

Please submit a \$10.00 fee made payable to Old West Mutual Insurance Company.

OLD WEST MUTUAL INSURANCE CO  
PO BOX 1792  
MINOT, ND 58702

CHANGE OF NAME

I hereby direct that the following changes be made:

Change From \_\_\_\_\_  
Of \_\_\_\_\_  
Name To \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_, ST \_\_\_\_\_ Zip \_\_\_\_\_

Your Expiration Date \_\_\_\_\_

\_\_\_\_\_  
Notary Signature Date  
As It Appears On Your  
Notary Commission

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To be completed by company:

\_\_\_\_\_  
Signature of Company Official

This \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_.

Company Seal