					RECEIVER MANAGER			
		<b>BC</b> Registry	У				FORM 7S	
Brit: Colun	ISH ABIA	BC Registry Services			Sec	BUSI	CHOOL DISTRICT NESS COMPANY Business Corporations Act	
Telephone: 1 877 526-1526 Mai www.bcregistryservices.gov.bc.ca			Mailing Address:	PO Box 9431 Stn Prov Gov Victoria BC V8W 9V3	vt Locati		- 940 Blanshard Street ria BC V8W 3E6	
INSTRU	JCTION	S:						
		r print clearly in block	etters and ensu	ire that the form				
Item B								
	or Certi	ficate of Amalgamation.			(FOIPPA) – Personal information provided on this form is collected, used and disclosed under the authority of the			
Item C	Enter the full name of the receiver or receiver manager If the receiver or receiver manager is a corporation or fi of the corporation or firm.				FOIPPA, and the Business Corporations Act for the purpose of assessment. Questions regarding the collection, use and disclosure of personal information can be directed to the Executive Coordinator of the BC Registry Services			
Item D		ivery address must be a ph delivered. The delivery add		at 1 877 526-1526, P Victoria BC V8W 9V3	O Box 943			
Item E	Indicate how the receiver or receiver manager was appointed. Under section					ONLY – DO NOT WRITE IN THIS AREA		
		pect to that part of the undentil the receiver manager is		he appointment is				
Item G	be signed by an authorized signing authority for the corporation or firm.							
	Section 106 of the <i>Business Corporations Act</i> requires this notice be filed within 7 days Ifter the appointment of the receiver or receiver manager.							
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.								
A INCO		TION NUMBER OF COMP						
B NAME OF COMPANY								
_								
C FUL	NAME	OF RECEIVER OR RECEI	VER MANAGER					
LAST	NAME			FIRST NAME	MIDD	LE NAME		
0000								
CORF	ORATION	I OR FIRM NAME						
D REC	EIVER O	R RECEIVER MANAGER	ADDRESSES					
DELIVERY ADDRESS OF RECEIVER OR RECEIVER MANAGER						PROVINCE	E POSTAL CODE	
MAILI	NG ADDF	RESS OF RECEIVER OR RECE	IVER MANAGER			PROVINCE	E POSTAL CODE	
Е ТҮР	OF AP	POINTMENT – Choose or	ne of the followin	g:				
	I was appointed as the receiver for this corporation by the court.							
	I was appointed as the receiver for this corporation under an instrument over some or all of the undertaking of a corporation.							
	I was appointed as the receiver manager for this corporation by the court.							
I was appointed as the receiver manager for this corporation under an instrument over some or all of the undertaking of a corporation.								
F DATE OF APPOINTMENT YYYY/MM/DD								
L								
G 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				

NOTICE OF APPOINTMENT OF RECEIVER OR