COCHRANE LAKE GAS CO-OP LTD.

Director Nomination – Form "A"

Nominee Name (please print): _____ Account #: _____

Address: _____ _____ Postal Code: _____

Home Phone: ( )_____ Business Phone: ( ) _____ Email: _____

Nominee's Signature: _____

Instructions for Nomination: ***Each candidate seeking election to the Cochrane Lake Gas Co-op Ltd. (CLGC) Board of Directors must provide a minimum of two (2) member nominators (supporters).*** For each nominator listed below, the account number provided must be held in the nominator's name or held with a co-habiting spouse or adult inter-dependent partner. The nominee is responsible for ensuring the information provided below is accurate and complete. For privacy purposes, the information provided on this form will be reviewed and used only by the Election Committee and will be held in the strictest of confidence.

Having obtained the consent of the nominee named above, we the undersigned, hereby nominate the above-named member as a candidate for CLGC Board of Directors.

Nominator's Name (please print): _____ Account #: _____

Address: _____ _____ Postal Code: _____

Home Phone: ( ) _____ Business Phone: ( ) _____ Email: _____

Nominator's Signature: _____

Nominator's Name (please print): _____ Account #: _____ _____

Address: _____ _____ Postal Code: _____

Home Phone: ( ) _____ Business Phone: ( ) _____ Email: _____

Nominator's Signature: _____

I hereby certify that all answers and information provided are true, correct and complete to the best of my knowledge. By signing this form, I acknowledge that I have read, understand and agree to abide by the requirements of CLGC's Code of Ethics as detailed in this Director's Election Handbook.

_____ _____

Nominee's Signature Date

COCHRANE LAKE
GAS CO-OP LTD.

Director – Nominee Declaration – Form "B"

Having been duly nominated as a Director-candidate for Cochrane Lake Gas Co-op Ltd. (CLGC), I, _____, (print name of nominee), do hereby consent to serve, and I affirm and declare that, in accordance with the established nomination and election procedures, that I am qualified to become and to continue as Director of CLGC as follows:

1. I am eighteen years of age or older,
2. I am or my co-habiting spouse or co-habiting adult interdependent partner, is a member in good standing with CLGC,
3. I reside within the defined franchise area,
4. I am "**NOT"** an individual who:
    a. Is a dependent adult as defined in the *Dependent Adult Act* or is the subject of a certificate of incapacity under that Act.
    b. Is a formal patient as defined in *the Mental Health Act.*
    c. Is the subject of an order under the *Mentally Incapacitated Person Act (RSA 1970 c232*) appointing a committee of the individual's person or estate.
    d. Has been found to be a person of unsound mind by a court elsewhere than in Alberta.
    e. Has a status of bankrupt.
    f. Has been found guilty of a quasi-criminal offence under an Act of Canada or of an offence under the Criminal Code of Canada or similar legislation in other jurisdictions, for which a pardon has not been granted.
    g. Has any business, relationship or interest (other than those interests of a member) with CLGC that could materially interfere with the ability act objectively with a view to best interests of CLGC.
    h. Is not an employee of CLGC.
    i. Has a judgment ordered against me in a civil suit based on fraud, theft, deceit, misrepresentation, civil conspiracy, break of trust, breach of fiduciary duty, insider trading, failure to disclose material facts or changes, or similar conduct.
    j. Is involved in any litigation against CLGC.
    k. Has been prohibited or otherwise removed as a Director of an organization.
    l. Is a member of a professional body, who has been involuntarily prohibited or restricted from practicing as a member of that body, during the previous five years.
5. As a nominee, I agree to allow CLGC publish any or all submitted nominee information for the purposes of communicating to members about my candidacy for the position of Director.

at _____
(*county, hamlet, town, city)* In the Province of Alberta this _____day of _____, 20___.

_____

Signature of Candidate Nominee for Director

COCHRANE LAKE
GAS CO-OP LTD.

Director – Nominee Information – Form "C"

Candidate Name: (please print) _____ Account #: _____

Address: _____ Postal Code: _____

Home Phone: ( ) _____ Business Phone: ( ) _____ Email: _____

One Page Profile/Resume – please attach

Your current or prior involvement with Cochrane Lake Gas Co-op Ltd. (CLGC):

_____
_____
_____
_____
_____
_____
_____
_____

Your affiliation with any employees, contractors, or anyone else associated with CLGC:

_____
_____
_____
_____
_____
_____
_____

All information and submission material must be received by the Election Committee at CLGC offices by the end of business day **(4:30 pm ABT) on February 1, 2027.**

Please send to or drop off at:

COCHRANE LAKE GAS CO-OP LTD.
41081 Cook Road
Rocky View County, Alberta T4C 3A2
Fax: 403-932-2911
admin@clgas.ca
Attention: Election Committee