## **CHANGE OF OWNERSHIP FORM**

## FORM MUST BE COMPLETE IN ORDER TO AVOID DELAYS

To request a change of ownership related to previous owner's New Horizon Resources LLC owner account, please complete the form below. Return your completed form along with supporting documents to New Horizon Resources LLC via the mailing address below or you may choose to have the document scanned and emailed directly. Details are as follows:

## **Mailing Address**

New Horizon Resources LLC Attn: Division Orders / Owner Relations 1616 S. Voss Road, Suite 725 Houston, Texas 77057

Name Change			
Old Owner Number (if unknown leav	e blank):		
Old Name (First Name, Middle Name	, Last Name):		
New Name (First Name, Middle Nam	e, Last Name):		
New Ownership Mailing Address:			-
_			_
_			
Ourporchip Amount Conveyed 1	Plance Charle		_
Ownership Amount Conveyed – F			
All of Owners Right, Title, and Interes	st: Partial Inte	rest:	If Partial, List Interest Amount:
Documentation of Name Change	Required		
etc.	0	·	Il Deed, Quit Claim Deed, Probate, Last Will & Testar wnership cannot be verified and will not be accepte
notices, 1099's or other documents t this address is undeliverable to me an	o me at the most recently provi nd returned to New Horizon Res ected address to New Horizon R 4 digits of Social Security or TIN r	ded address until furt sources LLC, that payr Resources LLC. If more numbers as listed on t	Horizon Resources LLC to send all royalty payments ther notice. I understand that if a payment mailed to ment will be included in my next regularly scheduled than one owner is listed on the account all parties the account. If any field is incomplete or does not address we have on file or through the email address
must sign, date and include the last 4	, no changes will be made. We v	vill contact you at the	dadress we have on the or through the email dadre
must sign, date and include the last 4 match the information in our system.	, G	will contact you at the or to authorize the chai	· ·
must sign, date and include the last 4 match the information in our system, you have provided.	, G	to authorize the char	Ü
must sign, date and include the last 4 match the information in our system.	Please sign below	to authorize the char	nges.
must sign, date and include the last 4 match the information in our system you have provided.  er Signature:	<i>Please sign below</i> Last Four SS# or	to authorize the chai	nges.

Phone: (281) 219-8327