

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.

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Signature of narrator

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Address of narrator

Robert J. Fish
Signature of interviewer

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16 APR 96
Date of agreement