

## Declaration of Majority Status Relative to Kavilco Stock

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State of Alaska                    )  
  )    ss.  
\_\_\_\_\_Judicial District    )

[or if executed outside of Alaska:]

State of \_\_\_\_\_            )  
  )    ss.  
County of \_\_\_\_\_        )

TO: Corporate Secretary of Kavilco Inc. (“Kavilco”) and Its Transfer Agent:

1. Shareholder. I, \_\_\_\_\_, am a shareholder of Kavilco and I own \_\_\_\_\_ shares of the Class \_\_\_\_\_ stock.

Social Security number is \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Mailing Address \_\_\_\_\_.

2. Custodial Shares. A Certificate formerly evidenced the Stock as follows:

Name \_\_\_\_\_  
Address \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

3. Age. I became 18 on \_\_\_\_\_, 20\_\_\_\_. Therefore, I request that you cancel the foregoing Certificate and reissue the Stock to me in my own name.

My address and Social Security number follows:

Address \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
SS # \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

4.           Indemnification.     I will indemnify and hold harmless Kavilco, and all present and former transfer agents, directors, employees, officers, attorneys, and accountants, from all loss and claims relating in any way to the original Certificate (including all action taken by Kavilco pursuant to Section 3 hereof) and/or the reissuance of the new Certificate to me.

Dated this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_.

\_\_\_\_\_  
Signature

State of \_\_\_\_\_     )  
  )  
\_\_\_\_\_                    )     ss.

THIS IS TO CERTIFY that on the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_, Before me, the undersigned, a Notary Public in and for the State of \_\_\_\_\_, duly commissioned and sworn, personally appeared \_\_\_\_\_ to me known to be the individual described in and who executed the within and foregoing document and that he/she signed the foregoing document freely and voluntarily for the uses and purposes therein mentioned.

GIVEN UNDER MY HAND and official seal the day and year in this certificate first appearing above.

\_\_\_\_\_  
Notary Public for \_\_\_\_\_  
My Commission Expires \_\_\_\_\_