

# State of New Hampshire

## APPLICATION FOR CERTIFICATE OF AUTHORITY OF A FOREIGN CONSUMER COOPERATIVE

### NOTES FOR COMPLETING Form 41 CO-OP (RSA 293-A:15.03 & RSA 301-A:37)

#### Notes:

1. The form must be legibly printed or typed, pencil or erasable ink is not acceptable and must be on 8.5" x 11" paper; 1" margins must be maintained.
2. **FIRST & SECOND ARTICLES:** If the cooperative name is not available for use in New Hampshire, enter the name to be used in New Hampshire. In this case a trade name application must be filed with an additional \$50.00 fee and a copy of a board of directors' resolution to use the trade name in New Hampshire. The board of directors' resolution must be signed by the SECRETARY of the cooperative.
3. Principal business information is optional and is not part of article third.
4. Per RSA 293-A:15.07, a registered agent and registered office must be provided. The registered agent must reside in New Hampshire. The registered agent is the person who would receive service of process should the consumer cooperative be sued. The registered office is the registered agent's business address where the registered agent can be found for in-hand service of process. **A street/physical address must be provided. Your application will not be processed without an agent named or if an out of state address is listed.**
5. Exact name of cooperative making the application.
6. Signature and title of person signing for the cooperative. Must be signed by chairman of the board of directors, president or another officer.
7. The total filing fee to register is \$25.00, payable to the State of New Hampshire.

**PLEASE NOTE:** The name will be searched for availability upon receipt of these documents. If the filing has been accepted, you will receive a filed-stamped copy within 30 days. If you do not receive an acknowledgement, please contact our office. Checks are deposited upon receipt. If the check has been cashed, it only indicates we have received the document. A cashed check is not an indication that the document has been accepted and filed. Please call the Corporation Division (603-271-3246) with any questions you may have regarding this application.

# State of New Hampshire

Filing fee: \$25.00  
Use black print or type.

Form 41 CO-OP  
RSA 293-A:15.03  
& RSA 301-A:37

## APPLICATION FOR CERTIFICATE OF AUTHORITY OF A FOREIGN CONSUMER COOPERATIVE

PURSUANT TO THE PROVISIONS of the New Hampshire Business Corporation Act, the undersigned cooperative hereby applies for a certificate of authority to transact business in New Hampshire and for that purpose submits the following statement:

**FIRST:** The name of the cooperative is \_\_\_\_\_  
\_\_\_\_\_.

**SECOND:** The name which it elects to use in New Hampshire is \_\_\_\_\_  
\_\_\_\_\_.

**THIRD:** The complete address (including zip code and post office box, if any) of its principal office is \_\_\_\_\_  
\_\_\_\_\_ (no. & street) \_\_\_\_\_ (city/town) \_\_\_\_\_ (state) \_\_\_\_\_ (zip code).

### Principal Business Information (optional):

Principal Mailing Address: \_\_\_\_\_  
\_\_\_\_\_ (no. & street) \_\_\_\_\_ (city/town) \_\_\_\_\_ (state) \_\_\_\_\_ (zip code)

Business Phone: \_\_\_\_\_

Business Email: \_\_\_\_\_

\_\_\_\_ Please check if you would prefer to receive the courtesy Annual Report Reminder by email.

**FOURTH:** It is incorporated under the laws of \_\_\_\_\_.

**FIFTH:** The date of its incorporation is \_\_\_\_\_ and the period of its duration is \_\_\_\_\_.

**SIXTH:** The name of its registered agent **IN NEW HAMPSHIRE** is \_\_\_\_\_  
\_\_\_\_\_.

The complete address of its initial registered office is (agent's business address) \_\_\_\_\_  
\_\_\_\_\_ (no. & street) \_\_\_\_\_ (city/town) \_\_\_\_\_ (state) \_\_\_\_\_ (zip code).

**SEVENTH:** Describe the principal purpose or purposes for which the cooperative is organized (and if known, list the NAICS Code and Sub Code) \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_.

**EIGHTH:** The names and usual business addresses of its current officers and directors are: (If there are additional officers or directors, attach additional sheet OR if the laws of the state of incorporation do not require directors, indicate below.)

<u>Name</u>	<u>Title</u>	<u>Address</u>
<b><u>OFFICERS</u></b>		
_____	_____	_____
_____	_____	_____
_____	_____	_____

<b><u>DIRECTORS</u></b>		
_____	_____	_____
_____	_____	_____
_____	_____	_____

\_\_\_\_\_  
(Cooperative Name)

\_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Print or type name)

\_\_\_\_\_  
(Title)

Date signed: \_\_\_\_\_

DISCLAIMER: All documents filed with the Corporation Division become public records and will be available for public inspection in either tangible or electronic form.

**Mailing Address - Corporation Division, NH Dept. of State, 107 N Main St, Rm 204, Concord, NH 03301-4989**  
**Physical Location - State House Annex, 3rd Floor, Rm 317, 25 Capitol St, Concord, NH**