



DISSOLUTION REQUEST

BUSINESS CORPORATIONS ACT, section 316

Telephone: 1 877 526-1526 www.bcreg.ca

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. The Regulation under the Business Corporations Act requires the electronic version of this form to be filed on the Internet at www.corporateonline.gov.bc.ca

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.

A INCORPORATION NUMBER OF COMPANY TO BE DISSOLVED

B NAME OF COMPANY TO BE DISSOLVED

C DISSOLUTION EFFECTIVE DATE - Choose one of the following:

- Three options for dissolution effective date: 1. Immediate filing, 2. 12:01 a.m. Pacific Time on a date within ten days, 3. Specific date and time within ten days.

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 PERSON WHO WILL HAVE CUSTODY OF THE "DISSOLVED COMPANY'S RECORDS"

LAST NAME FIRST NAME MIDDLE NAME

CORPORATION OR FIRM NAME

G 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

H 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