



REGISTRATION STATEMENT

BUSINESS CORPORATIONS ACT, section 376

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.

PLEASE ENTER THE COMPANY EMAIL ADDRESS FOR CORRESPONDENCE

A NAME RESERVED FOR THE FOREIGN ENTITY

Complete section 1, 2 OR 3:

- 1. The name _____ being the foreign entity's own name has been reserved. The name reservation number is _____.
2. The foreign entity's own name _____ is not available and, therefore, the assumed name _____ has been reserved. The name reservation number for the assumed name is _____.
3. No name has been reserved because the foreign entity is a federal corporation with the name _____

B FOREIGN ENTITY'S CURRENT JURISDICTION - If the current jurisdiction is other than a Canadian province, territory, or the federal government, attach proof of existence of the foreign entity, certified by its jurisdiction.

- 1. Corporate number assigned to the foreign entity by its current jurisdiction _____
2. Foreign entity's name in the foreign jurisdiction _____
3. Foreign entity's date of incorporation, organization or most recent date of amalgamation or continuation [YYYY / MM / DD]
4. Foreign entity's current jurisdiction of incorporation, organization, amalgamation or continuation _____

C HEAD OFFICE ADDRESSES

DELIVERY ADDRESS OF HEAD OFFICE

Table with 4 columns: PROVINCE/STATE, COUNTRY, POSTAL CODE/ZIP CODE. Includes rows for DELIVERY ADDRESS OF HEAD OFFICE and MAILING ADDRESS OF HEAD OFFICE.

D NAME OF ATTORNEY(S) (If any)

Enter the full name and the mailing and delivery address of each attorney.

LAST NAME

FIRST NAME

MIDDLE NAME

COMPANY NAME

DELIVERY ADDRESS OF ATTORNEY

PROVINCE

POSTAL CODE

BC

MAILING ADDRESS OF ATTORNEY

PROVINCE

POSTAL CODE

BC

LAST NAME

FIRST NAME

MIDDLE NAME

COMPANY NAME

DELIVERY ADDRESS OF ATTORNEY

PROVINCE

POSTAL CODE

BC

MAILING ADDRESS OF ATTORNEY

PROVINCE

POSTAL CODE

BC

If additional space is needed to enter more than two attorneys, please attach a separate sheet of paper.

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

NAME OF AUTHORIZED SIGNING AUTHORITY
FOR THE FOREIGN ENTITY

SIGNATURE OF AUTHORIZED SIGNING AUTHORITY
FOR THE FOREIGN ENTITY

DATE SIGNED
YYYY / MM / DD

X