

### Section 1: Entity Details

**Has the entity been cancelled by the Corporate Registry in the last 90 days?**

**Yes** – Entity Number in Saskatchewan: \_\_\_\_\_

**No** – Name Reservation Number: \_\_\_\_\_

**Entity Name:**

**Name Conditions (if applicable):**

If conditions were applied in the name reservation, then signed name conditions forms must be enclosed with this form.

**Authorization Statement from Professional Association (if applicable):**

If a name reservation was completed, the signed consent form the professional association that governs the entity's designated profession must be enclosed.

### Section 2: Entity Details in Home Jurisdiction

**Home Jurisdiction:**

- British Columbia
- Alberta
- Manitoba

**Home Jurisdiction Entity Number:**

**Registration Date in Home Jurisdiction:**

### Section 3: Registered Office Addresses

Physical addresses cannot be post office boxes. Rural locations must use legal land description, including R.M. name and number or civic address

<b>Registered Office Physical Address</b> <input type="checkbox"/> Check here if mail cannot be delivered to this address	<b>Registered Office Mailing Address</b> <input type="checkbox"/> Same as primary business physical address
<b>Street Address 1:</b>	<b>Street Address 1:</b>
<b>Street Address 2:</b>	<b>Street Address 2:</b>
<b>Street Address 3:</b>	<b>Street Address 3:</b>
<b>City / Town:</b>	<b>City / Town:</b>
<b>Province:</b>	<b>Province:</b>
<b>Country:</b>	<b>Country:</b>
<b>Postal Code:</b>	<b>Postal Code:</b>
<b>Attention to (optional):</b>	<b>Attention to (optional):</b>
<b>Email Address (optional):</b>	<b>Mailing Name (if different from entity name):</b>

### Section 4: Eligible Profession

**Eligible Profession – select one (1):**

- Professional Accountants
- Lawyers
- Engineers and Geoscientists
- Applied Science Technologists
- Psychologists
- Podiatrists
- Other \_\_\_\_\_

Note: By signing this registration statement, the person filing the amendment statement on behalf of the professional partnership confirms that the members of that profession are expressly authorized by or under the Act by which that profession is governed in Saskatchewan to carry on the practice of the profession through a limited liability partnership. Any prerequisites to that authorization that have been established under the Act have been met by the partnership.

### Section 5: Power of Attorney Details

The power of attorney must be a resident of Saskatchewan.

Physical addresses cannot be a post office boxes. Rural locations must use legal land descriptions, including R.M. names and numbers, or civic addresses.

#### Power of Attorney 1

**Name:**

**Firm Name (optional):**

**Physical Address**

Check here if mail cannot be delivered to this address

**Mailing Address**

Same as physical address



*The Partnership Act*  
Limited Liability Partnership  
**Registration (NWP Extra-provincial)**

<b>Street Address 1:</b>	<b>Street Address 1:</b>
<b>Street Address 2:</b>	<b>Street Address 2:</b>
<b>Street Address 3:</b>	<b>Street Address 3:</b>
<b>City / Town:</b>	<b>City / Town:</b>
<b>Province:</b>	<b>Province:</b>
<b>Country:</b>	<b>Country:</b>
<b>Postal Code:</b>	<b>Postal Code:</b>
<b>Email Address (optional):</b>	
<b>Power of Attorney 2</b>	
<b>Name:</b>	
<b>Firm Name (optional):</b>	
<b>Physical Address</b> <input type="checkbox"/> Check here if mail cannot be delivered to this address	<b>Mailing Address</b> <input type="checkbox"/> Same as physical address
<b>Street Address 1:</b>	<b>Street Address 1:</b>
<b>Street Address 2:</b>	<b>Street Address 2:</b>
<b>Street Address 3:</b>	<b>Street Address 3:</b>
<b>City / Town:</b>	<b>City / Town:</b>
<b>Province:</b>	<b>Province:</b>
<b>Country:</b>	<b>Country:</b>
<b>Postal Code:</b>	<b>Postal Code:</b>



<b>Email Address (optional):</b>	
<b>Power of Attorney 3</b>	
<b>Name:</b>	
<b>Firm Name (optional):</b>	
<b>Physical Address</b> <input type="checkbox"/> Check here if mail cannot be delivered to this address	<b>Mailing Address</b> <input type="checkbox"/> Same as physical address
<b>Street Address 1:</b>	<b>Street Address 1:</b>
<b>Street Address 2:</b>	<b>Street Address 2:</b>
<b>Street Address 3:</b>	<b>Street Address 3:</b>
<b>City / Town:</b>	<b>City / Town:</b>
<b>Province:</b>	<b>Province:</b>
<b>Country:</b>	<b>Country:</b>
<b>Postal Code:</b>	<b>Postal Code:</b>
<b>Email Address (optional):</b>	

**Section 6: Signature**

I certify that I am authorized to file these documents with the registrar and that the information in this submission is true.

_____	_____
Submitter Signature	Date



**Section 7: Submitter Information**

**Name:**

**Mailing Address:**

**Email:**

**Phone Number:**

**Fax Number:**