

NOTICE OF REVOCATION OF APPOINTMENT OF ATTORNEY

FORM 40 EXTRAPROVINCIAL COMPANY

Section 393 Business Corporations Act

Telephone: 1 877 526-1526 Mailing Address: PO Box 9431 Stn Prov Govt Courier: 200 – 940 Blanshard Street Victoria BC V8W 9V3 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 name exactly as shown on the extraprovincial company's Certificate of Registration, or enter the name exactly as shown on any Change of Name certificate or certificate of registration issued by the registrar as a result of an amalgamation of the extraprovincial company.

Item C An attorney may be an individual or a BC company. If the attorney is a BC company, enter the full name of the BC company.

Item E This is the signature of the authorized signing authority for the extraprovincial company. If the authorized signing authority is an attorney for the extraprovincial company and that attorney is a BC company, this form must be signed by an authorized signing authority for that company.

Effective Date:

The revocation of the attorney will take effect at the beginning of the day (12:01 a.m. Pacific Time) following the date on which the notice is filed with the registrar.

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. Please pay in Canadian dollars or in the equivalent amount of US funds.

OFFICE USE ONLY - DO NOT WRITE IN THIS AREA

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. Questions regarding the collection, use

and disclosure of personal information can be directed to

the Executive Coordinator of the BC Registry Services at

1 877 526-1526, PO Box 9431 Stn Prov Govt, Victoria BC

V8W 9V3.

★ PLEASE ENTER THE COMPANY EMAIL ADD	DRESS FOR CORRESPONDENCE		
A REGISTRATION NUMBER OF EXTRAPROVIN	NCIAL COMPANY		
B NAME OF EXTRAPROVINCIAL COMPANY			
C FULL NAME OF ATTORNEY WHOSE APPOINT LAST NAME	NTMENT IS BEING REVOKED FIRST NAME	MIDDLE NAME	
COMPANY NAME			
D MAILING ADDRESS OF ATTORNEY			
		PROVINCE	POSTAL CODE
E CERTIFIED CORRECT - I have read this	form and found it to be correct.	'	
NAME OF AUTHORIZED SIGNING AUTHORITY FOR THE EXTRAPROVINCIAL COMPANY	SIGNATURE OF AUTHORIZED SIGNING AUTHORITY FOR THE EXTRAPROVINCIAL COMPANY	DATE	SIGNED YYYY / MM / DD

X