



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

**Statement of Intent to Dissolve/  
Revocation of Intent to Dissolve**  
Cooperatives Act  
Sections 308(4) and 311(1)

**PLEASE PRINT OR TYPE**

**1. Name of Cooperative**

**2. Alberta Corporate Access Number**

	<i>(as noted on registration documents)</i>
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**3. The Cooperative:** *(select one)*

- (a)  **Intends to liquidate and dissolve under Section 308 of the Act.**
- (b)  **Intends to revoke (under Section 311 of the Act) a Certificate of Intent to Dissolve that was previously issued under Section 308 of the Act.**

\_\_\_\_\_  
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.*