Please PRINT items 1-10 in blue or black ink. Your signature is required in item 9.	OFFICIAL USE ONLY Zone/Route ID No.	
1. Change of Address for: (Read Attached Instructions) Individual (#5) Entire Family (#5) Business (#6)  2. Is This Move Temporary?  3. Start Date:  4. (TEMPORARY mo., process to continue forward reconstructions)  4. (Continue forward reconstructions)  4. (Continue forward reconstructions)  4. (Continue forward reconstructions)	Date Entered on Form 3982 M M D D Y Y	
Sa. LAST Name & MOLSTAN MOLSTA	Expiration Date M M D D Y Y  Clerk/Carrier Endorsement	
Name and MI ACKEY S. If BUSINESS Move, Print Business Name		
7a. OLD MAILING ADDRESS BELOW: HOUSE/BUILDING NUMBER AND STREET NAME (INCLUDE ST	r., AVE., CT., ETC.) OR PO BOX	
7a. OLD APT or Suite 7b. For Puerto Rico Only: If address is in PR, print urbaniza	tion name, if appropriate.	
7c. OLD BEVEYLY HILLS  PRINT NEW MAILING ADDRESS BELOW: HOUSE/BUILDING NUMBER AND STREET NAME (INCLUDE S	A-76. 90210	
8a. NEW 10	ng	
Ba. NEW APT/Ste or PMB A A A A A A S S S S S S S S S S S S S	tion parne, if appropriate.	
Bc. NEW CITY State	8e. ZIP	
Print: 10. Date Signed:	FICIAL USE ONLY	
Sign:		