



CHANGE OF ADDRESS FORM

Owner Name _____

Owner Number _____ **SSN/TAX ID (last 4 digits)** _____

Old Address _____

City _____ **State** _____ **Zip** _____

New Address _____

City _____ **State** _____ **Zip** _____

Phone **Home** _____ **Mobile** _____

Email _____

Change Requested By:

Print Name _____

Title _____

Owner Signature: _____ **Date:** _____

PLEASE E-MAIL OR MAIL COMPLETED FORM TO:

Fundare Resources Operating, LLC
Attention: Owner Relations
5251 DTC Parkway, Suite 950
Greenwood Village, CO 80111
[Email: OwnerRelations@FundareResources.com](mailto:OwnerRelations@FundareResources.com)