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**F FULL NAME OF PERSON WHO WILL HAVE CUSTODY OF THE "DISSOLVED COMPANY'S RECORDS"** (See Instructions)

LAST NAME

FIRST NAME

MIDDLE NAME

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CORPORATION OR FIRM NAME

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**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**

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**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**

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