, PLEASE IDENTIFY THE DESIRED ITEM(S):</b> |
| Certificate of status _____ File Summary _____   |
| Certificate of search _____  |
| Photocopy of _____   |
| Certified copy of _____  |

|  |
|--|
| <b>E</b> <b>OFFICE REPLY</b>                                 |
| <input type="checkbox"/> Forms accepted, your copy enclosed. |
| <input type="checkbox"/> Requested item(s) enclosed.         |
| REMARKS _____<br>_____                                       |

|  |                              |
|--|------------------------------|
|  | <b>SIGNATURE FOR RECEIPT</b> |
|--|------------------------------|

|                           |
|---------------------------|
| <b>OFFICE USE ONLY</b>    |
| Corporation Number: _____ |

RETURN FEE AND TWO COPIES OF FORM TO:  
COMPANIES OFFICE  
1010-405 BROADWAY  
WINNIPEG, MANITOBA, R3C 3L6  
(204) 945-2500  
MG10235 (REV.DEC/02)