International Depositary Authority of Canada

National Microbiology Laboratory Public Health Agency of Canada 1015 Arlington Street, Winnipeg, Manitoba, Canada R3E 3R2 Telephone: (204) 789-6030 Fax: (204) 789-2018

FORM IDAC/BP/7

Communication of the Later Indication or An Amendment of the Scientific Description and/or Proposed Taxonomic Designation

(Issued pursuant to Rule 8.1 of the Budapest Treaty)

The undersigned, being the depositor or having received authorization from the depositor, certifies that the information provided pertaining to the deposit identified below is true and accurate, and should replace information previously attributed to that deposit.

| I. Identification of Deposit | | | |
|---|---|------------------------|--|
| Accession number of the deposit: | | | |
| II. | . Scientific Description and/or Proposed Scientific Designation | | |
| 2 | Scientific description: | | |
| 2 | Last preceding scientific description (if any): | | |
| 2 | Proposed taxonomic designation: | | |
| 2 | Last preceding proposed taxonomic designation (if any): | | |
| | | | |
| III. Request for Attestation | | | |
| The undersigned requests does not request the attestation referred to in Rule 8.2 | | | |
| IV. Depositor | | | |
| Name: | | Date (YYYY-MM-DD): | |
| | | ⁴ Signature | |
| Address: | | | |
| | | | |

Original, signed copies must be submitted via mail or courier.

⁴ Where the signature is required on behalf of a legal entity, the typewritten name(s) of the natural person(s) signing on behalf of the legal entity should accompany the signature(s)



¹ Mark with a cross if additional information is given on an attached sheet.

² Mark with a cross the applicable box(es).

³ Mark with a cross the applicable box.