

**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.

[Handwritten Signature]

Signature of narrator

Box 4024 Kodiak, AK 99615

Address of narrator

[Handwritten Signature]

Signature of interviewer

P.O. Box 4210 Kodiak, AK 99615

Address of interviewer

November 23, 1991

Date of agreement

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