## Shareholder ID Card Form

Please fill out this form to receive your Cape Fox Corporation Shareholder ID Card.

| / /  |                             |   |
|--|-----------------------------|---|
| Date   |                             |   |
| First Name   | Middle Name                 | Last Name   |
| Date of Birth (Month, Day, Year)   | LJLJL<br>Social Security Nu |   |
| Total Number of Shares Owned   | Voting Status               |   |
| Telephone Number   | Blood Quantum               | <del></del>   |
| er's license. You have three difference of the control of the cont |                             | x a photo of yourself for your shareholder ID.  nethod: |
| (please check one)   |                             |   |
| ☐ I have attached my photo   |                             |   |
| I will get my photo taken at   | CFC's Ketchikan Office      |   |
| I will email my photo to idca  | rd@capefoxcorp.com          |   |