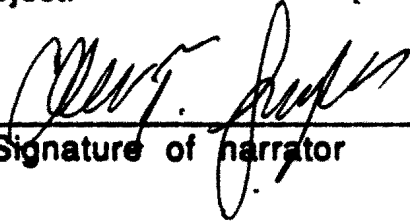


KODIAK ORAL HISTORY PROJECT
P. O. Box 201
Kodiak, Alaska 99615
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I hereby give and grant to the Kodiak Oral History Project my tape recorded memoir as a donation for such scholarly and educational purposes as the director of the project, Dr. Gary Stevens, 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.

CHARLES T. SIMPSON


Signature of narrator

P.O. Box 405, Kodiak, AK 99615
Address of narrator

THOMAS COX 
Signature of interviewer

1112 B MISSION, KODIAK, AK 99615
Address of interviewer

11-17-94
Date of agreement