

Submission Cover Page

corporateregistry@isc.ca

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 www.isc.ca/fees 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 after 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 information must include the ISC Account Number provided on the line above. | n 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.isc.ca</u> This includes Annual Returns, Annual Returns and Financial Statements, Business Name Renewals and most a submissions. | associated notice update |

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

1-866-275-4721

ISC-CRMISC-SCP-0001-2023-03-13

www.isc.ca



The Partnership Act Limited Liability Partnership Name Reservation (Extra-Provincial Name Change)

| 1 NAME RESERVATION DETAILS | | | |
|--|---|-------------------|--|
| Entity Number in Saskatchewan: | Entity Number in Saskatchewan: Saskatchewan: | | |
| 2 NEW NAME | DETAILS | | |
| Entity Number in Gov | | | |
| _ | Governing Jurisdiction: | | Is the entity federally registered in Canada: ► Select only one (1) ☐ Yes (Leave 'Governing Jurisdiction ☐ No Province/State' field blank below) |
| Governing Jurisdiction | n Country: | Governing Jurisdi | iction Province/State: |
| NEW Governing Jurisdiction Name Language: ▶ Select only one (1) C. English and French names (names must be direct translations) NEW Governing Jurisdiction Entity Name - ENGLISH: (Complete if option a or c is selected above) | | | |
| NEW Governing Jurisdiction Entity Name - FRENCH: (Complete if option b or c is selected above) | | | |
| English Translation of New Governing Jurisdiction Entity Name: (Complete if option b is selected above) | | | |

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



The Partnership Act Limited Liability Partnership Name Reservation (Extra-Provincial Name Change)

| Nature of Business: (Be specific) The nature of business is coded in accordance with the North American Indu Multiple NAICS codes can be provided. If a NAICS code(s) is not provided, w | istry Classification System (NAICS), the list can be found at www.isc.ca/NAICS . ewill select codes that best match the nature of business description provided. | |
|--|---|--|
| | | |
| | | |
| 3 ADDITIONAL INFORMATION (Optional) | | |
| ► Select <u>only</u> one (1) of the following: | | |
| Not applicable (No additional information to provide) | | |
| ☐ Able to obtain consent of third party listed in the Notes section below | | |
| Request related to an existing trademark listed in the Notes section below | | |
| Undertake to cancel business name listed in the Notes section below | | |
| ☐ Not proceeding with existing name reservation listed the Notes section below | | |
| Other (See the Notes section below) | | |
| Notes: | | |
| | | |
| | | |
| | | |
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| | | |
| | | |
| 4 SUBMITTER INFORMATION, AUTHORIZATION, | AND NOTIFICATION PREFERENCE | |
| 4 SUBMITTER INFORMATION, AUTHORIZATION, Submitter Information (Submitter must be an individual) *Indicates mandatory fields | AND NOTIFICATION PREFERENCE | |
| Submitter Information (Submitter must be an individual) | AND NOTIFICATION PREFERENCE *Last Name: | |
| Submitter Information (Submitter must be an individual) *Indicates mandatory fields | | |
| Submitter Information (Submitter must be an individual) *Indicates mandatory fields *First Name: | *Last Name: | |
| Submitter Information (Submitter must be an individual) *Indicates mandatory fields *First Name: | *Last Name: Phone Number: | |
| Submitter Information (Submitter must be an individual) *Indicates mandatory fields *First Name: *Mailing Address: | *Last Name: Phone Number: Fax Number: | |
| Submitter Information (Submitter must be an individual) *Indicates mandatory fields *First Name: *Mailing Address: Email Address: I certify that I am authorized to file these documents with the Regis | *Last Name: Phone Number: Fax Number: | |
| Submitter Information (Submitter must be an individual) *Indicates mandatory fields *First Name: *Mailing Address: Email Address: I certify that I am authorized to file these documents with the Registrue. Signature: | *Last Name: Phone Number: Fax Number: trar of Corporations and that the information in this submission is Date: | |
| Submitter Information (Submitter must be an individual) *Indicates mandatory fields *First Name: *Mailing Address: Email Address: I certify that I am authorized to file these documents with the Registrue. Signature: Preferred Notification Method for the Submission Correspondence of the Subm | *Last Name: Phone Number: Fax Number: trar of Corporations and that the information in this submission is Date: ondence/Certificate | |
| Submitter Information (Submitter must be an individual) *Indicates mandatory fields *First Name: *Mailing Address: Learnify that I am authorized to file these documents with the Registrue. Signature: Preferred Notification Method for the Submission Correspondation of the Submitter regarding this information provided on this form. However, if an ISC Account N will be sent to the address information associated with that ISC Account N | *Last Name: Phone Number: Fax Number: trar of Corporations and that the information in this submission is Date: Dondence/Certificate Submission using the method selected below and the Submitter's sumber is provided on the submission cover page, communication | |
| Submitter Information (Submitter must be an individual) *Indicates mandatory fields *First Name: *Mailing Address: Learnify that I am authorized to file these documents with the Registrue. Signature: Preferred Notification Method for the Submission Correspondence of the Registry will communicate with the Submitter regarding this information provided on this form. However, if an ISC Account N will be sent to the address information associated with that ISC Account N Select only one (1): | *Last Name: Phone Number: Fax Number: trar of Corporations and that the information in this submission is Date: ondence/Certificate submission using the method selected below and the Submitter's umber is provided on the submission cover page, communication ount Number. | |
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