



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 <div style="border: 1px solid black; height: 20px; width: 100%;"></div>	2. Alberta Corporate Access Number <i>(as noted on registration documents)</i> <div style="border: 1px solid black; height: 20px; width: 100%;"></div>
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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

6. Attorney's Consent: I, _____ Name of Attorney consent to act as the Attorney of the above named cooperative, as of _____ Date (mm/dd/yyyy) <div style="border-top: 1px solid black; width: 100%;"></div> Signature of Attorney	Witness <div style="border-top: 1px solid black; width: 100%;"></div> Name of Witness <div style="border-top: 1px solid black; width: 100%;"></div> Address of Witness Street <div style="border-top: 1px solid black; width: 100%;"></div> City/Town Province Postal Code <div style="border-top: 1px solid black; width: 100%;"></div> Signature of Witness
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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)	

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.
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