



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

**Statement of Amalgamation
 Extra-Provincial/Foreign Cooperative
 Cooperatives Act
 Section 379(1)**

PLEASE PRINT OR TYPE

1. **Name of Amalgamated Cooperative** *(Must comply with Section 371 of the Cooperatives Act.)*

2. **Place of Amalgamation**

Province/State	Country
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3. **Effective Date of Amalgamation in Home Jurisdiction**

Date *(mm/dd/yyyy)*

4. **Home Jurisdiction Corporate Access Number**

5. **Head Office Address Inside or Outside Alberta** *(This should be the registered address of the cooperative.)*

Mailing Address *(including postal code)*

6. **Telephone Number**

Facsimile Number

5. **Email Address** *(if applicable)*

<i>(include area code)</i>	<i>(include area code)</i>	
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7. **Principal Business of Cooperative** *(Be as specific as possible in explaining what the company does.)*

8. **Type of Cooperative:** *(select one)*

- | | | |
|---|--|--|
| <input type="checkbox"/> Breeder | <input type="checkbox"/> Irrigation | <input type="checkbox"/> Rural Fire Fighting |
| <input type="checkbox"/> Dairy | <input type="checkbox"/> Marketing | <input type="checkbox"/> Seed Cleaning |
| <input type="checkbox"/> Employment | <input type="checkbox"/> Multi-stakeholder | <input type="checkbox"/> Transportation |
| <input type="checkbox"/> Ethnic | <input type="checkbox"/> Petroleum | <input type="checkbox"/> Vegetable Grower |
| <input type="checkbox"/> Feeder Association | <input type="checkbox"/> Purchasing | <input type="checkbox"/> Agricultural
General <i>(specify):</i> _____ |
| <input type="checkbox"/> Grazing | <input type="checkbox"/> Real Estate Board | <input type="checkbox"/> New Generation
<i>(specify):</i> _____ |
| <input type="checkbox"/> Handicraft | <input type="checkbox"/> Recreational | <input type="checkbox"/> Other <i>(specify):</i> _____ |
| <input type="checkbox"/> Housing | <input type="checkbox"/> Retail | |

Statement of Amalgamation

9. Directors of Amalgamated Cooperative *(If additional space is required, attach a sheet with the information requested.)*

Position Held	Name of Director <i>(Last, First, Middle Initial)</i>	Mailing Address <i>(including Postal Code)</i>

10. **Fiscal Year End:** _____
Month/Day

11. **Number of Members:** _____

12. **Name of Amalgamating Cooperatives** **Alberta Corporate Access Number**
(as noted on registration documents)

Signature of Authorized Person

Title *(please PRINT)*

Date
(mm/dd/yyyy)

Name *(please PRINT)*

Daytime Telephone Number
(include area code)

This information is being collected for the purposes of corporate registry records in accordance with the Cooperatives Act. Questions about the collection of this information can be directed to the Freedom of Information and Protection of Privacy Coordinator for the Alberta Government, Box 3140, Edmonton, Alberta T5J 2G7, (780) 427-5210.

Statement of Amalgamation Extra-Provincial/Foreign Cooperative

FILING REQUIREMENTS

The Statement of Amalgamation must be filed with the applicable fees and an original of the following:

- Notice of Attorney for Service/Change of Attorney/Alternative Attorney (Form SA0102),
- copy of any instrument effecting the amalgamation,
- Notice of Change of Head Office (Form SA0104),
- copy of the amalgamation agreement if any, certified by a notary public, government official or company official,
- copy of the charter of the cooperative, certified by a cooperative official or notary public or government official, and
- if a new name is adopted, an Alberta Name Search Report (from the NUANS database) is required dated not more than 90 days prior to the date the Statement of Amalgamation is received by the Alberta Government.