

Address Change Notification Form

Old Information:

First Name: _____

Last Name: _____

Company: _____

Address: _____

City/State/Zip _____

Phone: _____

Email: _____

New Information

First Name: _____

Last Name: _____

Company: _____

Address: _____

City/State/Zip _____

Phone: _____

Email: _____

Signature of registered owner: _____

I hold shares in the following Company(s): _____

Submit this form to:

Columbia Stock Transfer Company

601 E Seltice Way Suite 202

Post Falls ID 83854

Phone: 208-664-3544

Fax: 208-777-8998