



MATT SCHULTZ
Secretary of State
State of Iowa

Application for
Certificate of Authority
(Cooperative)

TO THE SECRETARY OF STATE OF THE STATE OF IOWA:

Pursuant to section 1503 of the *Iowa Business Corporation Act*, the undersigned corporation applies for a certificate of authority to transact business in Iowa, and states:

1. The name of the cooperative association is _____

1A. [See note 5] The name the cooperative association will use in Iowa, if different than the legal name of the corporation is _____

2. The cooperative association is incorporated under the laws of the state or foreign country of _____

3. The date of incorporation of the cooperative association was _____

4. The duration of the cooperative association is _____

5. The cooperative ownership is evidenced by: (check one)

membership without capital stock

capital stock

6. The street address of its principal office is:

Address _____

City, Zip _____

7. The street address of its registered office in Iowa and the name of its registered agent at that office:

Name _____

Address _____

City, State, Zip _____

8. The names and business addresses of its current directors and officers:

Name _____ Position(s): _____

Address _____

City, State, Zip _____

Name _____ Position(s): _____

Address _____

City, State, Zip _____

Name _____ Position(s): _____

Address _____

City, State, Zip _____

Name _____ Position(s): _____

Address _____

City, State, Zip _____

Name _____ Position(s): _____

Address _____

City, State, Zip _____

[Please attach additional pages as necessary]

9. A certificate of existence, or a document of similar import, duly authenticated within 90 days prior to the date of this application, by the official having custody of corporate records in the state or country of incorporation, accompanies this application.

10. Signature _____

Type or print name and title _____

NOTES:

1. The filing fee is \$100.00. Make checks payable to SECRETARY OF STATE.
2. The document is to be signed by the chairperson of the board, the president, or other officer of the corporation. If directors have not been selected, the document is to be signed by an incorporator. If the corporation is in the hands of a court appointed fiduciary, the document is to be signed by the fiduciary. A copy of a signature is acceptable for filing. Verification is not required.
3. One copy of the document is to be delivered to the Secretary of State for filing.
4. The effective time and date of the document is the later of the following:
 - a. the time of filing on the date it is filed;
 - b. the time specified in the document on the date it is filed;
 - c. the time and date specified in the document, not later than 90 days after the date it is filed.
5. If the name of the cooperative association does not satisfy the requirements of *Iowa Code* section 499.40(1), the cooperative may do either of the following in applying for a certificate of authority:
 - a. add the word cooperative to its corporate name for use in Iowa:

or
 - b. use a fictitious name to transact business in Iowa if the corporation's real name is unavailable and the corporation delivers to the secretary of state for filing a copy of the resolution of its board of directors, certified by its secretary, adopting the fictitious name. The fictitious name must meet the requirements of distinguishability set forth in *Iowa Code* section 490.1506(2), (3) and (4).
6. The information you provide will be open to public inspection under *Iowa Code* chapter 22.11.

SECRETARY OF STATE
Business Services Division
Lucas Building, 1st Floor
Des Moines, Iowa 50319

Phone: (515) 281-5204
FAX: (515) 242-5953 or (515) 281-7142

Website: www.sos.state.ia.us