

RETURN THIS FORM TO:

Service Alberta Consumer Services Division 3rd Floor, 10155 102 Street EDMONTON AB T5J 4L4 Fax No.: (780) 427-3033

Notice of Address/ Change of Address

Cooperatives Act Sections 27(4), 274(1), 278(5) and 279(7)

PLEASE PRINT OR TYPE

For new cooperatives, continuances or amalgamations, Items 1 and 3 <u>must</u> be completed, and if applicable Items 4, 5, 6 and 7. For a change of address, Items 1 and 2 <u>must</u> be completed; as well as Item 3, 4, 5, 6, or 7, where applicable.

Name of Cooperative				2. Alberta Corporate Access Num	
				(as noted on registration doc	cuments)
	ss of Registered O	ffice sible for service to the publi	c during normal business h	oours.)	
	Street		City/Town	Province	Postal Code
				AB	
	(If you give a legal description, you must complete Item 7, giving a mailing address.)				
	Legal Land Description (Section/ Township/ Range/ Meridian or Plan/ Block/ Lot)				
OR					
releph:	one Number	Facsimile Numbe	r 5. Email	Address (if applicable)	
	area code)	(include area code)		, ,,	
	(If you sive a legal of	de enintie en verreur de enen	lata Itawa 7 mining a masilina	AB	
	(If you give a legal description, you must complete Item 7, giving a mailing address.) Legal Land Description (Section/ Township/ Range/ Meridian or Plan/ Block/ Lot)				
OR	Legal Land Descrip	ion (Seedon Township Rang	o Nichalah or Flah, Block Lot	,	
NOTE:	If this is a change of		ger applies, you must enter	post office address for mail o	
	Post Office Box Only		City/Town	Province	Postal Cod
	•		·	AB	
Sia	nature of Authorized Po	erson	Title (please PRINT)		Date
2.3.333.0 5. 7.33.15.1254 (61661)					(mm/dd/yyyy)
Name (please PRINT)			Daytime Telephone Num (include area code)	nber	