

## **Address Change Request Form**

| Please Select One:              |               |               |                             |   |  |
|---------------------------------|---------------|---------------|-----------------------------|---|--|
| Vendor                          | Royalty Owner | JIB<br>Partne | JIB Revenue Partner Partner |   |  |
|                                 |               |               |                             |   |  |
| Business Associate Information: |               |               |                             |   |  |
| Name:                           | Number:       |               |                             | : |  |
| DBA (if applicable):            |               |               |                             |   |  |
|                                 |               |               |                             |   |  |
| Previous Information:           |               |               |                             |   |  |
| Attn (if required):             |               |               |                             |   |  |
| Street:                         |               |               |                             |   |  |
| Suite/Apt:                      |               |               |                             |   |  |
| City:                           |               | State:        |                             |   |  |
| Zip:                            |               | Country:      | Country:                    |   |  |
| Tax ID (TIN/SSN):               |               | Classifica    | Classification:             |   |  |
|                                 |               |               |                             |   |  |
| Current Address:                |               | Effective     | Effective Date:             |   |  |
| Attn (if required):             |               |               |                             |   |  |
| Street:                         |               |               |                             |   |  |
| Suite/Apt:                      |               |               |                             | I |  |
| City:                           |               | State:        |                             |   |  |
| Zip:                            |               | Country:      |                             |   |  |
| Tax ID (TIN/SSN):               |               | Classifica    | Classification:             |   |  |
| Contact Information.            |               |               |                             |   |  |
| Contact Information             |               |               |                             |   |  |
| Contact Person's Nam            | ie & Title:   |               |                             |   |  |
| Telephone Number:               |               |               |                             |   |  |
| Email Address:                  |               |               |                             |   |  |
| Print Name:                     |               | Title:        |                             |   |  |
| Signature:                      |               | Date:         |                             |   |  |
| Additional Information:         |               |               |                             |   |  |
|                                 |               |               |                             |   |  |
|                                 |               |               |                             |   |  |
|                                 |               |               |                             |   |  |

Please return completed form via email: <u>Javelin-Ownerrelations@eag1source.com</u> or via mail to: <u>Javelin Energy Partners</u>