

CLIENT INFORMATION UPDATE FORM

Please complete and return this form via email to info@pacificstocktransfer.com or fax to 702-433-6725

Comp	any Information:				
	Legal Name:				
	Legal Address:				
	Contact/Title:		J		
Billing	Information:				
	Address:				
	Contact/Title:				
	Email/Phone:		J		
	The Company e	elects for paperless billir	ng sent to the email address a	bove (check the box).	
Legal	Counsel:				
	Name/Firm:		J		
	Email/Phone:		J		
Non-C	Officer person(s) a	outhorized to receive inf	formation/give instruction on	behalf of the Company:	
	Name/Title:				
	Name/Title:				
iPST C	Online Access:				
	• •	•	to the iPST Online System (che any Information will be the ad	•	
Please	e also provide the	following documents (Check the box if already provi	ded):	
	To reflect a change in Director(s)/Officer(s) or control of the Company, please provide: O Notarized Board Resolution appointing new officer(s) AND officer(s) resignation letter OR O 8K filed with the SEC with officer(s) update;				
	•	Payment Authorization Form to keep on file for monthly billing;			
	•	List of any current/pending litigation involving the Company and/or its officers/directors; and Updated Certificate Order Form (if desired).			
			CORPORATE OFFICE	GLOBAL OPERATIONS CENTER	