


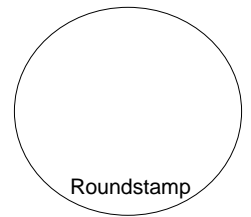
To:   
NONPROFIT SERVICE CENTER  
PO BOX 3623  
MEMPHIS TN 38173-0623

Originating Post Office \_\_\_\_\_

Postmaster Signature (by) \_\_\_\_\_

Phone (Include area code) \_\_\_\_\_

AUTHORIZATION NUMBER of Organization \_\_\_\_\_



**Check action needed:**

Revocation

Name Change \*

Address Change

Date Last Used

\_\_\_\_/\_\_\_\_/\_\_\_\_

\* Required documentation, such as an amendment to your articles of incorporation or letter from the IRS **MUST** be attached.

**Old Name and Address**

Organization Name \_\_\_\_\_

Street \_\_\_\_\_

City, State, ZIP + 4® \_\_\_\_\_

**New Name and Address**

Organization Name \_\_\_\_\_

Street \_\_\_\_\_

City, State, ZIP + 4® \_\_\_\_\_