SASKATCHEWAN FARMERS'CO-OPERATIVE REPORT FOR YEAR:

REGISTERED NUMBER OF CO-OPERATIVE:





Form 3

LOCATION OF MARKET:			
MAILING ADDRESS:			
DIRECTORS FOR COMING YEAR			
OFFICE	NAME	MAILING ADDRESS & POSTAL CODE	PHONE DIRECTOR:
President			
Vice-President			
Secretary			
Director			
Manager			

NAME OF CO-OPERATIVE:_____

PLEASE PRINT

This sheet must be returned each year following your Annual General Meeting.