## STEPHENS NATURAL RESOURCES, LLC

**Address Change Request Form** 

Please Select One:			
Vendor	Owner	Operator	Participant
Business Associate Information:			
Name:	Number:		
DBA (if applicable):			
Previous Information:			
Attn (if required):			
Street:			
Suite/Apt:			
City:		State:	
Zip:		Country:	
Tax ID (TIN/SSN):		Classification:	
Current Address:		Effective Dat	e:
Attn (if required):		·	
Street:			
Suite/Apt:		1	
City:		State:	
Zip:		Country:	
Tax ID (TIN/SSN):		Classification:	
Contact Information	on:		
Contact Person's Nam	ne & Title:		
Telephone Number:			
Email Address:			
Print Name:		Title:	
Signature:		Date:	
Additional Information:			

 $Please\ return\ completed\ form\ via\ email: {\color{red}\underline{\bf Stephens-OwnerRelations@eag1source.com}}$