

OFFICIAL MAIL FORWARDING CHANGE OF ADDRESS ORDER

Please PRINT items 1-10 in blue or black ink. Your signature is required in item 9.

OFFICIAL USE ONLY

1. Change of Address for: (Read Attached Instructions)
☐ Individual (#5) ☐ Entire Family (#5) ☐ Business (#6)

2. Is This Move
Temporary? ☐

3. Start Date:
(ex. 02/27/17)

4. If TEMPORARY move, print date to
discontinue forwarding: (ex. 03/27/17)

5a. LAST
Name &
Jr./Sr./etc.

5b. FIRST
Name
and MI

6. If BUSINESS
Move, Print
Business Name

PRINT OLD MAILING ADDRESS BELOW: HOUSE/BUILDING NUMBER AND STREET NAME (INCLUDE ST., AVE., CT., ETC.) OR PO BOX

7a. OLD
Mailing
Address

PO Box 263

7b. OLD
APT or
Suite

7b. For Puerto Rico Only: If address is in PR, print urbanization name, if appropriate.

7c. OLD
CITY

MULLAN

7d.
State

ID

7e.
ZIP

83846

PRINT NEW MAILING ADDRESS BELOW: HOUSE/BUILDING NUMBER AND STREET NAME (INCLUDE ST., AVE., CT., ETC.) OR PO BOX

8a. NEW
Mailing
Address

107 Boundary PT RD Spcc 1

8b. NEW
APT/Ste
or PMB

8b. For Puerto Rico Only: If address is in PR, print urbanization name, if appropriate.

8c. NEW
CITY

OROVILLE

8d.
State

WA

8e.
ZIP

98844

9. Print and Sign Name (see conditions on reverse)

Print: Linda Hosking

Sign: Linda Hosking

10. Date
Signed:

(ex. 01/27/17)

082917

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