

Address Change Form

I hereby authorize Cuparex Solutions Stock Registrar and Transfer Services to update my mailing address as fallows:

Shareholder Name:		
Taxpayer ID or SS#:		
Stock/Issuer:		
Email Address:		
Street Address:		
City:		
State/Province:		
Zip/Postal Code:		
Country:		
Telephone:		
(Please do not include your Tax ID or SS#	if you are submitting this form via em	ail.)
Signature:	Date:	