

PEDEVCO



Navigation Powder River



ADDRESS CHANGE FORM



Please fill out the attached form and mail to Attn: Owner Relations
For your protection, address changes will not be accepted by telephone

Tax Identification or Social Security Number must be provided for verification purposes.

DATE: _____

Name on Account: _____

Owner Number: _____

New Address: _____

Old Address: _____

Daytime Phone Number (Including Area Code): _____

Tax Identification or Social Security Number: _____

Signature of Owner(s) or Authorized Representative: _____

(Please provide POA or authorization documents if signing on owner's behalf)