BUSINESS NAME CHANGE FORM

Return to: Rules Administration 78-3Q Quixtar Inc. 5101 Spaulding Plaza Ada, MI 49355

If you wish to make a name change to your business, complete the appropriate section and mail to the address provided above. (Please print.)

CURR	ENT IBO	O NO.				D	ATE	
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1. If you would like to have your name changed on your business, we will need your signature and the completed information indicated under this section. (Please include a copy of legal documentation verifying the request.)

SOCIAL SECURITY NUMBER
, , , -, , , -, , , , ,

2. If you would like to add a name to your business, please complete all of the information, including signatures and social security numbers, requested under this section. (Please include a copy of marriage certificate if applicable.)

			SOCIAL SECURITY NUMBER
X			, , , -, , , -, , , ,
NEW PARTNER NAME			
NEW PARTNER SIGNATURE			SOCIAL SECURITY NUMBER
X			
Is either partner a minor? Have you ever been an	Yes	No	Birth date / /
1010 you oron boott all			
Independent Business Owner before? wish to remove your na ed under this section. B SSIGNING TO YOUR SPO	Y SIGNING DUSE/PART	BELOW YOU	Previous IBO # ///////////
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