

The Corporations Act
REQUEST FOR SERVICE



A	Name and address of sender _____	Contact person _____
		Tel(8:00-4:30) _____
		Fee enclosed \$ _____

B	Current name of the corporation _____
	Business Number _____

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

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

E	EXPEDITED SERVICE (additional fees required)
	Expedited Service Required _____

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

	SIGNATURE FOR RECEIPT
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OFFICE USE ONLY
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)