

**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.

M. P. [Signature]

Signature of narrator

P.O. Box 3125 Kodiak, AK 99615

Address of narrator

Pete Olsen

Signature of interviewer

Box 485 Kodiak Alaska

Address of interviewer

99615

11-21-91

Date of agreement

W.H.K. 4  
 C. [Signature]