

Affidavit of Execution

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 Alberta Government Services, Box 3140, Edmonton AB, T5J 2G7, (780) 427-5210.