

APPLICATION FOR (LIQUIDATION) DISSOLUTION

FORM 25S **BC SCHOOL DISTRICT BUSINESS COMPANY**

Section 343 Business Corporations Act

DATE SIGNED

YYYY / MM / DD

Telephone: 1 877 526-1526 PO Box 9431 Stn Prov Govt Location: 200 - 940 Blanshard Street Mailing Address: www.bcregistryservices.gov.bc.ca Victoria BC V8W 9V3 Victoria BC V8W 3E6

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 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 at 1 877 526-1526, PO Box 9431 Stn Prov Govt, Victoria BC V8W 9V3.

OFFICE USE ONLY - DO NOT	WKIIE	IN	IHIS	AKE
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INSTRUCTIONS:

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

- Enter the name exactly as shown on the Certificate of Incorporation or Certificate of Amalgamation.
- If the liquidator is a corporation or firm, enter the full name Item C of the corporation or firm.
- Item F If the liquidator who will have custody of the records is a corporation or firm, enter the full name of the corporation or firm. Under section 351(1) of the Business Corporations Act, the "dissolved company's records" means, in relation to a company that is dissolved under this Act,

- the records that the company was required to keep under section 42, and
- (ii) the records referred to in section 333(1).
- Item G The delivery address must be for a location in BC that is accessible to the public between 9 a.m. and 4 p.m. on business days for the delivery of records. The address must not be a post office box.
- Item H If the liquidator is a corporation or firm, this form must be signed by an authorized signing authority for the corporation or firm.
- 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 Places payin Canadian dollars or in the equivalent

(a) if a liquidator was appointed for the company,		amount of US funds.				
INCORPORATION NUMBER OF COMPANY TO BE DISSOLV	VED					
NAME OF COMPANY TO BE DISSOLVED						
FULL NAME OF LIQUIDATOR						
LAST NAME	FIRST NAME	MI	MIDDLE NAME			
CORPORATION OR FIRM NAME						
MAILING ADDRESS OF LIQUIDATOR			PROVINCE	POSTAL CODE		
Check () the box next to the applicable method The liquidator was appointed by the company.	d of appointment					
	opy of the entered court o		tion 342(3)(a)			
The liquidator was appointed by the company. The liquidator was appointed by the court and a coapproving the dissolution has been deposited in the	opy of the entered court o e liquidation records offic	e. //PANY'S RECORDS" (s	. , , ,			
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SIGNATURE OF LIQUIDATOR

X

FORM 25S/WEB Rev. 2014 / 03 / 17

NAME OF LIQUIDATOR

and deposited in the liquidation records office.