



RE: ADDRESS CHANGE VERIFICATION

OLD ADDRESS:

NEW ADDRESS:

**Owner Name as it appears on your Division
Order or payment detail**

**Owner Number as it is listed on your Division
Order or payment detail**

Social Security Number/TIN (required)

_____/_____
Signature/Date (required)

Return to:

Continental Resources, Inc.
MDG Department
PO Box 269000
Oklahoma City, OK 73126