

**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.

Rayna T Saupé

Signature of narrator

1313 Rezanof Dr. Kodiak.

Address of narrator

Jeanne Ann Saupé

Signature of interviewer

PO Box 1194 - Kodiak

Address of interviewer

11-26-91

Date of agreement

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St. Lawrence  
KOD. TULLU-Box