

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