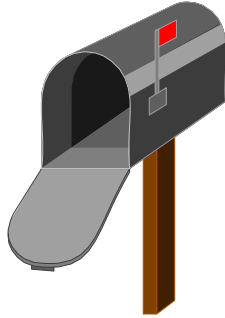


CHANGE OF ADDRESS FORM



NAME: _____

SOCIAL SECURITY NUMBER: _____

NEW ADDRESS: _____

PHONE NUMBER: (_____) _____

EFFECTIVE DATE: _____

RETURN TO:

**Volvo Group North America
Attn: Human Resources Service Center
7900 National Service Road
Mail Stop: DR 2-38
Greensboro, NC 27409**