

I, _____, understand that I am to receive _____ shares of
Printed Full Name Number of shares
Evansville, Inc. stock as a gift from _____, who is my _____.
Donor's Full Name Relationship to Donor

I understand that the Alaska Native Claims Settlement Act (ANCSA) defines "Native" as a citizen of the United States who is a person of one-fourth degree or more of Alaska Indian, Eskimo, or Aleut blood, or a combination thereof.

I also understand that the ANCSA Amendments of 1987 define "descendant of a Native" as: 1) a lineal descendant of a Native or of an individual who would have been a Native if such individual were alive on December 18, 1971; or 2) an adoptee of a Native or of a descendant of a Native whose adoption (A) occurred prior to his or her age of majority, and (B) is recognized at law or in equity.

I hereby affirm that I am a Native or descendant of a Native, as defined by the ANCSA and the ANCSA Amendments of 1987. I also affirm that I have not transferred or promised anything of value to _____
Donor's Full Name
in order to obtain the shares.

If this gift is approved, I understand that I will become the owner of _____ shares of Evansville, Inc.
Number of shares
stock, and I understand that I am responsible for paying any and all taxes that may be owed as a result of receiving or owning the shares. I understand that the stock I will own in Evansville, Inc. is currently restricted by provisions contained in ANCSA and cannot be sold or used as collateral for a loan and cannot be otherwise traded except in limited circumstances permitted by ANCSA.

I will advise Evansville, Inc. of any changes that may affect my Evansville, Inc. stock records, such as address changes and name changes.



DO NOT SIGN UNTIL IN THE PRESENCE OF A NOTARY OR POSTMASTER

I have read, understand and agree to all of the points above and affirm that the information I have provided to Evansville, Inc. is true.

Signature of donor Date

Subscribed and sworn to me on this _____ day of _____, 20__.

Notary Signature _____

Notary Public in and for: _____
State of: _____)
) ss
County of: _____)
(or _____ Judicial District)

My commission expires: _____

Please complete the following:

Your Name: _____

Mailing Address: _____
(Street or P.O. Box) (City) (State) (Zip Code)

Date of Birth: _____ Social Security No.: _____ Degree of Native Blood _____ %

Home Ph: _____ Work Ph: _____ Cell Ph: _____

E-Mail Address: _____

Are you currently an Evansville, Inc. shareholder? YES NO

Are you currently a shareholder in any other regional Native corporation(s)? YES NO

If yes, name(s) of corporation(s): _____

All further mail from Evansville, Inc. will be sent to the address you have indicated on this affidavit and can only be changed upon written notice.

RETURN THE COMPLETED FORMS BY MAILING TO: Evansville, Inc., P.O. Box 72579, Fairbanks, AK 99707