FEDERAL GOVERNMENT

## **Change Address or Representation Form**

## Handwritten Signature

(1) 10 - 10 - 10 - 10 - 10 - 10 - 10 - 10	
Signature Section:	
Signature: Joseph Ctree	
Date: 3/24/21	
Signatory's Name: Joseph Artuso	
gnatory's Position: Virector	
Signatory's Phone Number: 929 240 7514	
<b>NOTE:</b> When this textform is scanned and attached as an image file within the electronic form, upload ONLY the signature page. No declaration is required.	
he signatory has confirmed that he/she is either: (1) the owner/holder; or (2) a person or persons with legal authority to bind ne owner/holder.	
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