

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.

X *Peto Olson*

Signature of narrator

Address of narrator

M. H. Fisher

Signature of interviewer

827 A LAKE LOUISE DR

Address of interviewer

06 APR 93

Date of agreement