## **CHANGE OF ADDRESS AUTHORIZATION**

Owner Number: \_\_\_\_\_

, as follows:	, authorize GHA BARNETT, LLC to re	evise its records, effecti
e(s):		
(last four digits on	ly):	
Address:		
	State: Zip Code:	
Number:	(Home/Business)	(Cel
ress:		
	State: Zip Code:	
Number:	(Home/Business)	(Cel
ress:		_
that the change of	address request must be signed by <u>all owners</u> or	n the account.
vner Signature	Date	
vner Signature	 Date	

Please submit the completed, signed form via mail or email (preferred) as follows:

GHA Barnett, LLC, 600 East John Carpenter Freeway, Suite 300, Irving, TX 75062 Royalty Relations E-mail Address: royaltyrelations@gha-group.com

