



**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 Cancellation  
of Assumed Name**  
Cooperatives Act  
Section 372(4)

**PLEASE PRINT OR TYPE**

1. **Name of Cooperative** *(As it is now registered in the home jurisdiction.)*

2. **Alberta Corporate Access Number**

*(as noted on registration documents)*

3. **The cooperative has cancelled the following assumed name:**

4. **Effective Date of Cancellation:**

Date *(mm/dd/yyyy)*

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