STRIKE OUT UNNECESSARY ITEMS OR ADDITIONAL INFORMATION AS NECESSARY.

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 or Certificate of Amalgamation.

Item C If the liquidator is a corporation or firm, enter the full name of the corporation or firm.

Item D The delivery address must be a physical address where notices and records can be delivered. The delivery address must not be a post office box.

Item E See section 312(a) of the Business Corporations Act for a definition of "commencement of the liquidation.*

Item F The delivery address must be for a location in BC that is accessible to the public between 9 a.m. and 4 p.m. on business days for the delivery of records. The address must not be a post office box.

Filing Fee: $20.00
Submit this form with a cheque or money order made payable to the Minister of Finance, or provide the registry with authorization to debit the fee from your BC OnLine Deposit Account. Please pay in Canadian dollars or in the equivalent amount of US funds.

A INCORPORATION NUMBER OF COMPANY

B NAME OF COMPANY

C FULL NAME OF EACH PERSON APPOINTED AS A LIQUIDATOR FOR THE COMPANY
(Attach an additional sheet if more space is required.)

LAST NAME FIRST NAME MIDDLE NAME

CORPORATION OR FIRM NAME

D LIQUIDATOR ADDRESSES
DELIVERY ADDRESS

PROVINCE POSTAL CODE

MAILING ADDRESS

PROVINCE POSTAL CODE

E DATE OF COMMENCEMENT OF LIQUIDATION

YYYY / MM / DD

a.m. or p.m. on

F SET OUT THE DELIVERY AND MAILING ADDRESSES OF THE LIQUIDATION Records OFFICE

DELIVERY ADDRESS OF THE LIQUIDATION RECORDS OFFICE

PROVINCE POSTAL CODE

BC

MAILING ADDRESS OF THE LIQUIDATION RECORDS OFFICE

PROVINCE POSTAL CODE

BC

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

NAME OF AUTHORIZED SIGNING OFFICER FOR THE COMPANY

SIGNATURE OF AUTHORIZED SIGNING OFFICER FOR THE COMPANY

DATE SIGNED

YYYY / MM / DD

X