

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:	
ZIPCODE:	

Contact Information:

HOME PHONE #:	
WORK PHONE #:	
CELL PHONE #:	
EMAIL ADDRESS:	

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

 Signature of Shareholder

 Date