KUUKPIK CORPORATION

MINOR/ CUSTODIAN SHAREHOLDER





I,		of		do)
hereby release the informat	ion belov	v to Kuukpik Corporatio	n. All infor	mation provided will be	
kept confidential.					
Minor child name:					
Custodian name:					
Address:					
City:					
State/ Zip:					
Contact phone:					
Message phone:					
Minor's date of birth:					
Custodian Signature			Date	<u> </u>	
				-	
Office Use Only/ Received By:		Date:			