



CHANGE OF ADDRESS FORM

I, _____, authorize PetroTx Operating, LLC and/or its affiliates to change the address on my owner account.

Owner Number: _____

Last 4 Digits of Social Security # / Taxpayer ID: _____

(Your Owner Number is listed under the name and address section of your revenue check stub)

Name on the Account: _____

Your Name (if you are not the owner): _____

(If not previously provided, please attach documentation establishing your relationship with the Account Owner for PetroTx's review.)

OLD ADDRESS	NEW ADDRESS
Address	Address
City/Locality/Village	City/Locality/Village
State/Province/Region	State/Province/Region
Zip	Zip
Country	Country
	Phone
	Email

Apply this address change to my: Check/Revenue Address Correspondence Address

If neither box is selected, both addresses will be updated.

All fields must be complete or the change of address cannot be processed. After PetroTx's receipt and approval, the change of address will become effective within thirty (30) days.

TERMS OF ACCEPTANCE & SIGNATURE

I, the requestor for this Change of Address Form, warrant the truthfulness of the information provided in this submission. I understand that an electronic signature has the same legal effect and can be enforced in the same way as a written signature.

Step 1: Check the box below

**By checking this box and typing my name below, I am electronically signing this Change of Address Form*

Step 2: Type in your name in the boxes below. A signature is required by all parties listed on the account.

First Name Middle Initial Last Name Suffix

First Name Middle Initial Last Name Suffix

Email this completed form to: RoyaltyRelations@petrotx.com