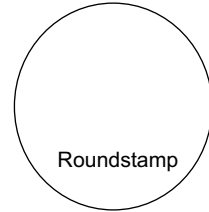


To: Pricing and Classification Service Center
PO Box 3623
New York NY 10008-3623



AUTHORIZATION NUMBER of Organization _____

Check action needed:

Organization Name Change*	<input type="checkbox"/>	Organization Address Change	<input type="checkbox"/>	Alternate Address Change	<input type="checkbox"/>
Telephone Change	<input type="checkbox"/>	Contact Name Change	<input type="checkbox"/>	Contact Title Change	<input type="checkbox"/>
Contact Email Change	<input type="checkbox"/>	Revocation	<input type="checkbox"/>	Date Last Used	____/____/____

***Required documentation, such as an amendment to your articles of incorporation or letter from the IRS MUST be attached.**

Old Organization Name, Address, Alternate Address, Telephone, Contact Name, Title and Email

Organization Name _____

Street _____

City, State, ZIP + 4® _____

Alternate Street _____

Alternate City, State, ZIP + 4® _____

Telephone _____

Contact Name _____

Contact Title _____

Contact Email _____

New Organization Name, Address, Alternate Address, Telephone, Contact Name, Title and Email

Organization Name _____

Street _____

City, State, ZIP + 4® _____

Alternate Street _____

Alternate City, State, ZIP + 4® _____

Telephone _____

Contact Name _____

Contact Title _____

Contact Email _____