

INCORPORATION APPLICATION

FORM 1S **BC SCHOOL DISTRICT BUSINESS COMPANY**

Section 10 Business Corporations Act

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

INSTRUCTIONS:

- · Please type or print clearly in block letters and ensure that the form is signed and dated in ink.
- Filing Fee \$350
- Submit this form with cheque or money order made payable to the Minister of Finance, or provide the

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.

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dollars or in the equivalent amou	ease pay in Canadian unt of US funds.				
NAME OF COMPANY					
The company is to be incorporate	ed with the name:				
School District No.	School District No Business Company, <i>OR</i>				
Entreprise compagnie du			•		
INCORPORATION EFFECTIVE DATE	- Choose one of the following:				
The incorporation is to take e	effect at the time that this applica	ation is filed with	the registrar.		
-	effect at 12:01a.m. Pacific Time of than ten days after the date of t	on	application.		
The incorporation is to take e	effect ata.m. or not more than ten days after the	p.m. Pacific Time date of the filing	on	ion.	
MAILING ADDRESS		PROVINCE		POSTAL CODE	
COMPLETING PARTY - The comple		ry Treasurer of	the Incorporator	<u> </u>	
LAST NAME	FIRST NAME	.,	MIDDLE NAME		
MAILING ADDRESS OF COMPLETIN	G PARTY	PROVINCE	COUNTRY	POSTAL CODE	
	G PARTY	PROVINCE	COUNTRY	POSTAL CODE	
COMPLETING PARTY STATEMENT		PROVINCE		POSTAL CODE	
	G PARTY MIDDLE NAME	PROVINCE	COUNTRY LAST NAME	POSTAL CODE	
COMPLETING PARTY STATEMENT FIRST NAME I, the completing party, have examin to be incorporated by the filing of the completion of the comp	MIDDLE NAME led the Articles and Incorporation	n Agreement Byl	LAST NAME		
COMPLETING PARTY STATEMENT FIRST NAME I, the completing party, have examin to be incorporated by the filing of the completing party. (a) the Articles and Incorporation	MIDDLE NAME led the Articles and Incorporation	n Agreement Bylad confirm that:	LAST NAME aw applicable to y Treasurer of the	the company that is	
COMPLETING PARTY STATEMENT FIRST NAME I, the completing party, have examin to be incorporated by the filing of the completing and incorporation in the Incorporation Application	MIDDLE NAME led the Articles and Incorporation this Incorporation Application and Bylaw both contain a signature line	n Agreement Byld confirm that: e for the Secretary y Treasurer set o	LAST NAME aw applicable to y Treasurer of the	the company that is	
COMPLETING PARTY STATEMENT FIRST NAME I, the completing party, have examin to be incorporated by the filing of the completing and incorporation in the incorporation Application (b) an original signature has been	MIDDLE NAME ned the Articles and Incorporation this Incorporation Application and Bylaw both contain a signature line on, with the name of that Secretary	n Agreement Bylad confirm that: e for the Secretary y Treasurer set of	LAST NAME aw applicable to y Treasurer of the out legibly under t	the company that is a Incorporator identifie the signature line,	

NOTICE OF ARTICLES

Set out the name of the company as set out in Item A of the Incorporation Application.

A NAME OF COMPANY

TRANSLATION OF COMPANY NAM Set out every translation of the con	E npany name that the company intend	ds to use outside C	Canada.	
DIRECTOR NAME(S) AND ADDRES	S(ES)			
	delivery address and residential must not be a post office box. Atta			
LAST NAME	FIRST NAME		MIDDLE NAME	
DELIVERY ADDRESS		PROVINCE/STATE	COUNTRY	POSTAL CODE/ZIP CODE
MAILING ADDRESS		PROVINCE/STATE	COUNTRY	POSTAL CODE/ZIP CODE
LAST NAME	FIRST NAME		MIDDLE NAME	
DELIVERY ADDRESS		PROVINCE/STATE	COUNTRY	POSTAL CODE/ZIP CODI
MAILING ADDRESS		PROVINCE/STATE	COUNTRY	, POSTAL CODE/ZIP CODI
LAST NAME	FIRST NAME		MIDDLE NAME	
DELIVERY ADDRESS		PROVINCE/STATE	COUNTRY	POSTAL CODE/ZIP CODE
MAILING ADDRESS		PROVINCE/STATE	COUNTRY	POSTAL CODE/ZIP CODE
LAST NAME	FIRST NAME		MIDDLE NAME	
DELIVERY ADDRESS		PROVINCE/STATE	COUNTRY	POSTAL CODE/ZIP CODE
MAILING ADDRESS		PROVINCE/STATE	COUNTRY	POSTAL CODE/ZIP CODE

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D REGISTERED OFFICE ADDRESSES		
DELIVERY ADDRESS OF THE COMPANY'S REGISTERED OFFICE		
	PROVINCE	POSTAL CODE
	ВС	
MAILING ADDRESS OF THE COMPANY'S REGISTERED OFFICE		
	PROVINCE	POSTAL CODE
	ВС	
E RECORDS OFFICE ADDRESSES		
DELIVERY ADDRESS OF THE COMPANY'S RECORDS OFFICE		
	PROVINCE	POSTAL CODE
	ВС	
MAILING ADDRESS OF THE COMPANY'S RECORDS OFFICE		
	PROVINCE	POSTAL CODE
	ВС	

F AUTHORIZED SHARE STRUCTURE

In accordance with section 95.25 of the *School Act*, the authorized share capital of the Company consists of one common share without par value, to which are attached the rights and restrictions prescribed in the *School Act*.

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