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UNITED STATES
SECURITIES AND EXCHANGE COMMISSION
Washington, D.C. 20549

OMB APPROVAL
OMB Number: 3235-0076
Expires May 31, 2005
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hours per form 16.00



05045844

FORM D

NOTICE OF SALE OF SECURITIES
PURSUANT TO REGULATION D,
SECTION 4(6), AND/OR
UNIFORM LIMITED OFFERING EXEMPTION

SEC USE ONLY
Prefix Serial
DATE RECEIVED

Name of Offering (check if this is an amendment and name has changed, and indicate change.)

Molson Canada 2005

Filing Under (Check box(es) that apply): Rule 504 Rule 505 Rule 506 Section 4(6) ULOE

Type of Filing: New Filing Amendment

A. BASIC IDENTIFICATION DATA

1. Enter the information requested about the issuer

Name of Issuer (check if this is an amendment and name has changed, and indicate change.)

Molson Canada 2005

Address of Executive Offices (Number and Street, City, State, Zip Code)

33 Carlingview Drive, Toronto, Ontario M9W 5E4

Telephone Number (Including Area Code)

(416) 679-7629

Address of Principal Business Operations (Number and Street, City, State, Zip Code)
(if different from Executive Offices)

Not Applicable

Telephone Number (Including Area Code)

Not Applicable

Brief Description of Business: Production and marketing of beer and other malt-based beverages and coolers.

Type of Business Organization

- corporation limited partnership, already formed other (please specify): General Partnership
- business trust limited partnership, to be formed

Actual or Estimated Date of Incorporation or Organization

Month 01 Year 2005

Actual Estimated

PROCESSED
MAR 03 2005

Jurisdiction of Incorporation or Organization: (Enter two-letter U.S. Postal Service abbreviation for State:
CN for Canada; FN for other foreign jurisdiction)

FN

JIMSON
FINANCIAL

GENERAL INSTRUCTIONS

Federal:

Who Must File: All issuers making an offering of securities in reliance on an exemption under Regulation D or Section 4(6), 17 CFR 230.501 et seq. or 15 U.S.C. 77d(6).

When To File: A notice must be filed no later than 15 days after the first sale of securities in the offering. A notice is deemed filed with the U.S. Securities and Exchange Commission (SEC) on the earlier of the date it is received by the SEC at the address given below or, if received at that address after the date on which it is due, on the date it was mailed by United States registered or certified mail to that address.

Where to File: U.S. Securities and Exchange Commission, 450 Fifth Street, N.W., Washington, D.C. 20549.

Copies Required: Five (5) copies of this notice must be filed with the SEC, one of which must be manually signed. Any copies not manually signed must be photocopies of the manually signed copy or bear typed or printed signatures.

Information Required: A new filing must contain all information requested. Amendments need only report the name of the issuer and offering, any changes thereto, the information requested in Part C, and any material changes from the information previously supplied in Parts A and B. Part E and the Appendix need not be filed with the SEC.

Filing Fee: There is no federal filing fee.

State:

This notice shall be used to indicate reliance on the Uniform Limited Offering Exemption (ULOE) for sales of securities in those states that have adopted ULOE and that have adopted this form. Issuers relying on ULOE must file a separate notice with the Securities Administrator in each state where sales are to be, or have been made. If a state requires the payment of a fee as a precondition to the claim for the exemption, a fee in the proper amount shall accompany this form. This notice shall be filed in the appropriate states in accordance with state law. The Appendix to the notice constitutes a part of this notice and must be completed.

ATTENTION

Failure to file notice in the appropriate states will not result in a loss of the federal exemption. Conversely, failure to file the appropriate federal notice will not result in a loss of an available state exemption unless such exemption is predicated on the filing of a federal notice.

A. BASIC IDENTIFICATION DATA

2. Enter the information requested for the following:

- Each promoter of the issuer, if the issuer has been organized within the past five years;
- Each beneficial owner having the power to vote or dispose, or direct the vote or disposition of, 10% or more of a class of equity securities of the issuer;
- Each executive officer and director of corporate issuers and of corporate general and managing partners of partnership issuers; and
- Each general and managing partner of partnership issuers.

Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer Director General and/or Managing Partner

Full name (Last name first, if individual)

Molson Inc.

