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ORAL HISTORY

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(907) 474-6773
FAX (907) 474-6365
HYPERLINK
mailto:fyapr@uaf.edu
fyapr@uaf.edu
www.library.uaf.edu

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TROY TURNER
(Narrator's printed name)

[Signature]
(Narrator's signature & date)

P.O. BOX 61 ACP 99602
(Narrator's mailing address)

[Signature]
(Interviewer's signature & date)

[Signature] 2/24/25
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