

## Acceptance of the Inter Vivos Gift of Stock

State of:
State of:
(or Judicial District)
I, (recipient's full legal name), understand that I am t receive (total number of shares) share(s) of Cook Inlet Region, Inc. (CIRI) stock as a gift from (donor's full legal name), who is m
(state family relationship).
I understand that the Alaska Native Claims Settlement Act (ANCSA) defines "Native" as a citizen of the United States who is a person of one-fourth degree or more of Alaska Indian (including Tsimshian Indian not enrolled in the Metlakatla Indian Community), Eskimo, or Aleut blood, or a combination thereof.
I also understand that the ANCSA Amendments of 1987 define "descendant of a Native" as: 1) a linear descendant of a Native or of an individual who would have been a Native if such individual were alive or December 18, 1971; or 2) an adoptee of a Native or of a descendant of a Native whose adoption (A) occurred prior to his or her age of majority, and (B) is recognized at law or in equity.
I hereby affirm that I am a Native or descendant of a Native, as defined by the ANCSA and the ANCSA Amendments of 1987. I also affirm that I have not transferred or promised anything of value to
share(s).
If this gift is approved, I understand that I will become the owner of (total number of shares share(s) of CIRI stock, and I understand that I am responsible for paying any and all taxes that may be owed as a result of receiving or owning the share(s). I understand that the stock I will own in CIRI currently restricted by provisions contained in ANCSA and cannot be sold or used as collateral for a loa and cannot be otherwise traded except in limited circumstances permitted by ANCSA.
I will advise CIRI in writing, of any changes that may affect my CIRI stock records, such as address changes and name changes.
(Sign this form in the presence of a Notary Public)
Date: Signature: (Recipient's full legal name)
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Subscribed and sworn to me on this day of, 20
Notary's signature:
Notary Public in and for:
My commission expires:



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Please Complete The Following				
Your Name:				
Address:Street/Post Office				
City	State		Zip Code	
Telephone No.:()	Social Security No.:			
Birth Date:		Sex:		
Email Address:	(Your em	ail address will remai	n confidential.)	
Would you like to receive your CIRI newsletters by email? Yes No (If yes, and you are currently a CIRI shareholder, you will receive interactive newsletters instead of hard copies. If you are not yet a shareholder, after the stock transfer you will begin to receive newsletters based on the above selection.)				
Degree of Native Blood:%				
Are you currently a CIRI Shareholder? Yes No				
Are you a shareholder in any other regional N	lative corporation(s) ?	Yes	No	
If yes, name(s) of corporation(s):				
All further mail from CIRI and the Shareho have indicated on this affidavit,				

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