NIP TO IP PROMOTION SURVEY

STATISTICS CANADA-BUSINESS REGISTER

IDENTIFICATION						
Business Register Identifier:	Label:					
Confirmation of legal name:						
2. Contact:	-					
Name: Position:	1					
Phone #:	1					
Interviewer: Date:						
3. Legal Type:						
Incorporated	Incorporation Legislation Acts:					
Incorporated Joint Venture	Date of Incorporation: Year Month					
Unincorporated Joint Venture	Certificate Number:					
Partnership	Names and BN of partners/venturers:					
Limited Partnership						
Sole Proprietorship						
4. Is this corporation the result of:						
An amalgamation No Yes	If yes, date of amalgamation:					
If yes, name of amalgamating companies:	(()) ~					
BN	Address:					
BN	Address:					
BN	Address:					
RELATIONSHIPS (attach separate sheet if needed)						
Legal Relationships:	^ (^)					
Is this legal entity owned > 50.1% by another	Name and BN of the parent entity:					
legal entity? No Yes	Name and by at the parent entry.					
legal entity?	\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\					
Does this legal entity own > 50.1% any other	Name(s) and BN of the subsidiary(ies):					
	/ Name(s) and bin of the subsidial y(les).					
legal entity? No Yes Yes	//(),/					
	100					
6. Are consolidated financial statements produced?	If yes , for which legal entities and BN's:					
No Mes						
7.1 Does the company operate in more than one location:						
No es						
give address of Head office:						
To Dear the American Angeles and activity						
7.2 Does the company have more than one activity No es	1					
If no for 7.1/and 7.2, then go to 7.3, if yes, then continue interview and go to	<u></u>					
7.3 The company will remain as a BN; please confirm:						
Activiy: \(
Number of employees:						
8. Does the company have financing from a foreign source?	No Yes					
Does this company have investments in a foreign country?	No Yes Yes					
9. Is this Legal entity a franchisor? No Yes	ı .					
Is this legal entity a Franchisee? No Yes	Give name of franchisor:					
Comments:						

7-5030-418.1: 2002-04-05 STC-BUS-525-60422

Statistics Statistique Canada Canada

Business Entity							
10. Sector Type:				11. Lev	el of Government:		
	F		ļ				
Private Sector	L		go to 12		Federal		
Government business enterprise	Г	\neg	go to 11		Provincial		
Government pasiness enterprise	_		gotori		Pitovinciai		
Government		<u>_</u>	end interview		Local		
						^	
Operations							
12. Is this business set up with:							
	г	_					
Divisions	No L		go to 13	المسانية	ting books of		
	Yes L		are operating profits recorded in the accounting books at				
			at this level?			Yes V	
					((\nearrow	
Departments	No [go to 13			$\mathcal{I}_{\mathcal{I}}$	
	Yes		are operating profits reco	orded in th	ne accounting books at	ti No	
			at this level?			Yes	
					_// \		
	_				$\overline{}$		
Districts	No		go to 13	> ((()) •		
	Yes		are operating profits reco	wded in th	ne accounting books at	t 1 No	
			at this level?	: \\\	>	Yes	
				\searrow			
Operating Divisions			(\mathcal{I}_{Λ})	,			
Div. #1 Name			(0)	Div. # 2	Name		
Address				D			
Street			~ \ \				
City		\mathcal{L}	7//>		City		
Province		<1			Province	Postal Code	
					_	_	
Total Revenue (\$'000)		$\rightarrow \rightarrow$			Total Revenue (\$'000	0)	
Total Number of Employees _	$\rightarrow \searrow \swarrow$	<u> </u>			Total Number of Emp	oloyees	
	\sim	_					
	$\langle \wedge \rangle \rangle$						
Div. # 3 Name	$\leftarrow \leftarrow \rightarrow$			Div. # 4			
Address	$\rightarrow -$				Address		
Street	\rightarrow $\stackrel{\cdot}{}$						
City	Postal Code		·		City	_ Postal Code	
Province	_ Postal Code				Province	_ Postai Code	
Total Revenue (\$1000)					Total Revenue (\$'000	וו	
Total Number of Employees			Total Revenue (\$'000) Total Number of Employees				
					100011011111111111111111111111111111111	noyoos	
\ `<							
Div. # 5 Name				Div. # 6	Name		
Address			Address				
Street				Street			
City					City		
Province	_ Postal Code				Province	_ Postal Code	
1							
Total Revenue (\$'000)					,	0)	
Total Number of Employees					Total Number of Employees		

7-5030-418.1: 2002-04-05 STC-BUS-525-60422

Statistics Statistique Canada Canada

13. OPER	ATING LOCATIONS						
Div#	(if applicable, please indicate which division this entity falls unde	r by noting the division number)					
Operating Na	me:	Period of Operation: full year	occasional future				
Address:		Production status: active Outlet number (if applicable):					
Address.	Street	If a concession, in what department					
	City						
	Prov Postal Code						
Total Assets	(\$000)	Fiscal Period ending	Year Month				
Was this oner	ation purchased from another legal? No	Do you have accounting records me	easuring the				
rrao ano opor	Yes	for that specific location?	odddinig aid				
Seller's na	me:	Direct Costs/Expenses	No Yes				
Phone nun	nber of former owner:	Gross Revenue	No Yes				
Date of pur	rchase: Year Month						
Is transfer prid	cing used at this level? No Yes	Total Revenue (\$'000) Total Number of Employees					
	Activity description	Type SIC80	NAICS %				
Div#	$_$ (if applicable, please indicate which division this entity falls unde	r by noting the division number)					
Operating Na	me:	Period of Operation: full year	occasional				
A -1 -1		Production status: Active	future				
Address:	Street	Outlet number (if applicable): If a concession in what department	t atoro:				
	City	ii a concession/iii what department	i store.				
	Prov Postal Code	\rightarrow					
	1 ostal oodo	\sim					
Total Assets	(\$000)	Fiscal Period ending	Year Month				
Seller's na	ation purchased from another legal? No Yes	Do you have accounting records me for that specific location? Diffect Costs/Expenses Gross Revenue	easuring the No Yes No Yes No Yes				
Date of pu	Date of purchase: Year Month						
la transfor pris	cing used at this level?	Total Revenue (\$'000)					
is transier pric	oring used at this lever?	Total Number of Employees					
	\Diamond ((\)\						
	Activity description	Type SIC80	NAICS %				
Di#							
Div#	_ (if applicable, please indicate which division this entity falls unde	r by noting the division number)					
Operating Na	me.	Period of Operation: full year	occasional				
oporating real		•	future				
Address:		Outlet number (if applicable):					
\wedge	Street	If a concession, in what department	t store:				
//.	(Chy.)						
$\langle \langle \rangle$	Prov. Postal Code						
\ \ \							
Total Assets	(\$000)	Fiscal Period ending	Year Month				
Mon this	otion nurshaged from engther legal 2. No	Do you have essenting a series !	occuring the				
vvas mis oper	ation purchased from another legal? No Yes	Do you have accounting records me for that specific location?	easuring the				
Seller's na		Direct Costs/Expenses	No Yes				
	nber of former owner:	Gross Revenue	No Yes				
	rchase: Year Month						
Is transfer price	cing used at this level? No Yes	Total Revenue (\$'000)					
		Total Number of Employees					
	Activity description	Type SIC80	NAICS %				
I							