CHANGE OF ADDRESS

Name(s): _____

New Address: _____

_____

New Telephone No. _____

Effective Date: _____

This change in address was provided by: _____
(Signature)

Please return this form to:

Brace W. Luquire
Attorney at Law
821 Third Avenue
Columbus, Georgia 31901

CHANGE OF EMPLOYMENT

Name(s): _____

New Employer: _____

New Employer's Address: _____

_____

New Employer's Telephone No. _____

Effective Date: _____

This change in employment was provided by: _____
(Signature)

Please return this form to:

Brace W. Luquire
Attorney at Law
821 Third Avenue
Columbus, Georgia 31901