

Registration Statement
Alberta Limited Liability Partnership Registering Extra-Provincially in British Columbia

Submitting Party Information

(Required information: the submitting party may be a firm (company) or an individual; the name and address must be provided)

Company Name **OR** Last Name, First Name

Mailing Address: Box/Street, City/Town, Province/State, Country and Postal/Zip Code

Telephone Number, including area code

E-mail Address

Limited Liability Partnership Information

Name of Limited Liability Partnership *(required)*

Home Jurisdiction: Alberta

Registration Number in Alberta *(required)*

Registration Date in Alberta *(required)*

BC Name Request Number (NR), if obtained

(1) Is the Partnership a Limited Partnership Registered Extra-Provincially in BC? Yes No

If yes, provide the LP Registration Number in BC: _____

(2) Is this Partnership a Professional Partnership? Yes No

Note: By signing this registration statement, the person filing the registration 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 BC 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.

Registered Office in British Columbia (if any)

(When a BC Registered Office has been supplied, both the mailing and delivery addresses must be provided.)

Mailing Address of the Registered Office (must be in BC; can be a post office box): Street, City, Province, Country and Postal Code

Delivery Address of the Registered Office (must be a physical location in BC): Street, City, Province, Country and Postal Code

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British Columbia Attorney for Service

(When a BC Registered Office has not been supplied, a BC attorney for service must be provided. The attorney may be an individual resident in BC or a company incorporated in BC. Both the attorney mailing and delivery addresses must be supplied.)

Last Name

First Name

Middle Name, if any

OR Company Name

Attorney Mailing Address (must be in BC; can be a post office box): Street, City, Province, Country and Postal Code

Attorney Delivery Address (must be a physical location in BC): Street, City, Province, Country and Postal Code

Registration Confirmation, choose one of the following:

- I confirm that I have received the approval of all partners to file this registration statement.
- I confirm that the partnership agreement authorizes the filing of this registration statement.

Note: Confirmation of the registration in British Columbia will be issued by the British Columbia registrar.

Name of Authorized Signing Authority (Authorized Representative)

Signature

Title (Relationship to Partnership)

Date Signed

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INSTRUCTIONS

This form is used to complete the extra-provincial registration of an Alberta limited liability partnership in British Columbia in compliance with the provisions of the Trade, Investment and Labour Mobility Agreement (TILMA).

Submitting Party Information

- Enter the name, complete mailing address and telephone number of the submitting party. The submitting party may be a firm (company) or an individual.

Limited Liability Partnership Information

- Enter the name of the limited liability partnership.
- Enter the registration number in Alberta.
- Enter the date of registration in Alberta.
- Enter the Name Request Number, if obtained.
- Indicate whether the partnership is a limited partnership registered extra-provincially in BC or not.
- Provide the Registration Number in BC, if applicable.
- Indicate whether the partnership is a professional partnership or not.

Registered Office in British Columbia (if any)

- Enter the mailing address of the registered office in BC. The mailing address can be a post office box.
- Enter the delivery address of the registered office. The location must be in BC and accessible to the public from 9:00 am to 4:00 pm on business days. The delivery address cannot be a post office box.

British Columbia Attorney for Service

- If you do not have a registered office in BC, you must appoint at least one attorney in BC. Enter the full name of attorney. The attorney may be an individual resident in BC **or** a company incorporated in BC. Enter each attorney separately.
- Enter the full attorney mailing address. The mailing address must be in BC and can be a post office box.
- Enter the full attorney delivery address. The location must be in BC and accessible to the public from 9:00 am to 4:00 pm on business days. The delivery address cannot be a post office box.

Registration Confirmation

- Indicate the appropriate registration confirmation.

The form must include:

- The name of the authorized signing authority (authorized representative)
- Title (relationship to corporation)
- Signature
- Date signed
- \$30.00 Name Examination fee. Make cheque payable to the Minister of Finance of Alberta. (Name Examination fee is not required when the extra-provincial Name Request Number is provided on the form.)

Corporate Registry Mailing Address

Corporate Registry
Service Alberta
PO Box 1007 Station Main
Edmonton, Alberta T5J 4W6

Corporate Registry Contact Information

(780) 427-7013 (Edmonton area callers)
310-000 followed by 427-7013 (toll-free outside
Edmonton)