



ATTORNEY RESIGNATION

BUSINESS CORPORATIONS ACT. section 395

Telephone: 1877526-1526 Mailing Address: PO Box 9431 Stn Prov Govt 200 - 940 Blanshard Street Courier Address: Victoria BC V8W 9V3 www.bcreg.ca Victoria BC V8W 3E6 INSTRUCTIONS: Freedom of Information and Protection of Privacy Act Please type or print clearly in block letters and ensure that the form (FOIPPA): Personal information provided on this form is is signed and dated in ink. collected, used and disclosed under the authority of the FOIPPA and the Business Corporations Act for the purposes **Item B** Enter the name exactly as shown on the extraprovincial company's of assessment. Questions regarding the collection, use Certificate of Registration, or enter the name exactly as shown on and disclosure of personal information can be directed to any Change of Name certificate or certificate of registration issued the Manager of Registries Operations at 1 877 526-1526, PO Box 9431 Stn Prov Govt, Victoria BC V8W 9V3. by the registrar as a result of an amalgamation of the extraprovincial company. OFFICE USE ONLY - DO NOT WRITE IN THIS AREA 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 F** If the attorney is a BC company, this form must be signed by an authorized signing authority for that company. 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 REGISTRATION NUMBER OF EXTRAPROVINCIAL COMPANY **B** NAME OF EXTRAPROVINCIAL COMPANY C FULL NAME OF ATTORNEY WHO INTENDS TO RESIGN LAST NAME FIRST NAME MIDDLE NAME COMPANY NAME **D** MAILING ADDRESS OF ATTORNEY PROVINCE POSTAL CODE BC **E** EFFECTIVE DATE OF REGISTRATION The resignation will take effect on the later of the following dates: The resignation is to take effect at the beginning of the date that is 2 months and one day after the date on which this notice is filed by the registrar. OR YYYY / MM / DD The resignation is to take effect at the beginning of F CERTIFIED CORRECT - I have read this form and found it to be correct. I also confirm that I have provided my resignation to the extraprovincial company at its head office YYYY / MM / DD which date is at least two months before the resignation is to take effect. on NAME OF ATTORNEY FOR THE EXTRAPROVINCIAL COMPANY SIGNATURE OF ATTORNEY FOR THE EXTRAPROVINCIAL COMPANY DATE SIGNED YYYY / MM / DD X