



ADDRESS CHANGE AUTHORIZATION FORM

Please complete the below required information and return the completed form to Griffin Management, LLC via mail, fax or email. For your protection, all address change requests must include owner's signature. If known, you are encouraged to provide your Owner Number and/or last four digits of your Social Security Number (SSN) or Tax Identification Number (TIN) for verification purposes.

Please allow up to 30 days for address changes. Address changes will be applied to all correspondence, royalties and shut-in payments issued by Griffin Management, LLC unless otherwise directed. If you have questions regarding your address change request, please contact 620-672-9700.

Owner Name: _____

Designation (Corporate Officer, Trustee, Executor, Power of Attorney, etc.):

Owner Number: _____

Confirm SSN (last 4 digits) or TIN: _____

Phone Number: _____

E-Mail Address: _____

NEW ADDRESS: _____

City: _____ State: _____ Zip: _____

I confirm the address below is my previous address.

OLD ADDRESS:

City: _____ State: _____ Zip: _____

I authorize Griffin Management, LLC to change my address as directed.

Owner or Authorized Representative Signature (Required) **Date**