

COOK INLET REGION, INC. STOCK WILL (AS 13.16.705(b))

IMPORTANT - By signing this form I am acknowledging and agreeing to the following:

- This form directs the transfer of my shares of CIRI stock after my death.
- This form revokes all previous dispositions of my CIRI stock in any form, will or codicil.
- Any CIRI stock acquired by me after signing this form shall be distributed to the beneficiary(ies), and in the same proportions, shown below.
- CIRI does NOT allow single shares to be divided and I must give any existing share fraction to only ONE beneficiary in Part A below.

I,	(Your Full Legal	Name) (the	"Testator"	, devise and	bequeath a	l my s	shares of
stock in Cook Inlet Region, Inc. (CIRI) that I now own, or	I may later acquire,	, as stated belo	ow.				

PART /	A: Primary B	eneficiary(ies) a	nd Minor Cust	todian(s)				
Identify the full legal name, relationship to you and address for each primary beneficiary, including the number or percentage of your CIRI shares the individual(s) should receive. If you have more than six beneficiaries to list, please contact CIRI for assistance with completion of your CIRI Stock Will.					For Minor Beneficiary(ies) Only I appoint the following individual as custodian of the CIRI stock for the named minor as required by the Alaska Uniform Transfers to Minors Act. (AS 13.46.085): (Appoint ONE adult custodian for each person under the age of 18, even if naming the same custodian more than once.)			
Full Legal Name			Relationship	hip Address (Optional) <u>Perce</u> of S		Minor's Year of Birth	Name of Custodian	
						Year born:		
						Year born:		
						Year born:		
						Year born:		
						Year born:		
						Year born:		
TOTAL OF ABOVE SHARES (verify that the total equals number of shares <u>currently</u> owned):								
PART	B: Alternate	Beneficiary(ies)	: Check and in	nitial <u>ONE</u> option only.*				
OPTION 1: To the surviving beneficiaries named in Part A in equal shares.								
Image: Constraint of the state of the s								
	(your initials)	OPTION 2: To the deceased beneficiary's children, by representation.						
СНООЅЕ	(your initials)							
*I ACKNOWLEDGE AND AGREE that if I have NOT selected one of the options in Part B, then any predeceased beneficiary's share(s) shall pass to the surviving beneficiaries named in Part A in the same proportions shown above (if there is only one surviving beneficiary, then to that beneficiary in full).								
IMPORTANT: You Must Initial Here (your initials)								

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PART C: TESTATOR'S DECLARATION

This instrument shall be governed by and construed in accordance with the laws of the State of Alaska.					
I,(city), as my last CIRI Stock Will and that I sign it willingly (or willingly of for the purposes expressed in it, and that I am 18 years of age or old	, the Testator , sign my name to this instrument at(state), and declare that I sign and execute this instrument direct another to sign for me), that I execute it as my free and voluntary act der, of sound mind, and under no constraint or undue influence.				
		PUBLIC <u>OR</u> TWO WITNESSES. YOU MAY, BUT ARE NOT REQUIRED TO, WITNESS TO MAKE IT SELF-PROVING UNDER ALASKA LAW.			
Your Signature	Date				
PART D: <u>OPTION 1</u> - THIS SECTION TO BE COMPLETED BY A NOTARY PUBLIC		RT D: <u>OPTION 2</u> - THIS SECTION TO BE COMPLETED BY TWO TNESSES IF NOT NOTARIZED			
State of: (or) Judicial District Judicial District Judicial District Judicial District day of, the Testator, this	the Will to s the and	We, the witnesses, sign our names to this instrument, and declare that the testator signs and executes this instrument as his/her last CIRI Stock Will and that he/she signs it willingly (or willingly directs another person to sign for him/her), and that each of us in the presence and hearing of the testator, signs this CIRI Stock Will as witness of the testator's signing, and that to the best of our knowledge the testator is 18 years of age or older, of sound mind, and under no constraint or undue influence.			
Notary Public -or- Alaska U.S. Postmaster Signature Notary Public in and for: My Commission expires:	Witness 1	Signature of First Witness Printed Name of First Witness Address of First Witness			
(SEAL)	Witness 2	Signature of Second Witness Printed Name of Second Witness Address of Second Witness			