



OFFICE OF THE ARIZONA ATTORNEY GENERAL
CIVIL LITIGATION DIVISION

NOTICE OF CHANGE FORM

Must be submitted at least five (5) calendar days before the effective date of the change.

(Check the applicable box(es) for the change(s) being reported)

Ownership Change Active Manager Change Other Change(s)

Company Identifying Information

Name:

Participant Number:

Ownership Change

(Use a separate sheet if necessary)

List all individuals and entities who will own in the aggregate, directly or indirectly, 15% or more of the Sandbox Participant after the impending change.

Full Name: _____

Address of primary residence (or principal place of business, if entity): _____

Date of birth (if individual): _____

Jurisdiction of incorporation or formation (if entity): _____

Full Name: _____

Address of primary residence (or principal place of business, if entity): _____

Date of birth (if individual): _____

Jurisdiction of incorporation or formation (if entity): _____

Full Name: _____

Address of primary residence (or principal place of business, if entity): _____

Date of birth (if individual): _____

Jurisdiction of incorporation or formation (if entity): _____

List all individuals and entities previously owning 15% or more that will no longer have *any* ownership interest in the company after the impending change.

Name:

Name:



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Active Manager Change <i>(Use a separate sheet if necessary)</i>			
Full Name: _____ <i>If adding, also provide the following.</i> Title: _____ Brief description of duties: _____ Address of primary residence: _____ _____ Date of birth: _____	Add (A) or Terminate (T) <i>(Check one)</i>	A <input type="checkbox"/> T <input type="checkbox"/>	Effective Date of Change:
Full Name: _____ <i>If adding, also provide the following.</i> Title: _____ Brief description of duties: _____ Address of primary residence: _____ _____ Date of birth: _____	Add (A) or Terminate (T) <i>(Check one)</i>	A <input type="checkbox"/> T <input type="checkbox"/>	Effective Date of Change:
Other Change(s) <i>from the Original Application (or previous Notice of Change Form, as applicable)</i>			
Explanation:			
Authorized Individual			
I hereby certify that to the best of my knowledge, this Notice of Change Form contains no misrepresentation or omissions of materials facts. <i>(One of the Key Personnel on file with our office must sign this form.)</i>			
Print Name:		Print Title:	
Signature:		Date:	