



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

Annual Return
Cooperatives Act
Sections 333 and 381

PLEASE PRINT OR TYPE

1. Alberta Corporate Access No. _____
(as noted on registration documents)
2. For Year Ending _____
3. Date of Incorporation, Continuance, Amalgamation or Registration _____
 YEAR MONTH DAY
4. Full Legal Name of Cooperative _____
5. Mailing Address *[If the address for service has changed, submit a Notice of Address/Change of Address (Form SA0091).]*

6. Date of Annual Meeting	Month (by name)	Day	Year
7. Fiscal Year End	Month (by name)	Day	
8. Number of Members			

9. Address of Head Office *(if different from mailing address)* Street City/Town Province Postal Code

10. Telephone Number *(include area code)* Facsimile Number *(include area code)* Email Address

11. Name of Auditor Address Street City/Town Province Postal Code

12. OFFICERS / BOARD OF DIRECTORS *(If additional space is required, attach a sheet with the information requested.)*

Position Held	Name <i>(Last, First, Middle Initial)</i>	Mailing Address <i>(including Postal Code)</i>	Resident in Canada?	
			Yes	No
			<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>

13. Are over half of the members of the Board of Directors resident in Canada, as per Section 52(4) of the Act? Yes No

If a unanimous agreement exists or has been terminated please submit a Notice of Initial Execution/Termination of a Unanimous Agreement (Form SA0090).

Alberta Cooperatives must submit an Annual Return within 6 months of their fiscal year end. Extra-provincial Cooperatives must submit an Annual Return before the last day of the month immediately following their Anniversary month.

Annual Returns will not be accepted out of sequence.

 Signature of Authorized Person

 Title *(please PRINT)*

 Date *(mm/dd/yyyy)*

 Name *(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. SA0085 (2005/07)