



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 Attorney for Service/ Change of Attorney/ Alternative Attorney

Cooperatives Act
 Sections 369(2), 377(2) and 377(5)

PLEASE PRINT OR TYPE

**For new registrations, Items 1, 3, 4, 5 and 6 must be completed.
 For changes, complete Items 1, 2, 3, 4, 5 and 6.
 This form can also be used for a change of attorney's address.**

1. Name of Cooperative	2. Alberta Corporate Access Number <i>(as noted on registration documents)</i>

3. Attorney Status: *(select one)*
 (NOTE: Only one attorney can be appointed per form. Attorneys must be individuals.)

- Attorney appointed for the purpose of registration
- Change of Attorney
- Alternative Attorney
- Change of Alternative Attorney
- Resignation/Revocation of _____ as Alternative Attorney.
Name of Attorney

4. The above mentioned cooperative has appointed _____ as the cooperative's Attorney for service.
Name of Individual

5. Full Address of Attorney *(This address must be accessible to the public and must be within Alberta.)*

Is this a change of address? Yes No If Yes, effective date is: _____ (mm/dd/yyyy)

Address	Street	City / Town	Province	Postal Code
Mailing Address <i>(if different from above)</i>	Street	City / Town	Province	Postal Code

<p>6. Attorney's Consent:</p> <p>I, _____ Name of Attorney</p> <p>consent to act as the Attorney of the above named cooperative, as of _____ Date (mm/dd/yyyy)</p> <p>_____ Signature of Attorney</p>	<p>Witness</p> <p>_____ Name of Witness</p> <p>_____ Address of Witness Street</p> <p>_____ City/Town Province Postal Code</p> <p>_____ Signature of Witness</p>
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_____ Signature of Authorized Person	_____ Title <i>(please PRINT)</i>	_____ Date (mm/dd/yyyy)
_____ Name <i>(please PRINT)</i>	_____ Daytime Telephone Number (include area code)	