



Telephone: 1 877 526-1526 www.bcregistry.ca/cooperatives

Mailing Address: PO Box 9431 Stn Prov Govt Victoria BC V8W 9V3

Courier Address: 200 - 940 Blanshard Street Victoria BC V8W 3E6

DO NOT MAIL THIS FORM to BC Registry Services unless you are instructed to do so by registry staff. Fill this form on the Internet at www.bcregistry.ca/business

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 information can be directed to the Manager of Registries Operations at 1 877 526-1526, PO Box 9431 Stn Prov Govt, Victoria BC V8W 9V3

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 Certificate of Incorporation, Amalgamation or Change of Name.

Item E Enter the full address for the person who is responsible for the care and custody of the association records. The address must be a complete physical address. code. If the area does not have street names or numbers, provide a description that would readily allow a person to locate you (For example, Four miles East on Howard Road, left hand side near the church, Creston, BC).

Filing Fee:

Form 10 - \$20

Form 6 - \$70

Affidavit - \$20

A INCORPORATION NUMBER OF ASSOCIATION TO BE DISSOLVED

B NAME OF ASSOCIATION TO BE DISSOLVED

C DISSOLUTION STATEMENT - Choose one of the following:

[ ] The Association has, by special resolution, voluntarily resolved to dissolve the Association under section 197 of the Cooperative Association Act. The Association has no assets and has no liabilities.

[ ] The Association has, by special resolution, voluntarily resolved to dissolve the Association under section 197 of the Cooperative Association Act. The Association has no assets and has made provision for the payment of each of the Association's unpaid liabilities and has obtained the written consent to that provision for payment from each creditor whose identity is known to the Association and who has an unpaid claim against the Association that exceeds \$200.

D FULL NAME OF PERSON WHO IS RESPONSIBLE FOR THE CARE AND CUSTODY OF THE ASSOCIATION'S RECORDS

LAST NAME

FIRST NAME

MIDDLE NAME

E EMAIL ADDRESS OF PERSON WHO IS RESPONSIBLE FOR THE CARE AND CUSTODY OF THE ASSOCIATION'S RECORDS

F MAILING ADDRESS OF PERSON WHO IS RESPONSIBLE FOR THE CARE AND CUSTODY OF THE ASSOCIATION'S RECORDS

CITY

PROVINCE

POSTAL CODE

DELIVERY ADDRESS

CITY

PROVINCE

POSTAL CODE

G CERTIFIED CORRECT - I have read this form and found it to be correct.

LEGAL NAME OF THE PERSON AUTHORIZED TO COMPLETE AND SUBMIT THIS FILING (PLEASE PRINT)

SIGNATURE OF THE PERSON AUTHORIZED TO COMPLETE AND SUBMIT THIS FILING

DATE SIGNED YYYY / MM / DD

X