

Dear Member:

Please complete the enclosed Business Name Change Affidavit, have it notarized, and return all paperwork to our office at your earliest convenience.

Also, please include copies of proof of ownership such as:

1. Income tax return
2. State license
3. Articles of Incorporation (Subchapter 'S' or otherwise)
4. Purchase agreement or bill of sale

Please mail all paperwork to:

Attn: Customer Care Center
LCEC
P.O. Box 3455
North Fort Myers, FL 33918-3455

If you have any questions, please contact the Customer Care Center:

Phone: 239-656-2300
Toll-free: 800-599-2356
Fax: 239-995-4287
Web site: www.lcec.net
Email: customercare@lcec.net

Thank you for your cooperation.

Sincerely,

LEE COUNTY ELECTRIC COOPERATIVE, INC.

BUSINESS NAME CHANGE AFFIDAVIT

THIS AFFIDAVIT MUST BE COMPLETED BY AN OFFICER OF THE ORIGINAL BUSINESS

State of: _____ County of: _____

Before me this day personally appeared _____

Who being duly sworn states that I/we have the following customer account with LCEC, Inc. _____ with Service Credit Membership # _____

I/We request that the name on this account be changed to _____

_____ I/We understand that any membership/deposit and all past equity ownership will be transferred to same, effective immediately

_____ I/We understand that all past equity ownership will not be transferred. Per clause in Contract/Bill of Sale (COPY ATTACHED)

_____ Federal Tax Identification Number _____ Officer Signature/Title

_____ Officer Signature/Title -

_____ Mailing Address and Phone Number

Signed and sworn to (or affirmed) before me on _____ by _____

He/She/They are personally known to me or have produced _____ as identification.

_____ Notary Signature & Commission #

Printed Name of Notary: _____ Date: _____

Completed By: _____ Date: _____

NOTARY SEAL/STAMP

Equity Dept. Use
ACCT. ID # _____
EQ SCM # _____
EO BALANCE \$ _____
DUE \$ _____
EQUITY REP: _____
PROCESSED _____