

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 Non-profit Corporations Act, 2022 Name Reservation (Amalgamation)

1 NAME RESER	RVATION D	ETAILS
A name search is not the amalgamating ent		Vertical Short Form Amalgamation or if the amalgamated entity is adopting the name of one of a predecessor name).
► Amalgamation Ty	ype: Select <u>on</u>	ıl <u>y</u> one (1)
Long Form Ama ► (Go to Section 2 [Do not complete	2.1)	 Approved by special resolution of shareholders in accordance with Section 14-10 of the Act. All amalgamating entities must be active Saskatchewan non-profit 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.
Horizontal Short Amalgamation ► (Go to Section 2 [Do not complete	2.2)	 The amalgamation has been approved by a resolution of the directors of each of the amalgamating corporations in accordance with Section 14-11 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 non-profit corporation or may be an extra-provincial non-profit corporation that is not actively registered in Saskatchewan. The wholly owned subsidiaries that are amalgamating must be active Saskatchewan non-profit 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.
2 AMALGAMA	TING ENTIT	ries
• A <u>minimum</u> of two	entities must be (2) amalgamat nan three (3) an	e active Saskatchewan non-profit corporations. ting entities are required. nalgamating entities, please photocopy this page before proceeding or enclose an additional page.
Entity Number		

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



The Non-profit Corporations Act, 2022 Name Reservation (Amalgamation)

▶ 2.2 - Horizontal Short Form Amalgamation

- The amalgamating entities <u>must</u> be directly or indirectly wholly owned subsidiaries of the holding corporation.
- The holding corporation <u>cannot</u> 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 <u>cannot</u> be used.
- All amalgamating entities <u>must</u> be active Saskatchewan non-profit corporations.

• A <u>minimum</u> of two	erithes <u>inust</u> be active suskatchewarn on-profit corporations. (2) amalgamating entities are required. han three (3) amalgamating entities, please photocopy this pag	e before proceeding or enclose an additional page.
Please list all amalgan	nating entities below.	
Entity Number	Entity Nar	me
3 AMALGAMA	TED ENTITY DETAILS	
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 tran □ d. English name and Indigenous name (names must be only) 	
Entity Name - ENGLIS	H: (Complete if option a , c or d is selected above)	► Legal Ending: Select <u>only</u> one (1) ☐ Incorporated ☐ Inc. ☐ Corporation ☐ Corp.
Entity Name - FRENC	H: (Complete if option b or c is selected above)	► Legal Ending: Select only one (1) ☐ Incorporée ☐ Inc. ☐ Corporation ☐ Corp.
Entity Name - INDIGE	NOUS Language: (Complete if option d is selected above)	•
English Translation of	Entity Name: (Complete if option b is selected above)	



The Non-profit Corporations Act, 2022 Name Reservation (Amalgamation)

Nature of Activity: (Be specific) The nature of activity 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 activity description provided. Multiple NAICS codes can be provided. If a NAICS code(s) is not provided, we will select codes that best match the nature of activity description provided.				
4 ADDITIONAL INFORMATION (Optional)				
► Select <u>only</u> one (1) of the following:				
Not applicable (<i>No additional information to provide</i>)				
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:				
5 SUBMITTER INFORMATION, AUTHORIZATION	AND NOTIFICATION PREFERENCE			
5 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: strar of Corporations and that the information in this submission is Date:			
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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 Corresp 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: Strar of Corporations and that the information in this submission is Date: Dondence/Certificate submission using the method selected below and the Submitter's umber is provided on the submission cover page, communication count Number.			
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