



PARTNERSHIP AND BUSINESS NAMES ACT
TERRITORIAL OR EXTRA-TERRITORIAL
LIMITED LIABILITY PARTNERSHIP
REGISTRATION INFORMATION

FILED - DÉPÔT
Internal Use Only / À Usage Interne Seulement
File: _____
Date: _____
REGISTRAR OF CORPORATIONS
REGISTRAIRE DES SOCIÉTÉS

- 1) NAME OF LIMITED LIABILITY PARTNERSHIP
2) If the Partnership has previously filed a declaration under part 1 (Form 1), the filing particulars of the declaration are:
a. Six digit registration number
b. Date of registration month / day / year
3) The nature of business carried on by the Partnership is
4) The name and residential address within the Northwest Territories of the partner who is designated as the representative of the Partnership is
5) The postal and street address of registered office of the Partnership within the Northwest Territories (including postal code) is
6) The post office box of the Partnership designated as the address for service by mail, if any, is
7) Do the partners of this Limited Liability Partnership practice as members of an eligible profession? YES/NO
IF YES: A statement from the governing body of the eligible profession permitting these partners to practice a Limited Liability Partnership must be attached.
8) Is this Limited Liability Partnership registering as an extra-territorial Limited Liability Partnership? YES/NO
IF YES: Evidence of the Partnership's status as a Limited Liability Partnership under the laws of its governing jurisdiction must be attached. The governing jurisdiction is

Dated this _____ day of _____, 20_____.

Per: _____
Designated partner name AND original signature