| APPENDIX 3      |                                                 |  |
|-----------------|-------------------------------------------------|--|
| Alberta Chicken | STATUTORY DECLARATION<br>for<br>VOTING          |  |
|                 | HE INDIVIDUAL VOTING FOR AN AUTHORIZED PRODUCER |  |

## PURSUANT TO THE MARKETING OF AGRICULTURAL PRODUCTS ACT, AND THE ALBERTA CHICKEN PRODUCERS PLAN REGULATION, PLEASE COMPLETE THE *VOTING STATUTORY DECLARATION* AS OUTLINED:

| I.    |                                                                                                                                                       | of the                                         | of                                                                         | -              |                   |  |  |
|-------|-------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------|----------------------------------------------------------------------------|----------------|-------------------|--|--|
| ,     | (First & Last Name)                                                                                                                                   |                                                | of theof,<br>(City, Town, Municipality) (Name of City, Town, Municipality) |                |                   |  |  |
| in th | e Province of Alberta;                                                                                                                                |                                                |                                                                            |                |                   |  |  |
|       |                                                                                                                                                       |                                                | (Address)                                                                  |                |                   |  |  |
| (     | _)()                                                                                                                                                  |                                                | <u> </u>                                                                   |                |                   |  |  |
|       | (Telephone)                                                                                                                                           | (Fax)                                          | (Fax) (Email)                                                              |                |                   |  |  |
| D0 9  | SOLEMNLY DECLARE THAT:                                                                                                                                |                                                |                                                                            |                |                   |  |  |
| (1)   | I am a Licensed Producer #                                                                                                                            | _                                              |                                                                            |                |                   |  |  |
| (2)   | I have not previously voted in this ele                                                                                                               | ection or on the mat                           | ter in respect of                                                          | which I wish t | o cast my vote.   |  |  |
| (3)   | I am the duly Appointed Representat                                                                                                                   | tive of(Name of license                        | d producer who is not                                                      | an Individual) | (Producer #)      |  |  |
|       | to vote on their behalf.                                                                                                                              |                                                |                                                                            |                |                   |  |  |
| (4)   | I am not an Appointed Representativ<br>named licensed producer who is no<br>believing it to be true and knowing t<br>virtue of "THE CANADA EVIDENCE A | ot an individual, an<br>that it is of the same | d I make this s                                                            | olemn declara  | ation consciously |  |  |
| DEC   | LARED before me, at the<br>of                                                                                                                         | )                                              |                                                                            |                |                   |  |  |
| in th | e Province of,                                                                                                                                        | ĵ                                              |                                                                            |                |                   |  |  |
| this_ | day of,<br>20                                                                                                                                         | )<br>)<br>)                                    |                                                                            |                |                   |  |  |
| A CC  | OMMISSIONER FOR OATHS                                                                                                                                 |                                                |                                                                            |                |                   |  |  |
| IN A  | ND FOR THE PROVINCE OF ALBERTA                                                                                                                        |                                                |                                                                            |                |                   |  |  |

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