DISTRIBUTOR NAME

Legal Description

Fiscal Year End (M/D/Y)_____

COMPLETE Mailing Address (with postal code)

Office location

YEAR OF Annual Return

Email address:						<u></u>		
Annual Meeting Held at:				Date:		Time		
Members - Active Inactive Name of Auditor appointed:				Total Present at meeting				
					Financial Statements (1 copy)		Attached	
Annual Meeting If written attach -	minutes sent with form? - Chairman's report	(please a	ittach)	: Manger's report _				
Officers: (or atta	ach list)							
	Name	Direc (pleas circle	se	ADDRESS & POST	TAL CODE	Phone		Term
Chairman		Yes	No					to
V / Chairman		Yes	No					to
Sec / Treas.		Yes	No					
Manager		Yes	No					
Off. Supervisor		Yes	No					
Remainder of D)irectors	Com	plete A	Address & Postal	Code	Phone	Term	
Remainder of D (or attach list)	Directors	Com	plete <i>i</i>	Address & Postal	Code	Phone	Term	
	Directors	Com	plete <i>i</i>	Address & Postal	Code	Phone		to
	Directors	Com	plete <i>i</i>	Address & Postal	Code	Phone		to to
	Directors	Com	plete /	Address & Postal	Code	Phone		
	Directors	Com	plete /	Address & Postal	Code	Phone		to
	Directors	Com	plete /	Address & Postal	Code	Phone		to
	Directors	Com	plete /	Address & Postal	Code	Phone		to to
	Directors	Com	plete /	Address & Postal	Code	Phone		to to to to
	Directors	Com	plete /	Address & Postal	Code	Phone		to to to to to
(or attach list) Please return the Larry Meinders	his Corporate Registry ma at Alberta Agricultu 08 Street, Edmonton, A	form alor	na with	n other requested ural Development,	information follow	ing your annu	aal meeting. Se	to to to to to to to to to
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