

Information for the Registration
of a British Columbia Limited Liability Partnership in ALBERTA

Name of Limited Liability Partnership

BC Registration Number

BC Registration Date

(Street, City/Town, Province/State, Country, Postal/Zip Code)
Head Office Address

PROFESSIONAL ENDORSEMENTS:

Which professional governing bodies have endorsed the Alberta extraprovincial registration of this limited liability partnership? (please check all that apply)

- Certified General Accountants' Association of Alberta
- Society of Management Accountants of Alberta
- Institute of Chartered Accountants of Alberta
- Alberta Dental Association and College
- Law Society of Alberta
- College of Physicians and Surgeons of the Province of Alberta
- Alberta College of Optometrists
- Alberta College and Association of Chiropractors

OR

Not applicable (*insert the type of business below*):

ATTORNEY INFORMATION IN ALBERTA:

PRIMARY ATTORNEY: (The attorney must be an individual)

Last Name

First Name

Middle Name

Firm Name (if applicable)

Address of Attorney (The address of the attorney must be a physical address in Alberta where the attorney can be located. If the physical address is a legal land description, please include the attorney's mailing address.)

(Street, City/Town **OR** Legal Land Description and Postal Address)

Province: **ALBERTA** Postal Code:

ALTERNATIVE ATTORNEY: (OPTIONAL)

Last Name

First Name

Middle Name

Firm Name (if applicable)

Address of Attorney (The address of the attorney must be a physical address in Alberta where the attorney can be located. If the physical address is a legal land description, please include the attorney's mailing address.)

(Street, City/Town **OR** Legal Land Description and Postal Address)

Province: **ALBERTA** Postal Code:

Note: Confirmation of the registration of this limited liability partnership as an extraprovincial limited liability partnership in Alberta will be issued by the Alberta registrar.

Name of Authorized Representative

Signature

Title (Relationship to partnership)

Date Signed