

Submission Cover Page

A Submission Cover Page must be included with every set of forms submitted to the Corporate Registry.

FOR PROPER PROCESSING, PLEASE ENSURE ALL PAGES OF THIS FORM ARE SUBMITTED.
FORMS WITH MISSING PAGES WILL BE RETURNED.

<u>Fees</u>	
Submission Fee: (go to <u>www.isc.ca/fees</u> for the current fee information)	\$
Priority Service:	
Check box for \$500.00 optional additional fee	\$
Priority submissions will receive immediate attention and will be reviewed within one business day being received, where possible. If you are submitting multiple forms for a single entity, only one priority service fee is required. Check Priority Service box on each submission cover page.	
TOTAL FEES:	\$
Submissions will be returned if sufficient funds are not available at the time of processing.	
Payment Methods	
ISC offers the following methods of payment:	
• Cheque or money order payable to Information Services Corporation	
On ISC account – ISC Account Number:	
To pay by credit card, call the Customer Support Team at 1-866-275-4721 to provide payment inf must include the ISC Account Number provided on the line above.	ormation and you
DO NOT include your credit card information anywhere on these forms.	
Paper Forms Submission Methods	
The received date for the submission is the date the forms are received at ISC.	
Mail: Corporate Registry Fax: (306) 787-8999 1301 – 1st Avenue, Regina, SK S4R 8H2	
Customer Reference Number (optional)	
Your Reference Number:	
Did you knowmost submissions are automatically registered when filed online at <u>corporateregistry.i</u> This includes Annual Returns, Annual Returns and Financial Statements, Business Name Renewals and submissions.	

www.isc.ca 1-866-275-4721 <u>corporateregistry@isc.ca</u>

Visit our website or contact our Customer Support Team for more information:

1 NAME RESERVATION DETAILS				
A name search is not required for a Vertical Short Form Amalgamation or if the amalgamated entity is adopting the name of one of the amalgamating entities (will use a predecessor name).				
► Amalgamation Ty	/pe : Select <u>on</u>	ly one (1)		
Long Form Amalg ► (Go to Section 2 [Do not complete S	2.1)	 Approved by special resolution of shareholders in accordance with Section 14-12 of the Act. All amalgamating entities must be active Saskatchewan business corporations. The newly amalgamated entity may use the name and/or articles of any of the amalgamating entities or the newly amalgamated entity may use a new name and new articles. 		
2 AMALGAMAT ► 2.1 - Long Form A	 amalgamating corporations in accordance with Section 14-13 of the Act. The shares of the amalgamating entities are wholly owned (directly or indirectly) by the holding corporation. The holding corporation must be an active Saskatchewan business corporation or may be an extra-provincial business corporation that is not actively registered in Saskatchewan. The wholly owned subsidiaries that are amalgamating must be active Saskatchewan business corporations. The newly amalgamated entity may use the name of one of the amalgamating entities or use a new name. The newly amalgamated entity cannot use the name or articles of the holding corporation. The newly amalgamated entity must use the articles of one of the amalgamating entities. 			
		e active Saskatchewan business corporations.		
		ring entities are required. Inalgamating entities, please photocopy this page before proceeding or enclose an additional page.		
Please list all amalgama				
Entity Number		Entity Name		

▼ Section Below Intentionally Left Blank - For Office Use Only ▼



 ▶ 2.2 - Horizontal Short Form Amalgamation • The amalgamating entities must be directly or indirectly wholly owned subsidiaries of the holding corporation. • The holding corporation cannot be listed below as an amalgamating entity. • The newly amalgamated entity may use the name of one of the amalgamating entities or use a new name; the name of the holding corporation cannot be used. • All amalgamating entities must be active Saskatchewan business corporations. • A minimum of two (2) amalgamating entities are required. • If there are more than three (3) amalgamating entities, please photocopy this page before proceeding or enclose an additional page. 				
Please list all amalgam				
Entity Number	Entity Name			
3 AMALGAMA	TED ENTITY DETAILS			
Professional Corpor	ation: Select only one (1) Ves No			
Professional Corporation: Select only one (1)				
Designated Profession	n: (If 'Yes' to Professional Corporation above, provide the designated profession	n)		
Name Language: ► Select <u>only</u> one (1)	 a. English name only b. French name only c. English and French names (names must be direct translations) d. English name and Indigenous name (names must be direct translations) 	tions)		
Entity Name - ENGLIS	H: (Complete if option a , c or d is selected above)	► Legal Ending: Select only one (1) □ Limited □ Ltd. □ Incorporated □ Inc. □ Corporation □ Corp.		
Entity Name - FRENC	H: (Complete if option b or c is selected above)	► Legal Ending: Select only one (1) ☐ Limitée ☐ Ltée ☐ Incorporée ☐ Inc. ☐ Corporation ☐ Corp		

[_ , _ , _ , _ , _ , _ , _ , _ , _ , _ ,				
Entity Name - INDIGENOUS Language: (Complete if option d is selected above)				
English Translation of Entity Name: (Complete if option b is selected	above)			
Nature of Business: (Be specific)				
The nature of business is coded in accordance with the North American Industry Classification System (NAICS), the list can be found at www.isc.ca/NAICS . Multiple NAICS codes can be provided. If a NAICS code(s) is not provided, we will select codes that best match the nature of business description provided.				
4 ADDITIONAL INFORMATION (Optional)				
► Select <u>only</u> one (1) of the following:				
Not applicable (No additional information to provide)	aking halam			
Able to obtain consent of third party listed in the Notes seRequest related to an existing trademark listed in the Note				
Undertake to cancel business name listed in the Notes sec				
☐ Not proceeding with existing name reservation listed the l				
Other (See the Notes section below)				
Notes:				
5 SUBMITTER INFORMATION, AUTHORIZATION	, AND NOTIFICATION PREFERENCE			
Submitter Information (Submitter must be an individual) *Indicates mandatory fields				
*First Name:	*Last Name:			
*Mailing Address:	Phone Number:			
	Fax Number:			
Email Address:	·			
I certify that I am authorized to file these documents with the Registrar of Corporations and that the information in this submission is true.				
Signature:	Date:			
				



Preferred Notification Method for the Submission Correspondence/Certificate			
The Registry will communicate with the Submitter regarding this submission using the method selected below and the Submitter's information provided on this form. However, if an ISC Account Number is provided on the submission cover page, communication will be sent to the address information associated with that ISC Account Number.			
► Select <u>only</u> one (1):			
<u>Note</u> : If the preferred notification method is not indicated or incomplete, the default method will be mail.			
☐ Email ☐ Mail ☐ Fax			
Corporate Registry online customer portal (ISC Account Number must be provided on the submission cover page)			