



**6. As of this date, the shareholder(s) of the corporation are:**

	% Of Voting Shares _____	
Last Name	First Name	Middle Name (optional)
<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>
Street/Mailing Address	City or Town	Province/State/Country
<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>
		Postal/Zip Code
		<input style="width: 100%;" type="text"/>

	% Of Voting Shares _____	
Last Name	First Name	Middle Name (optional)
<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>
Street/Mailing Address	City or Town	Province/State/Country
<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>
		Postal/Zip Code
		<input style="width: 100%;" type="text"/>

	% Of Voting Shares _____	
Last Name	First Name	Middle Name (optional)
<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>
Street/Mailing Address	City or Town	Province/State/Country
<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>
		Postal/Zip Code
		<input style="width: 100%;" type="text"/>

	% Of Voting Shares _____	
Last Name	First Name	Middle Name (optional)
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Street/Mailing Address	City or Town	Province/State/Country
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		Postal/Zip Code
		<input style="width: 100%;" type="text"/>

	% Of Voting Shares _____	
Last Name	First Name	Middle Name (optional)
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Street/Mailing Address	City or Town	Province/State/Country
<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>
		Postal/Zip Code
		<input style="width: 100%;" type="text"/>

**7. Authorized Representative/Authorized Signing Authority for the Corporation**

Last Name	First Name	Middle Name (optional)
Relationship to Corporation	Email Address (optional)	Phone Number (optional)
Date of Submission yyyy-mm-dd	Signature	