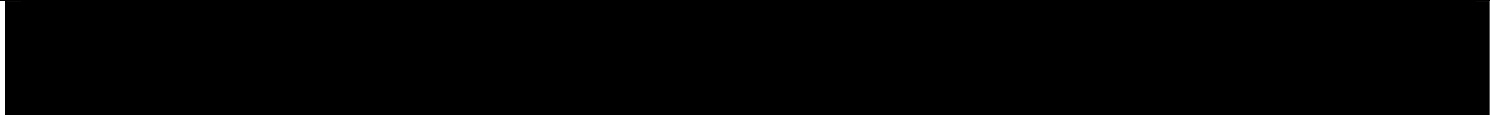


OREGON STATE BOARD OF BAR EXAMINERS

NOTICE OF CHANGE OF ADDRESS

Old Address:



(Street or P.O. Box)

City:

State:

Zip:

New Address:



Name:



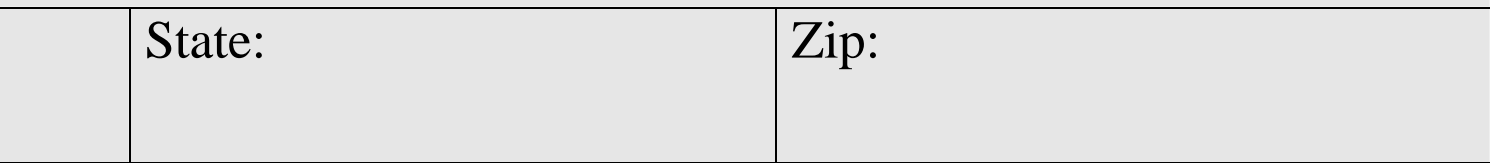
Address:



City:

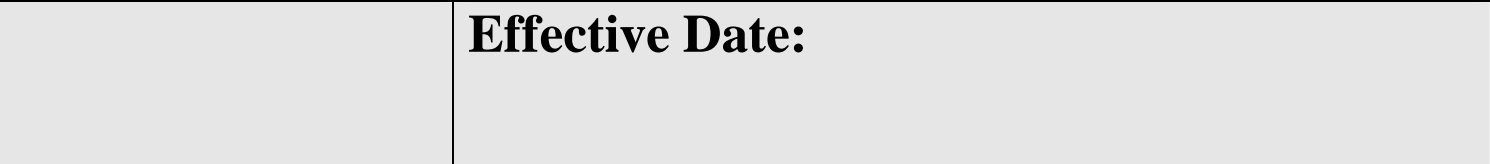
State:

Zip:



Phone No:

Effective Date:



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