OFFICE USE ONLY & Initial when completed	De sus et F	<b>(</b>	
EIVED: PLETED: TACTED: VERED:	Request Fo Shareholder & Cor		سَرِيْ UKPEAĠVI IÑUPIAT CORPORATI
Name of person Req	lesting information:		
Company: * <b>Must be authorize</b>	d by the President of UIC if t	_ Title: his use is not within the	e company.
	hareholder Address Labels Ther Specific Reason:		
	eek before your deadline.	You need to provide	e us with this form
Purpose for requeste	ed information:		
Representative: I ha	e <b>must be related to the boo</b> ve given my authority to exam	ine these records to:	(work)
Representative: I ha	e given my authority to exam	ine these records to: Phone #:	
Representative: I have Name:Address:	e given my authority to exam	ine these records to: Phone #:   Legal Agent	(work)
Representative: I have Name:	e given my authority to exam	ine these records to: Phone #:   Legal Agent  ds by MY REPRESENTAT at it is not to obtain priva	(work) (home) TIVE OR ME is solely
Representative: I have Name:	AttorneyAccountant Other:Accountant ation of these books and recor	ine these records to: Phone #:   Legal Agent  ds by MY REPRESENTAT at it is not to obtain priva	(work) (home) TIVE OR ME is solely
Representative: I have Name:	AttorneyAccountant Other:Accountant ation of these books and recor	ine these records to:Phone #:	(work) (home) TIVE OR ME is solely ate information