

Change of Address

▶ Please type or print.

Complete This Part To Change Your Home Mailing Address

1a Your name (first name, initial, and last name)	1b Your social security number _____ _____ _____
2a If held jointly: second name (first name, initial, and last name)	2b Social security number _____ _____ _____
3 Prior name(s) _____	
4a Old address as shown (no., street, city or town, state, and ZIP code) or P.O. box.	Apt. no. _____
5 New address (no., street, city or town, state, and ZIP code) or P.O. box.	Apt. no. _____

Complete This Part To Change Your Business Mailing Address or Business Location

6a Business name as shown on approved notice list	6b Employer identification number _____ _____
7 Old mailing address (no., street, city or town, state, and ZIP code) or P.O. box.	Room or suite no. _____
8 New mailing address (no., street, city or town, state, and ZIP code) or P.O. box.	Room or suite no. _____
9 New business location (no., street, city or town, state, and ZIP code) or P.O. box.	Room or suite no. _____

Signature

Daytime telephone number of person to contact () _____

Please
Sign
Here

▶ _____
Your signature Date

▶ _____
If held jointly, second name signature Date

▶ _____
If Part II completed, signature of owner or officer Date

▶ _____
Printed Name

▶ _____
Title

Signature Guarantee

The undersigned guarantees that the signature is that of the individual named.

Name of Signature Guarantor

By: _____
Name: _____
Title: _____
Date: _____

Return
form
to

FPFI Creditor Trust
c/o Lain, Faulkner & Co., P.C.
400 N. Saint Paul, Suite 600
Dallas, TX 75201
Attn: Connie Smith

Signature

If you are completing Part II, the owner or an officer must sign. An officer is the president, vice president, treasurer, chief accounting officer, etc.