

Affidavit of Address

Please complete the following information

_____/_____/_____ /
Date

First Name Middle Name Last Name

Complete Mailing Address

City State Zip Code

_____/_____/_____
Telephone Number Date of Birth (Month, Day, Year) Email Address

_____|_____|_____|_____|_____|_____|_____|_____|_____|_____|
Social Security Number

Sex: Male Female Degree of Native Blood _____%

Native Origin: Aleut Eskimo Indian

Are you a Cape Fox Corporation Shareholder? Yes No

Signature

Witness

IMPORTANT: All further mail from Shareholder Records Department will be sent to the address you have indicated on this affidavit and can only be changed upon written notice.

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