



Telephone: 1 877 526-1526 www.bcregistryservices.gov.bc.ca

Mailing Address: PO Box 9431 Stn Prov Govt Victoria BC V8W 9V3

Location: 200 - 940 Blanshard Street Victoria BC V8W 3E6

INSTRUCTIONS:

Please type or print clearly in block letters and ensure that the form is signed and dated in ink.

- Item B Enter the corporation's name exactly as shown on the Certificate of Incorporation, Registration, Amalgamation, Continuation or Change of Name.
Item C Enter the full name of the receiver or receiver manager who has ceased to act.
Item D Indicate whether the cessation is as the receiver or the receiver manager of the corporation.
Item F If the receiver or receiver manager is a corporation or firm this form must be signed by an authorized signing authority for the corporation or firm.

Section 106 of the Business Corporations Act requires this notice be filed within 7 days after the receiver or receiver manager has ceased to act.

Filing Fee: \$20.00

Submit this form with a cheque or money order made payable to the Minister of Finance, or provide the registry with authorization to debit the fee from your BC OnLine Deposit Account.

Freedom of Information and Protection of Privacy Act (FOIPPA): Personal information provided on this form is collected, used and disclosed under the authority of the FOIPPA and the Business Corporations Act for the purposes of assessment.

OFFICE USE ONLY - DO NOT WRITE IN THIS AREA

A INCORPORATION/REGISTRATION NUMBER OF CORPORATION

B NAME OF CORPORATION

C FULL NAME OF RECEIVER OR RECEIVER MANAGER

LAST NAME FIRST NAME MIDDLE NAME

CORPORATION OR FIRM NAME

D CESSATION - Choose one of the following:

- I have ceased to act as the receiver for this corporation.
I have ceased to act as the receiver manager for this corporation.

E DATE OF CESSATION

YYYY / MM / DD

F CERTIFIED CORRECT - I have read this form and found it to be correct.

NAME OF RECEIVER/RECEIVER MANAGER

SIGNATURE OF RECEIVER/RECEIVER MANAGER

DATE SIGNED

YYYY / MM / DD

X