

UKPEAGVIK INUPIAT CORPORATION

CHANGE OF ADDRESS FORM



SHAREHOLDER NAME:	
DATE OF BIRTH:	
LAST 4 OF SSN:	

Minor Shareholder(s) (if any):

Birthdates:

New Address:

PO BOX/STREET ADDRESS	
CITY AND STATE	
ZIP CODE	

Contact Phone Numbers:

HOME PHONE #:	
WORK PHONE #:	
CELL PHONE #:	

I certify UKPEAGVIK INUPIAT CORPORATION to change my address on my shareholder record. All information provided is correct.

Signature of Shareholder

Date