

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

**Notice of Address/
 Change of Address**
 Cooperatives Act
 Sections 27(4), 274(1), 278(5) and 279(7)

PLEASE PRINT OR TYPE

For new cooperatives, continuances or amalgamations, Items 1 and 3 **must** be completed, and if applicable Items 4, 5, 6 and 7. For a change of address, Items 1 and 2 **must** be completed; as well as Item 3, 4, 5, 6, or 7, where applicable.

1. Name of Cooperative

2. Alberta Corporate Access Number

	(as noted on registration documents)
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3. Address of Registered Office

(This address must be accessible for service to the public during normal business hours.)

Street	City/Town	Province	Postal Code
			AB

(If you give a legal description, you must complete Item 7, giving a mailing address.)

OR

Legal Land Description (Section/Township/ Range/ Meridian or Plan/ Block/ Lot)
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4. Telephone Number

Facsimile Number

5. Email Address (if applicable)

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6. Records Address

(Only to be completed if the records are kept somewhere other than at the registered office above.)

(This address must be accessible for service to the public during normal business hours.)

Street (P.O. Box number <u>cannot</u> be used)	City/Town	Province	Postal Code
			AB

(If you give a legal description, you must complete Item 7, giving a mailing address.)

OR

Legal Land Description (Section/Township/ Range/ Meridian or Plan/ Block/ Lot)
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7. Address for Service by Mail (ONLY to be completed if the Cooperative uses a post office address for mail delivery.)

NOTE: If this is a change of address, and Item 7 no longer applies, you must enter "N/A" in this space, otherwise your mail will continue to be sent to your old post office address.

Post Office Box Only	City/Town	Province	Postal Code
			AB

Signature of Authorized Person	Title (please PRINT)	Date (mm/dd/yyyy)
Name (please PRINT)	() Daytime Telephone Number	