

HAIDA CORPORATION



SHAREHOLDER CHANGE OF ADDRESS FORM

Date of Request: _____

Name (First, Middle, Last)

Social Security Number: _____ - _____ - _____ **Date of Birth** ____/____/____

Telephone number: (____) ____ - _____

New Mailing Address:

If you are a Custodian for Minor Children enrolled in Haida Corporation print their name (s) below, exactly as it is shown on their stock certificate:

Name: _____
(First, Middle and Last)

Name: _____
(First, Middle and Last)

Name: _____
(First, Middle and Last)

Submit: **Via Fax:** (907) 285-3944 -or-

Via Mail: Haida Corporation
P.O. Box 89
Hydaburg, AK 99922

Date Processed: _____
Initial of Processor: _____