

Address Change Form

Please complete the following information

_____/_____/_____
Date

First Name Middle Name Last Name

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

Social Security Number

OLD Address

Complete Mailing Address

City State Zip Code

NEW Address

Complete Mailing Address

City State Zip Code

Signature

Witness

IMPORTANT: All further mail from Shareholder Records Department will be sent to the new address you have indicated on this form 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