

Submission Cover Page

corporateregistry@isc.ca

A Submission Cover Page must be included with every set of forms submitted to the Corporate Registry.

FOR PROPER PROCESSING, PLEASE ENSURE ALL PAGES OF THIS FORM ARE SUBMITTED.
FORMS WITH MISSING PAGES WILL BE RETURNED.

<u>Fees</u>	
Submission Fee: (go to www.isc.ca/fees for the current fee information)	\$
Priority Service:	
Check box for \$500.00 optional additional fee	\$
Priority submissions will receive immediate attention and will be reviewed within one business day after being received, where possible. If you are submitting multiple forms for a single entity, only one priority service fee is required. Check Priority Service box on each submission cover page.	
TOTAL FEES:	\$
Submissions will be returned if sufficient funds are not available at the time of processing.	· ·
Payment Methods	
ISC offers the following methods of payment:	
• Cheque or money order payable to Information Services Corporation	
On ISC account – ISC Account Number:	
To pay by credit card, call the Customer Support Team at 1-866-275-4721 to provide payment information must include the ISC Account Number provided on the line above.	n and you
DO NOT include your credit card information anywhere on these forms.	
Paper Forms Submission Methods	
The received date for the submission is the date the forms are received at ISC.	
Mail: Corporate Registry Fax: (306) 787-8999 1301 – 1st Avenue, Regina, SK S4R 8H2	
Customer Reference Number (optional)	
Your Reference Number:	
Did you knowmost submissions are automatically registered when filed online at <u>corporateregistry.isc.ca</u> This includes Annual Returns, Annual Returns and Financial Statements, Business Name Renewals and most a submissions.	associated notice update

Visit our website or contact our Customer Support Team for more information:

1-866-275-4721

ISC-CRMISC-SCP-0001-2023-03-13

www.isc.ca



The Co-operatives Act, 1996 Amendment

1 ENTITY DETAILS						
Entity Number:	Entity Name:					
3 34445 6444	IOT DETAILS					
2 NAME CHANGE DETAILS						
Complete this section if the entity name has changed.						
Reserved Name ►	Name Reservation Number:	Reserved Entity Name:				
	Name Conditions: (if applicable)					
	if conditions were applied in the name reservation, signed name conditions forms must be enclosed with this form.					
	Registered Office Address Mailing Name: (if different from new entity name)					

THIS SECTION INTENTIONALLY LEFT BLANK Continue on Next Page

▼ Section Below Intentionally Left Blank - For Office Use Only ▼



3 SHARE CAPITAL						
Complete this section only if t	Complete this section only if the share capital information has changed.					
Does the co-operative have sh	are capital: Select <u>only</u> on	ne (1)		***************************************		
Yes, the entity has share	e capital. (Complete Sectio	on 3.1 before p	proceeding	g to Section 4)		
☐ No , the entity does not I	have share capital. The int	erest of each	n member	is the same as every oth	er member. (Go to	Section 4)
▶3.1 - Share Class Informa	ation					
If you have more than three (3) share classes, please at	tach a separ	rate docu	ment listing share class	information for eac	ch class.
Name of Share Class	Remove, Update, or Add Share Class	d Maximum Number of Shares (Specify number <u>or</u> Unlimited) (A selection is <u>Required</u>)		ber <u>or</u> Unlimited)	Share Class Type (A selection is Required)	Par Value of Shares
	Remove	Select <u>only</u> one	e: {	imited	☐ Common☐ Preferred	
	Remove	Select <u>only</u> one	e: {	imited	Common Preferred	
	Remove	Select <u>only</u> one	e: {	imited	☐ Common ☐ Preferred	
4 AUTHODIZED NUM	IDED OF DIDECTOR					
4 AUTHORIZED NUM	IBER OF DIRECTORS	•				
Complete this section only if t			Ü			
If there are fewer than five (5) directors should be permitted		escribing the	e exception	onal circumstances unde	er which fewer tha	n five (5)
If the number or range of directors is specified in the bylaws, the number of directors specified <u>must</u> fall within the number or range found in the articles.						
M	linimum # of Directors:			_		
► Select <u>only</u> one (1)	Select <u>only</u> one (1)					
;						
5 OBJECTS						
► ☐ <u>REQUIRED</u> : Objects provided in articles document						
6 RESTRICTIONS ON BUSINESS						
► Select <u>only</u> one (1)						
7 OTHER PROVISIONS						
7 OTHER PROVISION	IS					
► Select <u>only</u> one (1) None Provisions provided in articles document						

The Co-operatives Act, 1996 Amendment

8 ARTICLES DOCUMENT

A document containing the complete articles of amendment must be enclosed.

- ► The Articles of Amendment <u>must</u> include:
 - The name of the entity.
 - For co-operatives with no share capital, a statement that the interest of each member is the same as that of every other member.
 - For co-operatives with share capital, share class information, including the par value, rights, privileges, restrictions and conditions attached to each share class.
 - The authorized number of directors.
 - Objects.
 - Restrictions on business (if there are no restrictions, that must be stated in the articles).
 - Other provisions (if there are no other provisions, that must be stated in the articles).

9	9 EFFECTIVE DATE	
	Unless a future date is specified below, the date the properly completed form and required fees are re the effective date.	ceived will be considered
Effe	Effective Date: (Ent	ter date in day/month/year format)
10	10 SUBMITTER INFORMATION, AUTHORIZATION, AND NOTIFICATION PREFER	RENCE
	Submitter Information (Submitter must be an individual) *Indicates mandatory fields	·

*First Name: *Last Name: *Mailing Address: **Phone Number:** Fax Number: **Email Address:** I certify that I am authorized to file these documents with the Registrar of Co-operatives and that the information in this submission is true. Signature: Date: Preferred Notification Method for the Submission Correspondence/Certificate The Registry will communicate with the Submitter regarding this submission using the method selected below and the Submitter's information provided on this form. However, if an ISC Account Number is provided on the submission cover page, communication will be sent to the address information associated with that ISC Account Number. ➤ Select *only* one (1): Note: If the preferred notification method is not indicated or incomplete, the default method will be mail.

☐ Email

Mail

☐ Fax

Corporate Registry online customer portal (ISC Account Number must be provided on the submission cover page)