

Address Change Form

Date: _____

Shareholder Name: _____

Last 4 Digits of SSN: _____ Date of Birth: _____

Email: _____ Contact #: _____

New Mailing Address, City, State, Zip: _____

Shareholder Signature: _____ Date: _____

You may return this form via email: info@sheeatika.com, via fax: 907-747-5727, or via mail:Shee Atiká, Incorporated
315 Lincoln St. Ste. 300
Sitka, Alaska 99835**FOR OFFICE USE ONLY:**

Date Entered: _____ Initials: _____

Date Verified: _____ Initials: _____

TD?: _____ DD?: _____