



Exhibit 5.2b, Change of Address or Boxholder Request Format — Process Servers

To: Postmaster _____ Date _____

City, State, ZIP Code _____

**REQUEST FOR CHANGE OF ADDRESS OR BOXHOLDER INFORMATION
NEEDED FOR SERVICE OF LEGAL PROCESS**

Please furnish the new address or the name and street address (if a boxholder) for the following:

Name: _____

Address: _____

Note: Only one request may be made per completed form. The name and last known address are required for change of address information. The name, if known, and Post Office box address are required for boxholder information

The following information is provided in accordance with 39 CFR 265.14(d). There is no fee for providing boxholder or change of address information.

1. Capacity of requester (e.g., process server, attorney, party representing self): _____

2. Statute or regulation that empowers me to serve process (not required when requester is an attorney or a party acting pro se - except a corporation acting pro se must cite statute):

3. The names of all known parties to the litigation: _____

4. The court in which the case has been or will be heard: _____

5. The docket or other identifying number (a or b must be completed):

_____ a. Docket or other identifying number: _____

_____ b. Docket or other identifying number has not been issued.

6. The capacity in which this individual is to be served (e.g., defendant or witness): _____

WARNING

THE SUBMISSION OF FALSE INFORMATION TO OBTAIN AND USE CHANGE OF ADDRESS INFORMATION OR BOXHOLDER INFORMATION FOR ANY PURPOSE OTHER THAN THE SERVICE OF LEGAL PROCESS IN CONNECTION WITH ACTUAL OR PROSPECTIVE LITIGATION COULD RESULT IN CRIMINAL PENALTIES INCLUDING A FINE OF UP TO \$10,000 OR IMPRISONMENT OF NOT MORE THAN 5 YEARS, OR BOTH (TITLE 18 U.S.C. SECTION 1001).

I certify that the above information is true and that the address information is needed and will be used solely for service of legal process in conjunction with actual or prospective litigation.

Signature

Address

Printed Name

City, State, ZIP Code

POST OFFICE USE ONLY

_____ No change of address order on file.

_____ Moved, left no forwarding address.

_____ No such address.

NEW ADDRESS OR BOXHOLDER'S NAME

POSTMARK AND STREET ADDRESS

Exhibit 5.2c, Address Information Request Format — Government Agencies

(AGENCY LETTERHEAD)

To: Postmaster

Agency Control Number: _____

Date: _____

ADDRESS INFORMATION REQUEST

Please furnish this agency with the new address, if available, for the following individual or verify whether the address given below is one at which mail for this individual is currently being delivered. If the following address is a Post Office box, please furnish the street address as recorded on the boxholder's application form.

Name: _____

Last Known Address: _____

I certify that the address information for this individual is required for the performance of this agency's official duties.

(Signature of Agency Official)

(Title)

FOR POST OFFICE USE ONLY

- | | |
|---|--------------------------|
| <input type="checkbox"/> MAIL IS DELIVERED TO ADDRESS GIVEN | NEW ADDRESS |
| <input type="checkbox"/> NOT KNOWN AT ADDRESS GIVEN | _____ |
| <input type="checkbox"/> MOVED, LEFT NO FORWARDING ADDRESS | _____ |
| <input type="checkbox"/> NO SUCH ADDRESS | |
| <input type="checkbox"/> OTHER (SPECIFY): | BOXHOLDER STREET ADDRESS |

Agency return address

Postmark/Date Stamp