

I, _____ ,
 Name of Witness
 of _____ , in the Province of Alberta,
 City/Town
 _____ ,
 Occupation

make oath and say:

1. I was personally present and did see the _____ of the
 Articles / Bylaws
 _____ ,
 Name of Cooperative

duly signed and executed by:

2. That the said instrument was executed at _____ ,
 City/Town
 in the Province of Alberta.
3. That I know the said parties, and each of them is over the age of eighteen years.
4. That I am the subscribing witness to the said instrument.

SWORN before me at _____)
 _____)
 City/Town Province Signature of Witness
 _____)
 this _____ day of _____ .)
 (month/year)

 A Commissioner for Oaths/Notary Public in and for the
 Province of Alberta

 Print Name

 Expiry Date of Commission (mm/dd/yyyy)

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 direct to the Freedom of Information and Protection of Privacy Coordinator for the Alberta Government, Box 3140, Edmonton AB, T5J 2G7, (780) 427-5210.