

**KODIAK ORAL HISTORY PROJECT**  
**P. O. Box 201**  
**Kodiak, Alaska 99615**  
**(907) 486-4205**

I hereby give and grant to the Kodiak Oral History Project my tape recorded memoir as a donation for such scholarly and educational purposes as the director of the project, Dr. Gary Stevens, shall determine. Copies of this tape recording and/or the written transcript, will be deposited at the University of Alaska Oral History Archives in Fairbanks; and at Kodiak College. It is expressly understood that the full literary rights of this memoir pass to the Kodiak Oral History Project.

*Marilyn Thomas*  
*Richard K. Thomas*  
 \_\_\_\_\_  
 Signature of narrator

*Marilyn Thomas*  
*1967 Mission Road*  
*Kodiak Alaska 99615*  
 \_\_\_\_\_  
 Address of narrator

*Timothy Aho*  
 \_\_\_\_\_  
 Signature of interviewer

*1944 Rezanof Dr. E*  
*Kodiak, Alaska 99615*  
 \_\_\_\_\_  
 Address of interviewer

*April 11, 1996*  
 \_\_\_\_\_  
 Date of agreement