TIKIGAQ CORPORATION SHAREHOLDER ADDRESS/NAME CHANGE FORM

Name (please print):	,=,(=,\;	(A.R. J.JI)	
(Last)	(First)	(Middle)	
Custodian for the following Tikigaq S	Shareholders:		
OLD ADDRESS:			
Social Security No - Last 4 Numbers Phone Number: ())	
NEW ADDRESS:			
Date of Birth:			
All funher mail from the Corporation changed only upon receipt of a new	will be sent to the new form or letter.	v address indicated abov	ve and can be
Has there been a NAME CHANGE If so, was the name change due to:	?YesNo		
		Marriage	
		Divorce	
		Adoption	
		Legal Name Change	
Old Name:			
New Name: Please send in a copy of the legal d License, Divorce decree, etc.)	locument authorizing ti	ne above name change.	(i.e. Marriage
SIGNATURE:	DATE	:	
	<u>Mail to:</u> <u>Tikigaq Corporation</u> PO Box 9	1	

Point Hope, AK 99766 (907) 368-2235