

1. Name of Limited Liability Partnership	
2. Name and address (include postal code) to which duplicate should be returned, and Renewals will be mailed	3. Contact person, if different from registrant Tel (8:00-4:30)
4. (a) Does this business have a Business Number? Yes No (b) If the answer to (a) is "yes", please set out the Business Number. _____	
5. Registered Office in Manitoba (full address, including postal code)	
6. Separate Post Office Box designated as the partnership's Manitoba address for service by mail (optional)	
7. Complete one of the following The registration is for a Manitoba Limited Liability Partnership. The registration is for an extra-provincial Limited Liability Partnership. The partnership has the status of a Limited Liability Partnership under the laws of _____ Insert Jurisdiction	
8. Complete both (a) and (b) a) The profession practised by the Limited Liability Partnership is _____ b) The Limited Liability Partnership is licensed to practise the above profession in Manitoba pursuant to The Certified General Accountants Act The Chartered Accountants Act The Certified Management Accountants Act The Legal Profession Act	

9. The name and residence address of the Manitoba-resident partner designated as the firm's representative with respect to matters relating to the partnership:

Full Name

Residence Address

10. The name and residence address of a second partner, as of the date of registration (inside or outside of Manitoba):

Full Name

Residence Address

11. The business name being registered is not that of another known firm, company, corporation or unincorporated association, or a name liable to be confounded or confused with the other name, or otherwise objectionable on public grounds.

12. The partnership undertakes to keep at the registered office set out in No. 5, such partnership lists as are required by The Partnership Act, and to provide them, without charge and without delay, to any person who requests them.

13. **The signature of a partner is required.** (Important: If the partner is a corporation, the signature of a corporate officer is required.)

Date

Please print partner's name

Signature

Office Held (For corporate officer)

OFFICE USE ONLY

Cash Register Endorsement

Date of Filing _____

Date of Expiry _____

Registration Number _____

Business Number _____