CHANGE OF MAILING ADDRESS

1. Official, Legal Name of Organization Seeking Change:


2. Old Mailing Address of Organization:


3. New Mailing Address of Organization:


4. Date: ________________________________


Governing Board Member Signature

Return To:

OFFICE OF ATTORNEY GENERAL
LICENSING SECTION
600 EAST BOULEVARD AVENUE - DEPT 125
BISMARCK ND 58505-0040