



A Rood Awakening! Ministries
P. O. Box 309
Grand Rapids, Michigan 49315
888 578 7867
www.ARoodAwakening.com

7/22/07

TO WHOM IT MAY CONCERN:

Don C. Harris, the CEO of A Rood Awakening! Ministries, is closing our Albany, Oregon office during the weeks of 7/13/2007 through 7/27/2007, and moving our operations to Grand Rapids, Michigan.

Mr. Harris has full authority from the President and the Board of Directors of A Rood Awakening Ministries to transfer all mail accounts, telephone lines, banking accounts, insurance policies, vehicle titles and registrations, etc. that are associated with A Rood Awakening! Ministries.

Please give Mr. Harris all cooperation necessary to make this a smooth transition for our ministry. If you have any questions or concerns feel free to contact me directly at 253 209 9610 or email me at mjr@aroodawakening.tv.

Thank you for your years of support and service. We look forward to continuing business with our several West Coast vendors in the years to come.

Sincerely,

Michael J. Rood, President
A Rood Awakening! Ministries

MJR:prh

OFFICIAL MAIL FORWARDING CHANGE OF ADDRESS ORDER

OFFICIAL USE ONLY

Please PRINT items 1-10 in blue or black ink. Your signature is required in item 9.

1. Change of Address for: (Read Attached Instructions) Individual (#5) Entire Family (#5) Business (#6) Temporary? Yes No

3. Start Date: 07 22 07 (ex. 02/27/07) 4. If TEMPORARY move, print date to discontinue forwarding: (ex. 03/27/07)

5a. LAST Name & Jr./Sr./etc. ROOD

5b. FIRST Name and MI MICHAEL

6. If BUSINESS Move, Print Business Name A ROOD AWAKENING!

7a. OLD Mailing Address PO BOX 1116

7a. OLD APT or Suite

7c. OLD CITY JEFFERSON

PRINT NEW MAILING ADDRESS BELOW: HOUSE/BUILDING NUMBER AND STREET NAME (INCLUDE ST., AVE., CT., ETC.) OR PO BOX

8a. NEW Mailing Address PO BOX 309

8a. NEW APT/Ste or PMB

8c. NEW CITY GRAND RAPIDS

9. Print and Sign Name (see conditions on reverse)

Print: DON HARRIS

Sign: [Signature]

10. Date Signed: 07 23 07 (ex. 01/27/07)

Zone/Route ID No.

Date Entered on Form 3982 M M D D Y Y

Expiration Date

M M D D Y Y

Clerk/Carrier Endorsement

7b. For Puerto Rico Only: If address is in PR, print urbanization name, if appropriate.

7d. State OR 7e. ZIP

8b. For Puerto Rico Only: If address is in PR, print urbanization name, if appropriate.

8d. State M 8e. ZIP 49315

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