



Address Change Request

Owner Name:	Payee Number (located on check detail):
Tax Identification Number (Last 4 Digits) OR Social Security Number (Last 4 Digits):	E-mail Address or Phone number (not required, will be used to contact you if we have questions about this form):
Old Address:	New Address:
Signature (if signing on behalf of entity, please notate your capacity): Date:	

Return to:

Boaz Energy II Operating, LLC
Attn: Royalty Relations
PO Box 50595
Midland, TX 79710
royaltyrelations@boazenergy.com

IF ANY REQUIRED FIELD IS INCOMPLETE OR DOES NOT MATCH THE INFORMATION IN OUR SYSTEM, NO CHANGES WILL BE MADE. WE WILL CONTACT YOU AT THE ADDRESS ON FILE OR THROUGH THE EMAIL OR PHONE NUMBER PROVIDED.