



CHANGE OF ADDRESS REQUEST

Owner Number: _____

Owner Name: _____

Contact Name (if different): _____

Old Mailing Address: _____

New Mailing Address: _____

Email Address: _____

Phone Number: _____

Last 4 of SSN/Tax ID#: _____

Signature: _____

Date: _____

Please Mail, Email, or Fax to:

SOGC, Inc.

PO Box 31822

Salt Lake City, UT 84131-0822

ownerrelations@sogcinc.com

Fax: 801-524-2877