

## lallaladaalllaalallallaadlaadlallaladl

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 Roundstamp	
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 <b>MUST</b> be attached.
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Old Name and Address	
Organization Name	
Street	
City, State, ZIP + 4 <sup>®</sup>	
New Name and Address	
Organization Name	
Street	
City, State, ZIP + 4 <sup>®</sup>	