

TRANSFER FORM

FOR DEPARTMENT USE ONLY:

(Do not write above this line)

A. Transferor(s) full name(s): _____	B. Percentage transferred: _____ %	C. LSAS client ID: _____
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D. Transferee(s) full name(s): _____	E. Percentage accepted: _____ %	F. LSAS client ID: _____
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G. Agreement(s) (type and number) being transferred or affected by transfer: _____	H. Transfer of part of location of agreement (description) to transferee(s). Complete Part I(2). _____
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I. The current designated representative will remain in effect unless one of the following sections is completed:

1 The following new representative is designated for the agreement(s) affected by this transfer. The new designated representative will replace any previous designated representative. Provide full name only of individual or corporation - address shown on LSAS will be used:

2 The following representative is designated for the new agreement being issued for the part location set out in item "H". Provide full name only of individual or corporation - address shown on LSAS will be used:

J. This transfer is supported by valuable consideration passing from the transferee(s) to the transferor(s).

K. This transfer may be executed in separate counterparts, and all of the executed counterparts shall together constitute one transfer and shall have the same force and effect as if all of the persons executing such counterparts had executed the same transfer.

L. Dated this _____ day of _____, _____

M. _____ Transferor	_____ Transferee
_____	_____
Signature	Signature
_____	_____
Printed name and capacity	Printed name and capacity

N. _____ Previous Designated Representative	_____ New Designated Representative
_____	_____
Signature	Signature
_____	_____
Printed name and capacity	Printed name and capacity