			BC Company				
BRITISH COLUMBIA BC Registry Services			DISSOLUTION BY LIQUIDATION				
BRITISH COLUMBIA Services			BUSINE	SS CORPOR	ATIONS	ACT, section 343	
Felephone: 1 877 526-1526 M www.bcreg.ca	5	PO Box 9431 Stn Prov /ictoria BC V8W 9V3		Courier Addres		940 Blanshard Street ria BC V8W 3E6	
Freedom of Information and Protection of Privacy Personal information provided on this form is collecte under the authority of the <i>FOIPPA</i> and the <i>Business</i> of the purposes of assessment. Questions regarding th and disclosure of personal information can be directe Registries Operations at 1 877 526-1526, PO Box 943 Victoria BC V8W 9V3.	d, used and disclos Corporations Act for e collection, use d to the Manager of		OFFICE USI	E ONLY – DO NO	T WRITE	IN THIS AREA	
 NSTRUCTIONS: Please type or print clearly in block letters an orm is signed and dated in ink. tem B Enter the name exactly as shown on the Incorporation, Amalgamation, Continual Name. tem C If the liquidator is a corporation or firm. tem F If the liquidator who will have custody or corporation or firm, enter the full name or firm. Under section 351(1) of the Bu Act, the "dissolved company's records" a company that is dissolved under this a (a) if a liquidator was appointed for the A INCORPORATION NUMBER OF COMPANY TO BE DISSOLVED 	e Certificate of ion or Change of enter the full nam f the records is a of the corporation siness Corporatio means, in relatior act, company,	Item G Item H Filing Fea	under (ii) the re The delivery accessible to days for the o post office bo If the liquidate by an authori a: \$20.00 So made payable with authoriza	section 42, and ecords referred to address must be the public betwe delivery of record ox. or is a corporatio zed signing author ubmit this form w e to the Minister ation to debit the ase pay in Cana	in section for a loca en 9 a.m s. The a n or firm, prity for th ith a chea of Finance fee from	vas required to keep an 333(1). ation in BC that is . and 4 p.m. on busines ddress must not be a this form must be signe he corporation or firm. que or money order ie, or provide the registr your BC OnLine Depos ars or in the equivalent	
FULL NAME OF LIQUIDATOR LAST NAME				MIDDLE NAME			
CORPORATION OR FIRM NAME							
MAILING ADDRESS OF LIQUIDATOR				PR	OVINCE	POSTAL CODE	
 Check (✓) the box next to the applicable The liquidator was appointed by the com The liquidator was appointed by the cou approving the dissolution has been depointed F FULL NAME OF LIQUIDATOR WHO WILL HAVE LAST NAME 	npany. rt and a copy of th osited in the liquid CUSTODY OF THE	ne entered court or ation records office	э.		ictions)		
CORPORATION OR FIRM NAME							
G ADDRESSES OF LOCATION OF "DISSOLVED DELIVERY ADDRESS OF LOCATION OF "DISSOLVED COMP		ORDS"		PF	ROVINCE BC	POSTAL CODE	
MAILING ADDRESS OF LOCATION OF "DISSOLVED COMPAI	NY'S RECORDS"			PF	ROVINCE BC	POSTAL CODE	
H CERTIFIED CORRECT – I have read this I also confirm that the final accounts refe deposited in the liquidation records office NAME OF LIQUIDATOR	erred to in section.		he <i>Business</i>	Corporations A		been prepared and SIGNED YYYY/MM/DD	

X