DECLARATION OF MAJORITY STATUS
RELATIVE TO SHEE ATIKA STOCK

STATE OF ALASKA)
) ss.
_____ JUDICIAL DISTRICT)

[OR if executed <u>outside</u> of Alaska:]

STATE OF _____)
) ss.
COUNTY OF _____)

TO: The Corporate Secretary of Shee Atika, Inc. and Its Transfer Agent:

1. <u>Shareholder</u>. I, _____, am a shareholder of Shee Atiká and I own _____ shares of the Class _____ stock (A-voting or B-non voting). My mailing address is _____.

2. Custodial Shares. The stock formerly was evidence by a Certificate as follows:

Name _____

Address _____
_____
_____

3. Age. I became 18 on _____, 20____. Therefore, I request you cancel the foregoing Certificate and reissue the Stock to me in my own name. My address and social security number follows:

Address _____
_____
_____

Social Security Number _____

4. <u>Indemnification</u>. I understand Shee Atika will be relying upon this Affidavit in issuing shares of stock to me. Accordingly, I will defend, indemnify and hold harmless Shee Atika, and all present and former transfer agents, directors, employees, officers, attorneys, and accountants, from all loss and claims (including all attorneys' fees) relating in any way to any statement contained herein being untrue or incorrect, or otherwise relating in any way to the issuance of stock to me. The foregoing shall expressly extend, without limitation, to any claim by any person other than me that such person owns all or any part of the shares issued pursuant to this Affidavit, and all dividends related thereto.

5. Correcting Records. I understand that Shee Atiká is required by law to maintain correct stock transfer records and that Shee Atiká is relying on the truthfulness and correctness of what I said in this affidavit. This includes the payment of distributions hereafter on the shares of stock. To the extent that any statement in this affidavit later proves to be incorrect, I acknowledge that Shee Atiká will take whatever steps may be necessary to correct the situation, and I agree to cooperate with Shee Atiká as necessary.

Dated this _____ day of _____, 20_____.

_____
Signature

_____ Unlisted #? ____ Yes ____ No
Phone Number

STATE OF _____)
) ss.
_____)

THIS IS TO CERTIFY that on the _____ day of _____, 20____, before me, the undersigned, a Notary Public in and for the State of _____, duly commissioned and sworn, personally appeared _____ to me known to be the individual described in and who executed the within and foregoing document and that he/she signed the foregoing document freely and voluntarily for the uses and purposes therein mentioned.

GIVEN UNDER MY HAND and official seal the day and year in this certificate first appearing above.

_____
Notary Public for _____
My Commission expires_____