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DO NOT MAIL THIS FORM to BC Registry Services unless you are instructed to do so by registry staff. The Regulation under the Business Corporations Act requires the electronic version of this form to be filed on the Internet at the BC Business Registry

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.

A INCORPORATION NUMBER OF COMPANY TO BE DISSOLVED

B NAME OF COMPANY TO BE DISSOLVED

C DISSOLUTION EFFECTIVE DATE - Choose one of the following:

- The dissolution is to take effect at the time that this application is filed with the registrar.
The dissolution is to take effect at ... a.m. or ... p.m. Pacific Time on ... YYYY / MM / DD being a date and time that is not more than ten days after the date of the filing of this application.

D FULL NAME OF PERSON SUBMITTING THE APPLICATION

LAST NAME FIRST NAME MIDDLE NAME

CORPORATION OR FIRM NAME

E MAILING ADDRESS OF PERSON SUBMITTING THE APPLICATION

PROVINCE POSTAL CODE

F FULL NAME OF CUSTODIAN OF DISSOLVED COMPANY'S RECORDS

LAST NAME FIRST NAME MIDDLE NAME

CORPORATION OR FIRM NAME

G EMAIL ADDRESS OF CUSTODIAN OF DISSOLVED COMPANY'S RECORDS

H ADDRESSES OF LOCATION OF DISSOLVED COMPANY'S RECORDS

DELIVERY ADDRESS OF LOCATION OF "DISSOLVED COMPANY'S RECORDS"

PROVINCE POSTAL CODE

BC

MAILING ADDRESS OF LOCATION OF "DISSOLVED COMPANY'S RECORDS"

PROVINCE POSTAL CODE

BC

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

I also confirm that the affidavit required by section 316(1)(a) of the Business Corporations Act has been obtained and deposited in the company's records office.

NAME OF AUTHORIZED SIGNING AUTHORITY FOR THE COMPANY

SIGNATURE OF AUTHORIZED SIGNING AUTHORITY FOR THE COMPANY

DATE SIGNED

YYYYMMDD

X