

FORM 41(N)

Extraprovincial Company

ATTORNEY RESIGNATION

BUSINESS CORPORATION ACT, section 395

New West Partnership Trade Agreement

Telephone: 1877526-1526 Mailing Address: PO Box 9431 Stn Prov Govt Email: bcregistries@gov.bc.ca Victoria BC V8W 9V3

Courier Address:

200 - 940 Blanshard Street 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
- lt
- lt

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

	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.		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.		
tem C	An attorney may be an individual or a BC compan company, enter the full name of the BC company.	y. If the attorney is a BC	OFFICE USE ONLY - DO NOT WRITE IN THIS AREA		
tem F	If the attorney is a BC company, this form must be signing authority for that company.	ttorney is a BC company, this form must be signed by an authorized a authority for that company.			
A DEC	STRATION NUMBER OF EVERAPROVINCIAL COMPANY				
REGI	STRATION NUMBER OF EXTRAPROVINCIAL COMPANY				
B NAM	E OF EXTRAPROVINCIAL COMPANY				
C FULI	NAME OF ATTORNEY WHO INTENDS TO RESIGN	FIRST NAME		MIDDLE NAME	
COMP	ANY NAME				
D MAII	ING ADDRESS OF ATTORNEY			PROVINCE	POSTAL CODE
				ВС	
3 EFFE	CTIVE DATE OF REGISTRATION				
— The	resignation will take effect on the later of the	following dates:			
	ne resignation is to take effect at the beginning o y the registrar.	of the date that is 2 months an	d one day after the d	ate on whic	h this notice is filed
0	R	YYYY / MM / DD			
T	ne resignation is to take effect at the beginning o	of	•		
CER	TIFIED CORRECT – I have read this form and four	nd it to be correct.			
l al	so confirm that I have provided my resignation	on to the extraprovincial co	mpany at its head o	office	
on	which date is a	t least two months before t	he resignation is to	take effec	t.
NAME	OF ATTORNEY FOR THE EXTRAPROVINCIAL COMPANY	SIGNATURE OF ATTORNEY FOR THE EXTRA	APROVINCIAL COMPANY	DATE SI	GNED YYYY / MM / DD
	NA DEC 2000	X			