



FIRST DIRECTORS LIST

COOPERATIVE ASSOCIATION ACT, section 14

Telephone: 1 877 526-1526
www.bcreg.ca

Mailing Address: PO Box 9431 Stn Prov Govt
Victoria BC V8W 9V3

Courier Address: 200 - 940 Blanshard Street
Victoria BC V8W 3E6

Instructions:

Please type or print clearly and ensure that the form is signed and dated in ink. Complete all areas of the form. Attach an additional sheet if more space is required.

Item B One director must be ordinarily resident in British Columbia and a majority of the directors must be individuals ordinarily resident in Canada. The residential address must be a complete physical address. You may include general delivery, post office box, rural route, site or comp. number as part of the address, but the Corporate Registry cannot accept this information as a complete address. You must also include a postal code. If an area does not have street names or numbers, provide a description that would readily allow a person to locate the director.

OFFICE USE ONLY - DO NOT WRITE IN THIS AREA

Freedom of Information and Protection of Privacy Act (FOIPPA): Personal information provided on this form is collected, used and disclosed under the authority of the FOIPPA and the Cooperative Association Act for the purposes of assessment. Questions regarding the collection, use and disclosure of personal information can be directed to the Manager of Registries Operations at 1 877 526-1526, PO Box 9431 Stn Prov Govt, Victoria BC V8W 9V3.

A FULL NAME OF ASSOCIATION (Enter the exact name as shown on the memorandum)

B DIRECTORS (List full names and addresses of all directors) - Attach an additional sheet if more space is required.

Table with 5 columns: LAST NAME, FIRST NAME & INITIALS (IF ANY), RESIDENTIAL ADDRESS, PROVINCE/STATE, POSTAL CODE/ZIP CODE. Multiple empty rows for data entry.

C CERTIFIED CORRECT - I have read this form and found it to be correct.

NAME OF CURRENT DIRECTOR, OFFICER OR LAWYER OF THE ASSOCIATION (Please print)

SIGNATURE OF CURRENT DIRECTOR, OFFICER OR LAWYER OF THE ASSOCIATION

DATE SIGNED

YYYY / MM / DD

X