Step 1.1

Shareholder Form

Shareholder Form

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l,	First Name		M.I.		Last Name				
Date o	f Birth		Social Security Number						
Compl	ete Mailing Address								
City			State		Zip Code				
the ur	idersigned, under oath, dep	oose as follows:							
1.	I am a resident of the State of, and a shareholder of Cape Fox Corporation, Alaska Village Corporation. I am over the age of 18 years, and if called upon to do so, would be competent to testify as to the faset forth herein. I am making this affidavit based upon my own personal knowledge for the purpose of inducing Cape I Corporation to transfer part or all of my stock in the corporation to the person(s) named herein.								
2.	2. Before making this gift, I now own shares of common stock of Cape Fox Corporation.								
3.	 I understand that the Alaska Native Claims Settlement Act (43 U.S.C. § 1606) permits a shareholder to give a gift of share or her child, grandchild, great grandchild, niece, nephew, brother or sister. 								
4.	4. It is my desire and intent, in consideration of love and affection, to make a gift of shares to the recipient(s) shown on the reverse of this do								
5.	5. I understand that I cannot revoke, take back, or otherwise change this gift of shares once it has been made.								
6.	I understand that if there are taxes owed as a result of this transfer, Cape Fox Corporation will not be responsible for payment that payment of any such taxes will be either my responsibility as a donor, or the recipient's responsibility.								
7.	I understand that my gift places in the hands of the recipient(s) all authority to transfer these shares by will or gift; that I will longer have voting rights for these shares; and that I will no longer receive dividends or distributions for these shares.								
8.	I understand that by sign herein is true, and that I				edge and belief that everything stated uence, or duress.				
9.	. I affirm that I have not received anything of value nor was I promised anything of value as compensation or payment for the stock I wish to tra								
	A NOTARY PUBLIC is an o	official witness who confi	rms your identity and	l signature. There are no	of a notary public. staries available in the Cape Fox er is authorized to act as a notary.				
Dated	this	day of		_1					
Signat	ure of Shareholder	Subscribed and	sworn to before me thi	s day of	,				
		at		by					
			City	State	Signer's Name				
		Signature of Not	ary Public						
		Notary Public in	and for	My c	ommission expires				



Shareholder Form

Shareholder Form Page 2 of 2

List the name, address, and social security number of each recipient and the number of shares you wish to give.

Recipient's First Name	M.I. La	ist Name			Relationship to Donor
as it appears on Social Security Card)					
Recipient's Complete Mailing Address					
ity	State		Zip Code		
late of Birth (Month, Day, Year)	Social Secu	irity Number			
lumber of shares to be gifted					
lecipient's First Name as it appears on Social Security Card)	M.I. La	st Name			Relationship to Donor
ecipient's Complete Mailing Address					
ity / /	State		Zip Code		
ate of Birth (Month, Day, Year)	Social Secu	irity Number		_ _	
umber of shares to be gifted					
ecipient's First Name as it appears on Social Security Card)	M.I. La	st Name			Relationship to Donor
ecipient's Complete Mailing Address					
ity	State		Zip Code		
ate of Birth (Month, Day, Year)	Social Secu	irity Number			
umber of shares to be gifted					
otal shares transferred	Sh	Shares retained by donor (if any)			
If you are making more than three gifts. I have					
If you are making more th					