Business or Residence Address (Number and Street, City, State, Zip Code)

c/o Molson Canada 2005, 33 Carlingview Drive, Toronto, Ontario M9W 5E4

Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer Director General and/or Managing Partner

Full name (Last name first, if individual)

Coors Canada (2005) Company (f/k/a 3096605 Nova Scotia Company)

Business or Residence Address (Number and Street, City, State, Zip Code)

c/o Molson Canada 2005, 33 Carlingview Drive, Toronto, Ontario M9W 5E4

Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer Director General and/or Managing Partner

Full name (Last name first, if individual)

Carling O'Keefe Company

Business or Residence Address (Number and Street, City, State, Zip Code)

c/o Molson Canada 2005, 33 Carlingview Drive, Toronto, Ontario M9W 5E4

Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer Director General and/or Managing Partner

Full name (Last name first, if individual)

3096423 Nova Scotia Company

Business or Residence Address (Number and Street, City, State, Zip Code)

c/o Molson Canada 2005, 33 Carlingview Drive, Toronto, Ontario M9W 5E4

Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer Director General and/or Managing Partner

Full name (Last name first, if individual)

Boyce, Kevin

Business or Residence Address (Number and Street, City, State, Zip Code)

c/o Molson Canada 2005, 33 Carlingview Drive, Toronto, Ontario M9W 5E4

Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer Director General and/or Managing Partner

Full name (Last name first, if individual)

Reese, Robert M.

Business or Residence Address (Number and Street, City, State, Zip Code)

c/o Molson Canada 2005, 33 Carlingview Drive, Toronto, Ontario M9W 5E4

Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer Director General and/or Managing Partner

Full name (Last name first, if individual)

Scully, Tim

Business or Residence Address (Number and Street, City, State, Zip Code)

c/o Molson Canada 2005, 33 Carlingview Drive, Toronto, Ontario M9W 5E4

A. BASIC IDENTIFICATION DATA

2. Enter the information requested for the following:

- Each promoter of the issuer, if the issuer has been organized within the past five years;
- Each beneficial owner having the power to vote or dispose, or direct the vote or disposition of, 10% or more of a class of equity securities of the issuer;
- Each executive officer and director of corporate issuers and of corporate general and managing partners of partnership issuers; and
- Each general and managing partner of partnership issuers.

Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer Director General and/or Managing Partner

Full name (Last name first, if individual)
Amirault, Peter L.

Business or Residence Address (Number and Street, City, State, Zip Code)
c/o Molson Canada 2005, 33 Carlingview Drive, Toronto, Ontario M9W 5E4

Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer Director General and/or Managing Partner

Full name (Last name first, if individual)
Noonan, Catherine M.

Business or Residence Address (Number and Street, City, State, Zip Code)
c/o Molson Canada 2005, 33 Carlingview Drive, Toronto, Ontario M9W 5E4

Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer Director General and/or Managing Partner

Full name (Last name first, if individual)
Wade, Gregory L.

Business or Residence Address (Number and Street, City, State, Zip Code)
c/o Molson Canada 2005, 33 Carlingview Drive, Toronto, Ontario M9W 5E4

Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer Director General and/or Managing Partner

Full name (Last name first, if individual)
Perkins, David

Business or Residence Address (Number and Street, City, State, Zip Code)
c/o Molson Canada 2005, 33 Carlingview Drive, Toronto, Ontario M9W 5E4

Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer Director General and/or Managing Partner

Full name (Last name first, if individual)
Hine, Les

Business or Residence Address (Number and Street, City, State, Zip Code)
c/o Molson Canada 2005, 33 Carlingview Drive, Toronto, Ontario M9W 5E4

Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer Director General and/or Managing Partner

Full name (Last name first, if individual)
Bidulka, Brian

Business or Residence Address (Number and Street, City, State, Zip Code)
c/o Molson Canada 2005, 33 Carlingview Drive, Toronto, Ontario M9W 5E4

Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer Director General and/or Managing Partner

Full name (Last name first, if individual)
Delisle, Nathalie

Business or Residence Address (Number and Street, City, State, Zip Code)
c/o Molson Canada 2005, 33 Carlingview Drive, Toronto, Ontario M9W 5E4

A. BASIC IDENTIFICATION DATA

2. Enter the information requested for the following:

- Each promoter of the issuer, if the issuer has been organized within the past five years;
- Each beneficial owner having the power to vote or dispose, or direct the vote or disposition of, 10% or more of a class of equity securities of the issuer;
- Each executive officer and director of corporate issuers and of corporate general and managing partners of partnership issuers; and
- Each general and managing partner of partnership issuers.

Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer Director General and/or Managing Partner

Full name (Last name first, if individual)

Preston, Stuart

Business or Residence Address (Number and Street, City, State, Zip Code)

c/o Molson Canada 2005, 33 Carlingview Drive, Toronto, Ontario M9W 5E4

Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer Director General and/or Managing Partner

Full name (Last name first, if individual)

Côte, Pierre

Business or Residence Address (Number and Street, City, State, Zip Code)

c/o Molson Canada 2005, 33 Carlingview Drive, Toronto, Ontario M9W 5E4

(Use blank sheet, or copy and use additional copies of this sheet, as necessary.)

B. INFORMATION ABOUT OFFERING

1. Has the issuer sold, or does the issuer intend to sell, to non-accredited investors in this offering? Yes No

Answer also in Appendix, Column 2, if filing under ULOE.

2. What is the minimum investment that will be accepted from any individual? (subject to waiver) N/A

3. Does the offering permit joint ownership of a single unit? Yes No

4. Enter the information requested for each person who has been or will be paid or given, directly or indirectly, any commission or similar remuneration for solicitation of purchasers in connection with sales of securities in the offering. If a person to be listed is an associated person or agent of a broker or dealer registered with the SEC and/or with a state or states, list the name of the broker or dealer. If more than five (5) persons to be listed are associated persons of such a broker or dealer, you may set forth the information for that broker or dealer only.

Full Name (Last name first, if individual)
Not applicable

Business or Residence Address (Number and Street, City, State, Zip Code)
Not applicable

Name of Associated Broker or Dealer
Not applicable

States in Which Person Listed Has Solicited or Intends to Solicit Purchasers

(Check "All States" or check individual States)..... All States

[AL]	[AK]	[AZ]	[AR]	[CA]	[CO]	[CT]	[DE]	[DC]	[FL]	[GA]	[HI]	[ID]
[IL]	[IN]	[IA]	[KS]	[KY]	[LA]	[ME]	[MD]	[MA]	[MI]	[MN]	[MS]	[MO]
[MT]	[NE]	[NV]	[NH]	[NJ]	[NM]	[NY]	[NC]	[ND]	[OH]	[OK]	[OR]	[PA]
[RI]	[SC]	[SD]	[TN]	[TX]	[UT]	[VT]	[VA]	[WA]	[WV]	[WI]	[WY]	[PR]

Full Name (Last name first, if individual)
Not applicable

Business or Residence Address (Number and Street, City, State, Zip Code)
Not applicable

Name of Associated Broker or Dealer
Not applicable

States in Which Person Listed Has Solicited or Intends to Solicit Purchasers

(Check "All States" or check individual States)..... All States

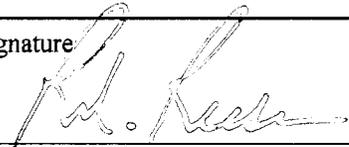
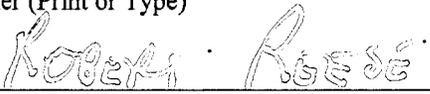
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[RI]	[SC]	[SD]	[TN]	[TX]	[UT]	[VT]	[VA]	[WA]	[WV]	[WI]	[WY]	[PR]

(Use blank sheet, or copy and use additional copies of this sheet, as necessary.)

3. The undersigned Issuer hereby undertakes to furnish to the state administrators, upon written request, information furnished by the issuer to offerees. **Not applicable**

4. The undersigned Issuer represents that the issuer is familiar with the conditions that must be satisfied to be entitled to the Uniform limited Offering Exemption (ULOE) of the state in which this notice is filed and understands that the issuer claiming the availability of this exemption has the burden of establishing that these conditions have been satisfied. **Not applicable**

The issuer has read this notification and knows the contents to be true and has duly caused this notice to be signed on its behalf by the undersigned duly authorized person.

Issuer (Print or Type) Molson Canada 2005	Signature 	Date February , 2005
Name of Signer (Print or Type) 	Title of Signer (Print or Type) 	
Name of Signer (Print or Type)	Title of Signer (Print or Type)	

Instruction:

Print the name and title of the signing representative under his signature for the state portion of this form. One copy of every notice on Form D must be manually signed. Any copies not manually signed must be photocopies of the manually signed copy or bear typed or printed signatures.

ATTENTION

Intentional misstatements or omissions of fact constitute federal criminal violations.

(See 18 U.S.C. 1001.)