

ELECTRONIC CHANGE OF ADDRESS FORM

I, _____, authorize Longs Peak Resources, LLC and/or its affiliates/subsidiaries to change the address on my owner account.

Owner Number: _____ OR LPR Lease 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 Longs Peak review.)

| OLD ADDRESS | NEW ADDRESS |
|----------------|----------------|
| <i>Address</i> | <i>Address</i> |
| | |
| <i>City</i> | <i>City</i> |
| <i>State</i> | <i>State</i> |
| <i>Zip</i> | <i>Zip</i> |
| | <i>Phone</i> |
| | <i>Email</i> |

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

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.

Email this completed form to: xxxxxxxxxxxx