

Step 3

Recipient Form

Recipient Form
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I, _____,
First Name M.I. Last Name

Date of Birth Social Security Number

Complete Mailing Address

City State Zip Code

the undersigned, under oath, depose as follows:

1. I understand that if the proposed gift is approved, I will receive _____ share(s) of Cape Fox Corporation stock as a gift from _____ (name of donor).
2. I have not paid, transferred, or promised anything of value to obtain these shares.
3. I understand that if the proposed gift is approved, I will have the following rights and responsibilities with regard to the shares:
 - a. At shareholder meetings, either in person or by proxy, I will be responsible for voting my shares.
 - b. I will be responsible for determining the future ownership of my shares by gift or will.
 - c. I will be entitled to receive distributions or dividends issued by Cape Fox Corporation to holders of Settlement Common Stock, the amount to be based on the number of shares I own.
 - d. I will be responsible for paying whatever taxes may be owed as a result of receiving this gift of shares.
4. I understand that the law does not allow me to return the shares, except as a gift to a brother or sister, and then only if I am over age 18.
5. I understand that my signature below indicates my acceptance of the proposed stock gift and my request that Cape Fox Corporation complete the transfer of shares from the shareholder named above to me.

WAIT to sign this affidavit until you are in the presence of a notary public.

A NOTARY PUBLIC is an official witness who confirms your identity and signature. There are notaries available in the Cape Fox Corporation headquarters office in Ketchikan, Alaska or your local bank, law firm, or any US Post Office.

Dated this _____ day of _____, _____

Recipient Signature (or Parent or Legal Guardian if Recipient is under 18 years of age)

Subscribed and sworn to before me this _____ day of _____, _____

at _____, _____ by _____
City State Signer's Name

Signature of Notary Public

Notary Public in and for _____ My commission expires _____



For More Information

contact Cape Fox Corporation Shareholder Services at 907.225.5163.
PO Box 8558, Ketchikan, Alaska 99901 • fax 907.225.3137 • capefoxcorp.com

Recipient Form Release for Publication

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IMPORTANT:

This form does not need to be signed in the presence of a Notary Public.

I, _____, _____, _____,
First Name (Type of Print Name) Middle Name Last Name

hereby consent to the publication of my name and hometown in the *Totem Times* newsletter or other publications produced and distributed by Cape Fox Corporation.

Dated this _____ day of _____, _____
Day Month Year

Signature of Shareholder

Release for Publication Minor

I, _____, _____, _____,
First Name (Type of Print Name) Middle Name Last Name

the undersigned parent or legal guardian of the minor child

Child's First Name (Type of Print Name) Child's Middle Name Child's Last Name

("the Child"), consent to the publication of the Child's name and home town in the *Totem Times* newsletter or other publications produced and distributed by Cape Fox Corporation.

Dated this _____ day of _____, _____
Day Month Year

Child's Parent or Legal Guardian Signature



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