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ORAL HISTORY



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I have read and accept both the terms of the Oral History Gift and Release Agreement as well as the Interview Restrictions provided.

John H. Cloe
(Narrator's printed name)

[Signature] 9/21/16
(Narrator's signature & date)

4360 Shastani Ave
(Narrator's mailing address)
Anchorage AK 99516

[Signature] Ken A. Brewster
(Interviewer's signature & date) 9/21/16

[Signature] 9-26-16
(Collection manager's signature & date)

Names of other institutions where copies of this recording(s) are deposited:
