

Change of name / address or address correction:  
 Old Address or incorrect name or address:  
 Name: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_  
 Zip Code \_\_\_\_\_

New or correct address:  
 Name: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_  
 Zip Code \_\_\_\_\_

CONFEDERATED TRIBES OF THE  
 GRAND RONDE COMMUNITY OF OREGON  
 P. O. BOX 38  
 GRAND RONDE, OREGON 97347

NON PROFIT ORGANIZATION  
 U. S. POSTAGE PAID  
 Permit #2  
 Grand Ronde, Oregon

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