

### 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

Place of Amalgamation Province/Slate Country  Effective Date of Amalgamation in Home Jurisdiction Date (mm/dd/yyyy)  Home Jurisdiction Corporate Access Number  Head Office Address Inside or Outside Alberta (This should be the registered address of the cooperative.)  Mailing Address (including postal code)  Telephone Number Facsimile Number 5. Email Address (if applicable)  (include area code) (include area code)  Principal Business of Cooperative (Be as specific as possible in explaining what the company does.)  Type of Cooperative: (select ane)  Breeder Irrigation Rural Fire Fighting Dairy Marketing Seed Cleaning Employment Multi-stakeholder Transportation Ethnic Petroleum Vagetable Grower Feeder Association Purchasing Agricultural General (specify): Real Estate Board Recreational Recreational Recreational Recreational Recreational Recreations)  New Generation (specify):	Ν	ame of Amalgamated Cod	operative (Must comply with	h Section 371 of the Cooperatives Act.)
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Dairy Marketing Seed Cleaning  Employment Multi-stakeholder Transportation  Ethnic Petroleum Vegetable Grower  Feeder Association Purchasing General (specify):  Grazing Real Estate Board  Handicraft Recreational	T <sub>1</sub>	ype of Cooperative: (select	<u>one</u> )	
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Ethnic Petroleum Vegetable Grower  Feeder Association Purchasing Agricultural General (specify):  Grazing Real Estate Board  Handicraft Recreational (specify):		Dairy	Marketing	Seed Cleaning
Feeder Association  Purchasing  Agricultural General (specify):  Grazing  Handicraft  Recreational  New Generation (specify):		Employment	Multi-stakeholder	Transportation
General (specify):  Grazing  Real Estate Board  New Generation (specify):		Ethnic	Petroleum	Vegetable Grower
Grazing Real Estate Board  Handicraft Recreational (specify):		Feeder Association	Purchasing	Agricultural
Handicraft Specify):		Grazing	Real Estate Board	
Housing Petail Other ( 17)		Handicraft	Recreational	
Housing Other (specify):				

## **Statement of Amalgamation**

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

	_			
Position Held			ailing Address ding Postal Code)	
	1			
). Fiscal Year	End: Month/Day	<u></u>		
. Number of N	Members:			
2. Name of Am	nalgamating Cooperatives		Alberta Corporate Access Nui (as noted on registration documents)	mber
			(as noted on registration decaments)	
Signature	of Authorized Person	Title (please PRINT)	Date (mm/dd/yyyy)	)
Nam	e (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.

SA0106 (2002/03) Page 2 of 3

## **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.

SA0106 (2002/03) Page 3 of 3