

CONSERVATION AND LIQUIDATION OFFICE CHANGE OF ADDRESS/ASSIGNEE NOTIFICATION DECLARATION

Company in Liquidation:			
Proof of Claim Number(s):			
CLAIMANT NAME AND ADDRESS C	URRENTLY ON FILE:		
Name:			
Address:			
City:	State:	ZIP:	
Phone:			
TO BE CHANGED (OR ASSIGNED) To	0:		
Name:			
Address:			
City:	State:	ZIP:	
Phone:			
If you are a business or corporation: • A letter on company	nent agreement (if assigning cla letterhead confirming your aut nent agreement (if assigning cla	nority to make the assignmen	ıt
THE FOREGOING FACTS ARE TRUE AND COLLISTED IN THIS DECLARATION. NO OTHER P			
I DECLARE UNDER PENALTY OF PERJURY, CORRECT.	UNDER THE LAWS OF THE STA	ATE OF CALIFORNIA, THAT T	HE ABOVE INFORMATION IS TRUE AND
EXECUTED THIS	4.7		
(DAY) DAY OF (MONTH) (YEAR)	(CITY)	(STATE)	
Claimant or Assignor's Signature	Print Name and Title	(if any)	Telephone Number
Claimant's Consent (to be used for assignm	nents or transfers only):		
I consent to the assignment or transfer set	forth above.		
EXECUTED THIS,,	ΔΤ		
(DAY) DAY OF (MONTH), (YEAR)	(CITY)	(STATE)	
Claimant or Assignor's Signature	Print Name and Title	(if any)	Telephone Number

Return the completed form along with supporting documentation to: Conservation and Liquidation Office P.O. Box 26894 San Francisco, CA 94126-0894