

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

**Summary of Articles  
 of Incorporation**  
 Cooperatives Act  
 Sections 4, 5 and 269(3)

**PLEASE PRINT OR TYPE**

1. **Name of Cooperative** *(Enter the proposed name of the cooperative that complies with Sections 16 and 19 of the Cooperatives Act.)*

2. **Type of Cooperative:** *(select one)*

- |   |  |  |
|---|--|--|
| <input type="checkbox"/> Breeder            | <input type="checkbox"/> Irrigation        | <input type="checkbox"/> Rural Fire Fighting                             |
| <input type="checkbox"/> Dairy              | <input type="checkbox"/> Marketing         | <input type="checkbox"/> Seed Cleaning                                   |
| <input type="checkbox"/> Employment         | <input type="checkbox"/> Multi-stakeholder | <input type="checkbox"/> Transportation                                  |
| <input type="checkbox"/> Ethnic             | <input type="checkbox"/> Petroleum         | <input type="checkbox"/> Vegetable Grower                                |
| <input type="checkbox"/> Feeder Association | <input type="checkbox"/> Purchasing        | <input type="checkbox"/> Agricultural<br>General <i>(specify):</i> _____ |
| <input type="checkbox"/> Grazing            | <input type="checkbox"/> Real Estate Board | <input type="checkbox"/> New Generation<br><i>(specify):</i> _____       |
| <input type="checkbox"/> Handicraft         | <input type="checkbox"/> Recreational      | <input type="checkbox"/> Other <i>(specify):</i> _____                   |
| <input type="checkbox"/> Housing            | <input type="checkbox"/> Retail            |  |

3. **Type of Articles Being Submitted:** *(select one)*  Amended Articles  Restated Articles  Original Articles *(if this box checked go directly to No. 5)*

4. **Alberta Corporate Access Number** \_\_\_\_\_ *(as noted on registration documents)*

5. **Summary of Objectives:**

6. **Summary of classes of shares including rights, privileges and conditions, and any maximum number of shares that the cooperative is authorized to issue:**

7. **Restrictions on share transfers other than those identified in the Cooperatives Act and Regulations:**  
*(If there are no restrictions, enter "NONE".)*

# Summary of Articles of Incorporation Continued

8. Number, or minimum and maximum number of directors that the cooperative may have:

|        |           |         |            |         |
|--------|-----------|---------|------------|---------|
| Number | <b>OR</b> | Minimum | <b>AND</b> | Maximum |
|--------|-----------|---------|------------|---------|

9. If the cooperative is restricted FROM carrying on a certain business, or restricted TO carrying on a certain business, specify the restrictions: (If there are no restrictions, enter "NONE".)

10. Other rules or provisions that are permitted by the Act or Regulations, or to be set out in the cooperative's bylaws, or to form part of the Articles: (If there are no rules or provisions, enter "NONE".)

11. Fiscal year end: \_\_\_\_\_  
Month/Day

12. **To be completed only when submitting original articles:**

Date authorized by Incorporators: \_\_\_\_\_  
mm/dd/yyyy

**Incorporators** (If there are more than six incorporators, please see Page 3 for more space.)

| Name of Incorporator<br>(Last, First, Middle Initial) | Address<br>(including Postal Code) |
|---|------------------------------------|
|   |                                    |
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**NOTE:** A declaration as required by sections 4(d) and 4(f) of the Cooperatives Act, must be completed and attached.

|                                |   |                      |
|--------------------------------|---|----------------------|
| Signature of Authorized Person | Title (please PRINT)                            | Date<br>(mm/dd/yyyy) |
| Name (please PRINT)            | Daytime Telephone Number<br>(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.

## Summary of Articles of Incorporation Continued

### Additional space for Item 12.

#### Incorporators

| Name of Incorporator<br><i>(Last, First, Middle Initial)</i> | Address<br><i>(including Postal Code)</i> |
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# Summary of Articles of Incorporation

## FILING REQUIREMENTS

The Summary of Articles of Incorporation must be filed with the applicable fees and;

**For Original Articles an original of the following:**

- a set of the Articles of Incorporation, verified by an Affidavit of Execution (Form SA0133),
- Notice of Address/Change of Address (Form SA0091),
- Notice of Directors/Change of Directors/Change of Director's Address (Form SA0088),
- an Alberta Name Search Report (from the NUANS database) dated not more than 90 days prior to the date the incorporation documents are received by the Alberta Government ,
- declarations required under Section 4(d) and 4(f) of the Cooperatives Act (Form SA0089A), and
- information about the applicants that may be required by regulations made under the Agricultural and Recreational Land Ownership Act or Section 35 of the Citizenship Act (Canada) in the form and manner prescribed by those regulations.

**For Amended Articles**, the Articles of Amendment (Form SA0095).

**NOTE:** For Restated Articles, only the Summary of Articles of Incorporation is required.

Notice of Address/Change of Address (Form SA0091) and Notice of Directors/Change of Director/Change of Director's Address (Form SA0088) must be submitted for filing with the Director within 15 days of any change of address of directors.



**Statutory Declaration  
Cooperatives Act**

CANADA

*In the matter of an application for incorporation as a cooperative pursuant to Section 4(d) and 4(f) of the Cooperatives Act:*

PROVINCE OF ALBERTA

TO WIT:

This declaration must be made by one or more incorporators of the cooperative and is to be filed along with the Summary of Articles of Incorporation form.

We, as representative(s) of \_\_\_\_\_ ,  
Name of Cooperative

solemnly declare:

1. after incorporation the cooperative will be organized and operated, and will carry on business, on a cooperative basis, and
2. if the cooperative is one to which Part 18 of the Cooperatives Act applies (housing, employment, multi-stakeholder, new generation cooperative), that the cooperative will comply with the applicable division of Part 18 of the Cooperatives Act.

and we make this solemn declaration conscientiously believing it to be true and knowing that it is of the same force and effect as if made under oath.

**Print Name of Incorporator**

**Corresponding Signature of Incorporator**

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DECLARED before me at )

\_\_\_\_\_  
City/Town Province )

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)

**WARNING:** A false declaration constitutes a criminal offence and is punishable by law. Any application containing false material may result in the suspension or cancellation of the registration.

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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)

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