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## CHANGE OF ADDRESS

### IT'S THE LAW

**IMPORTANT: IF YOU MOVE DURING THE TERM OF YOUR COMMISSION,  
YOU MUST RETURN THIS FORM TO US.  
WE WILL FORWARD THIS FORM TO THE STATE.**

**NAME** (AS IT APPEARS ON YOUR NOTARY APPOINTMENT)

\_\_\_\_\_

**DATE OF BIRTH:** \_\_\_\_\_

**NEW ADDRESS:**

\_\_\_\_\_

**CITY** \_\_\_\_\_ **STATE** \_\_\_\_\_ **ZIP** \_\_\_\_\_

**DAYTIME PHONE NUMBER:**

(     ) \_\_\_\_\_  
          REQUIRED

**COMMISSION EXPIRATION DATE:** \_\_\_\_\_