

CHANGE OF ADDRESS
Shumagin Corporation

_____ PLEASE CHANGE MY ADDRESS

_____ YES, SEND ME A TESTAMENTARY DISPOSITION

NAME _____ DATE _____

SOCIAL SECURITY NUMBER _____ - _____ - _____

NEW ADDRESS _____

OLD ADDRESS _____

OTHER SHAREHOLDERS AT YOUR NEW ADDRESS:

NAME	SOCIAL SECURITY NUMBER
_____	_____
_____	_____
_____	_____
_____	_____

SIGNATURE:

DATE:
