

WE, THE UNDERSIGNED, hereby petition for the incorporation of the city described in the complete petition.  
Further, we swear or affirm that:

1. We are registered voters of the State of Alaska;
2. We are registered to vote within the proposed city;
3. We have reviewed the complete petition, including all exhibits, and we understand its terms.

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| ELIZABETH M MCKEE   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |             |  |  |  |  |
| Printed Name  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |             |  |  |  |  |
| 52052 GARY CT   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |             |  |  |  |  |
| Principal Physical Residence Address (or best equivalent) - No PO Box Numbers |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |             |  |  |  |  |
| NIKISKI AK 99635  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |             |  |  |  |  |
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| ELIZABETHJONCHOTMAIL.COM  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |             |  |  |  |  |
| Email Address   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |             |  |  |  |  |

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| JOHNATHAN PATRICK MOORE   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |             |  |  |  |  |
| Printed Name  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |             |  |  |  |  |
| 52052 & 52178 GARY CT   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |             |  |  |  |  |
| Principal Physical Residence Address (or best equivalent) - No PO Box Numbers |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |             |  |  |  |  |
| NIKISKI AK 99635  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |             |  |  |  |  |
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| Email Address   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |             |  |  |  |  |

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| SCOTT A LARSON  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |             |  |  |  |  |
| Printed Name  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |             |  |  |  |  |
| 52090 MARIE AVE   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |             |  |  |  |  |
| Principal Physical Residence Address (or best equivalent) - No PO Box Numbers |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |             |  |  |  |  |
| NIKISKI AK 99635  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |             |  |  |  |  |
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| 919549195090911.COM   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |             |  |  |  |  |
| Email Address   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |             |  |  |  |  |

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| TAMARA LARSON   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |             |  |  |  |  |
| Printed Name  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |             |  |  |  |  |
| 50090 marie AVE   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |             |  |  |  |  |
| Principal Physical Residence Address (or best equivalent) - No PO Box Numbers |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |             |  |  |  |  |
| NIKISKI AK 99635  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |             |  |  |  |  |
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|   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | Date Signed |  |  |  |  |
| TAMARA<907@gmail.com  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |             |  |  |  |  |
| Email Address   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |             |  |  |  |  |

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| PAUL J HUBER  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Printed Name  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 59368 KENAI SPUR HWY  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Principal Physical Residence Address (or best equivalent) - No PO Box Numbers |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| NIKISKIAK 99611   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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| 9-15-16   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Date Signed   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| JUNKEMAIL@POBOX.COM   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Email Address   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |

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| WARREN V HUBER  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Printed Name  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 59368 KENAI SPUR HWY  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Principal Physical Residence Address (or best equivalent) - No PO Box Numbers |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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| 9-22-16   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Date Signed   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| JUNKEMAIL@POBOX.COM   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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| SUZETTE J HUBER   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Printed Name  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 59368 KENAI SPUR HWY  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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| 9-22-16   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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| JUNKEMAIL@POBOX.COM   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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| CAMILLE D HUBER   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Printed Name  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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| NIKISKIAK 99611   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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| 9-22-16   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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| JUNKEMAIL@POBOX.COM   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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| Danieli Stynsberg   |  |  |  |  |  |  |  |  |  |                                 |  |  |  |  |  |  |  |  |  |             |  |  |  |  |
| Printed Name  |  |  |  |  |  |  |  |  |  |                                 |  |  |  |  |  |  |  |  |  |             |  |  |  |  |
| Principal Physical Residence Address (or best equivalent) - No PO Box Numbers |  |  |  |  |  |  |  |  |  |                                 |  |  |  |  |  |  |  |  |  |             |  |  |  |  |
| 52280 Solar Ave Nikiski 99635   |  |  |  |  |  |  |  |  |  |                                 |  |  |  |  |  |  |  |  |  |             |  |  |  |  |
| City, State, Zip Code   |  |  |  |  |  |  |  |  |  |                                 |  |  |  |  |  |  |  |  |  |             |  |  |  |  |
| [Redacted Signature]  |  |  |  |  |  |  |  |  |  | [Redacted Numerical Identifier] |  |  |  |  |  |  |  |  |  | 9-8-16      |  |  |  |  |
| Signature   |  |  |  |  |  |  |  |  |  | Numerical Identifier            |  |  |  |  |  |  |  |  |  | Date Signed |  |  |  |  |
| nene99611@hotmail.com   |  |  |  |  |  |  |  |  |  |                                 |  |  |  |  |  |  |  |  |  |             |  |  |  |  |
| Email Address   |  |  |  |  |  |  |  |  |  |                                 |  |  |  |  |  |  |  |  |  |             |  |  |  |  |

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| MARK A STYNSBERG  |  |  |  |  |  |  |  |  |  |                                 |  |  |  |  |  |  |  |  |  |             |  |  |  |  |
| Printed Name  |  |  |  |  |  |  |  |  |  |                                 |  |  |  |  |  |  |  |  |  |             |  |  |  |  |
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| 52082 AWAKA WAY   |  |  |  |  |  |  |  |  |  |                                 |  |  |  |  |  |  |  |  |  |             |  |  |  |  |
| KENAI AK 99611  |  |  |  |  |  |  |  |  |  |                                 |  |  |  |  |  |  |  |  |  |             |  |  |  |  |
| City, State, Zip Code   |  |  |  |  |  |  |  |  |  |                                 |  |  |  |  |  |  |  |  |  |             |  |  |  |  |
| [Redacted Signature]  |  |  |  |  |  |  |  |  |  | [Redacted Numerical Identifier] |  |  |  |  |  |  |  |  |  | 9/9/2016    |  |  |  |  |
| Signature   |  |  |  |  |  |  |  |  |  | Numerical Identifier            |  |  |  |  |  |  |  |  |  | Date Signed |  |  |  |  |
| MSTYNSB@GMAIL.COM   |  |  |  |  |  |  |  |  |  |                                 |  |  |  |  |  |  |  |  |  |             |  |  |  |  |
| Email Address   |  |  |  |  |  |  |  |  |  |                                 |  |  |  |  |  |  |  |  |  |             |  |  |  |  |

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| Christopher Stynsberg   |  |  |  |  |  |  |  |  |  |                                 |  |  |  |  |  |  |  |  |  |             |  |  |  |  |
| Printed Name  |  |  |  |  |  |  |  |  |  |                                 |  |  |  |  |  |  |  |  |  |             |  |  |  |  |
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| 52280 Solar Ave Nikiski   |  |  |  |  |  |  |  |  |  |                                 |  |  |  |  |  |  |  |  |  |             |  |  |  |  |
| AK 99635  |  |  |  |  |  |  |  |  |  |                                 |  |  |  |  |  |  |  |  |  |             |  |  |  |  |
| City, State, Zip Code   |  |  |  |  |  |  |  |  |  |                                 |  |  |  |  |  |  |  |  |  |             |  |  |  |  |
| [Redacted Signature]  |  |  |  |  |  |  |  |  |  | [Redacted Numerical Identifier] |  |  |  |  |  |  |  |  |  | 9/15/2016   |  |  |  |  |
| Signature   |  |  |  |  |  |  |  |  |  | Numerical Identifier            |  |  |  |  |  |  |  |  |  | Date Signed |  |  |  |  |
| Cstynsberg@gmail.com  |  |  |  |  |  |  |  |  |  |                                 |  |  |  |  |  |  |  |  |  |             |  |  |  |  |
| Email Address   |  |  |  |  |  |  |  |  |  |                                 |  |  |  |  |  |  |  |  |  |             |  |  |  |  |

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| Daraingy Rawls  |  |  |  |  |  |  |  |  |  |                                 |  |  |  |  |  |  |  |  |  |             |  |  |  |  |
| Printed Name  |  |  |  |  |  |  |  |  |  |                                 |  |  |  |  |  |  |  |  |  |             |  |  |  |  |
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| 54450 Wilma Drive   |  |  |  |  |  |  |  |  |  |                                 |  |  |  |  |  |  |  |  |  |             |  |  |  |  |
| Kenai AK 99611  |  |  |  |  |  |  |  |  |  |                                 |  |  |  |  |  |  |  |  |  |             |  |  |  |  |
| City, State, Zip Code   |  |  |  |  |  |  |  |  |  |                                 |  |  |  |  |  |  |  |  |  |             |  |  |  |  |
| [Redacted Signature]  |  |  |  |  |  |  |  |  |  | [Redacted Numerical Identifier] |  |  |  |  |  |  |  |  |  | 9-23-2016   |  |  |  |  |
| Signature   |  |  |  |  |  |  |  |  |  | Numerical Identifier            |  |  |  |  |  |  |  |  |  | Date Signed |  |  |  |  |
| DRAWLS@aialaska.net   |  |  |  |  |  |  |  |  |  |                                 |  |  |  |  |  |  |  |  |  |             |  |  |  |  |
| Email Address   |  |  |  |  |  |  |  |  |  |                                 |  |  |  |  |  |  |  |  |  |             |  |  |  |  |

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|   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                                 |  |  |  |  |             |  |  |  |  |
|---|--|--|--|--|--|--|--|--|--|--|--|--|--|--|---------------------------------|--|--|--|--|-------------|--|--|--|--|
| William Parrish   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                                 |  |  |  |  |             |  |  |  |  |
| Printed Name  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                                 |  |  |  |  |             |  |  |  |  |
| 48397 Eileen St Nikiski   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                                 |  |  |  |  |             |  |  |  |  |
| Principal Physical Residence Address (or best equivalent) - No PO Box Numbers |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                                 |  |  |  |  |             |  |  |  |  |
| Nikiski AK 99635  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                                 |  |  |  |  |             |  |  |  |  |
| City, State, Zip Code   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                                 |  |  |  |  |             |  |  |  |  |
| [Redacted Signature]  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | [Redacted Numerical Identifier] |  |  |  |  | 9-19-16     |  |  |  |  |
| Signature   |  |  |  |  |  |  |  |  |  |  |  |  |  |  | Numerical Identifier            |  |  |  |  | Date Signed |  |  |  |  |
| [Redacted Email Address]  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                                 |  |  |  |  |             |  |  |  |  |
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| Randolph Ernst  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                                 |  |  |  |  |             |  |  |  |  |
| Printed Name  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                                 |  |  |  |  |             |  |  |  |  |
| 22 Miles Tauriainen Trail   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                                 |  |  |  |  |             |  |  |  |  |
| Principal Physical Residence Address (or best equivalent) - No PO Box Numbers |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                                 |  |  |  |  |             |  |  |  |  |
| Nikiski AK 99635  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                                 |  |  |  |  |             |  |  |  |  |
| City, State, Zip Code   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                                 |  |  |  |  |             |  |  |  |  |
| [Redacted Signature]  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | [Redacted Numerical Identifier] |  |  |  |  | 9/19/16     |  |  |  |  |
| Signature   |  |  |  |  |  |  |  |  |  |  |  |  |  |  | Numerical Identifier            |  |  |  |  | Date Signed |  |  |  |  |
| [Redacted Email Address]  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                                 |  |  |  |  |             |  |  |  |  |
| Email Address   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                                 |  |  |  |  |             |  |  |  |  |

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| Rachel Parra  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                                 |  |  |  |  |             |  |  |  |  |
| Printed Name  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                                 |  |  |  |  |             |  |  |  |  |
| 49680 Duck Lake Ct  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                                 |  |  |  |  |             |  |  |  |  |
| Principal Physical Residence Address (or best equivalent) - No PO Box Numbers |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                                 |  |  |  |  |             |  |  |  |  |
| Kenai AK 99611  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                                 |  |  |  |  |             |  |  |  |  |
| City, State, Zip Code   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                                 |  |  |  |  |             |  |  |  |  |
| [Redacted Signature]  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | [Redacted Numerical Identifier] |  |  |  |  | 9/20/16     |  |  |  |  |
| Signature   |  |  |  |  |  |  |  |  |  |  |  |  |  |  | Numerical Identifier            |  |  |  |  | Date Signed |  |  |  |  |
| [Redacted Email Address]  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                                 |  |  |  |  |             |  |  |  |  |
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| Todd Brigham  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                                 |  |  |  |  |             |  |  |  |  |
| Printed Name  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                                 |  |  |  |  |             |  |  |  |  |
| 50420 Kachemak Ln   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                                 |  |  |  |  |             |  |  |  |  |
| Principal Physical Residence Address (or best equivalent) - No PO Box Numbers |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                                 |  |  |  |  |             |  |  |  |  |
| Kenai AK 99611  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                                 |  |  |  |  |             |  |  |  |  |
| City, State, Zip Code   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                                 |  |  |  |  |             |  |  |  |  |
| [Redacted Signature]  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | [Redacted Numerical Identifier] |  |  |  |  | 9/22/16     |  |  |  |  |
| Signature   |  |  |  |  |  |  |  |  |  |  |  |  |  |  | Numerical Identifier            |  |  |  |  | Date Signed |  |  |  |  |
| toddbrigham@gmail.com   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                                 |  |  |  |  |             |  |  |  |  |
| Email Address   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                                 |  |  |  |  |             |  |  |  |  |



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|   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                                 |  |  |  |  |             |  |  |  |  |
|---|--|--|--|--|--|--|--|--|--|--|--|--|--|--|---------------------------------|--|--|--|--|-------------|--|--|--|--|
| COLLEEN WIK   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                                 |  |  |  |  |             |  |  |  |  |
| Printed Name  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                                 |  |  |  |  |             |  |  |  |  |
| NIKISKI AK 99635  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                                 |  |  |  |  |             |  |  |  |  |
| Principal Physical Residence Address (or best equivalent) - No PO Box Numbers |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                                 |  |  |  |  |             |  |  |  |  |
| 51055 Osprey Lane   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                                 |  |  |  |  |             |  |  |  |  |
| City, State, Zip Code   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                                 |  |  |  |  |             |  |  |  |  |
| [Redacted Signature]  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | [Redacted Numerical Identifier] |  |  |  |  | 9/14/16     |  |  |  |  |
| Signature   |  |  |  |  |  |  |  |  |  |  |  |  |  |  | Numerical Identifier            |  |  |  |  | Date Signed |  |  |  |  |
|   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                                 |  |  |  |  |             |  |  |  |  |
| Email Address   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                                 |  |  |  |  |             |  |  |  |  |

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| STEVEN MEYER  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                                 |  |  |  |  |             |  |  |  |  |
| Printed Name  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                                 |  |  |  |  |             |  |  |  |  |
| NIKISKI AK 99635  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                                 |  |  |  |  |             |  |  |  |  |
| Principal Physical Residence Address (or best equivalent) - No PO Box Numbers |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                                 |  |  |  |  |             |  |  |  |  |
| 53080 DAISY MAE AVE   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                                 |  |  |  |  |             |  |  |  |  |
| City, State, Zip Code   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                                 |  |  |  |  |             |  |  |  |  |
| [Redacted Signature]  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | [Redacted Numerical Identifier] |  |  |  |  | 9-14-16     |  |  |  |  |
| Signature   |  |  |  |  |  |  |  |  |  |  |  |  |  |  | Numerical Identifier            |  |  |  |  | Date Signed |  |  |  |  |
|   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                                 |  |  |  |  |             |  |  |  |  |
| Email Address   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                                 |  |  |  |  |             |  |  |  |  |

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| JEFFREY EPPERHEIMER   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                                 |  |  |  |  |             |  |  |  |  |
| Printed Name  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                                 |  |  |  |  |             |  |  |  |  |
| 52980 TENAKEE LOOP  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                                 |  |  |  |  |             |  |  |  |  |
| Principal Physical Residence Address (or best equivalent) - No PO Box Numbers |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                                 |  |  |  |  |             |  |  |  |  |
| NIKISKI AK 99635  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                                 |  |  |  |  |             |  |  |  |  |
| City, State, Zip Code   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                                 |  |  |  |  |             |  |  |  |  |
| [Redacted Signature]  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | [Redacted Numerical Identifier] |  |  |  |  | 9-17-16     |  |  |  |  |
| Signature   |  |  |  |  |  |  |  |  |  |  |  |  |  |  | Numerical Identifier            |  |  |  |  | Date Signed |  |  |  |  |
|   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                                 |  |  |  |  |             |  |  |  |  |
| Email Address   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                                 |  |  |  |  |             |  |  |  |  |

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| JORDON B. WIK   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                                 |  |  |  |  |             |  |  |  |  |
| Printed Name  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                                 |  |  |  |  |             |  |  |  |  |
| 51950   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                                 |  |  |  |  |             |  |  |  |  |
| Principal Physical Residence Address (or best equivalent) - No PO Box Numbers |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                                 |  |  |  |  |             |  |  |  |  |
| NIKISKI NIKISKI   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                                 |  |  |  |  |             |  |  |  |  |
| City, State, Zip Code   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                                 |  |  |  |  |             |  |  |  |  |
| [Redacted Signature]  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | [Redacted Numerical Identifier] |  |  |  |  | 9-17-2016   |  |  |  |  |
| Signature   |  |  |  |  |  |  |  |  |  |  |  |  |  |  | Numerical Identifier            |  |  |  |  | Date Signed |  |  |  |  |
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| Email Address   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                                 |  |  |  |  |             |  |  |  |  |

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| James E Hoyt  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                                 |  |  |  |  |             |  |  |  |  |
| Printed Name  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                                 |  |  |  |  |             |  |  |  |  |
| 49385 Georgine Court  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                                 |  |  |  |  |             |  |  |  |  |
| Principal Physical Residence Address (or best equivalent) - No PO Box Numbers |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                                 |  |  |  |  |             |  |  |  |  |
| Nikiski Alaska 99635  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                                 |  |  |  |  |             |  |  |  |  |
| City, State, Zip Code   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                                 |  |  |  |  |             |  |  |  |  |
| [Redacted Signature]  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | [Redacted Numerical Identifier] |  |  |  |  | 9/4/2016    |  |  |  |  |
| Signature   |  |  |  |  |  |  |  |  |  |  |  |  |  |  | Numerical Identifier            |  |  |  |  | Date Signed |  |  |  |  |
|   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                                 |  |  |  |  |             |  |  |  |  |
| Email Address   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                                 |  |  |  |  |             |  |  |  |  |

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| Karen S Herbison-Hoyt   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                                 |  |  |  |  |             |  |  |  |  |
| Printed Name  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                                 |  |  |  |  |             |  |  |  |  |
| 49385 Georgine Ct   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                                 |  |  |  |  |             |  |  |  |  |
| Principal Physical Residence Address (or best equivalent) - No PO Box Numbers |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                                 |  |  |  |  |             |  |  |  |  |
| Nikiski Alaska 99635  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                                 |  |  |  |  |             |  |  |  |  |
| City, State, Zip Code   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                                 |  |  |  |  |             |  |  |  |  |
| [Redacted Signature]  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | [Redacted Numerical Identifier] |  |  |  |  | 9/4/16      |  |  |  |  |
| Signature   |  |  |  |  |  |  |  |  |  |  |  |  |  |  | Numerical Identifier            |  |  |  |  | Date Signed |  |  |  |  |
|   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                                 |  |  |  |  |             |  |  |  |  |
| Email Address   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                                 |  |  |  |  |             |  |  |  |  |

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| Samuel Tauriainen   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                                 |  |  |  |  |             |  |  |  |  |
| Printed Name  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                                 |  |  |  |  |             |  |  |  |  |
| 46660 Tauriainen Trail  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                                 |  |  |  |  |             |  |  |  |  |
| Principal Physical Residence Address (or best equivalent) - No PO Box Numbers |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                                 |  |  |  |  |             |  |  |  |  |
| Nikiski Alaska 99635  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                                 |  |  |  |  |             |  |  |  |  |
| City, State, Zip Code   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                                 |  |  |  |  |             |  |  |  |  |
| [Redacted Signature]  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | [Redacted Numerical Identifier] |  |  |  |  | 9/17/16     |  |  |  |  |
| Signature   |  |  |  |  |  |  |  |  |  |  |  |  |  |  | Numerical Identifier            |  |  |  |  | Date Signed |  |  |  |  |
|   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                                 |  |  |  |  |             |  |  |  |  |
| Email Address   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                                 |  |  |  |  |             |  |  |  |  |

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|---|--|--|--|--|--|--|--|--|--|--|--|--|--|--|---------------------------------|--|--|--|--|-------------|--|--|--|--|
| Jason Tauriainen  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                                 |  |  |  |  |             |  |  |  |  |
| Printed Name  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                                 |  |  |  |  |             |  |  |  |  |
| 46660 Tauriainen Trail  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                                 |  |  |  |  |             |  |  |  |  |
| Principal Physical Residence Address (or best equivalent) - No PO Box Numbers |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                                 |  |  |  |  |             |  |  |  |  |
| Nikiski AK 99635  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                                 |  |  |  |  |             |  |  |  |  |
| City, State, Zip Code   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                                 |  |  |  |  |             |  |  |  |  |
| [Redacted Signature]  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | [Redacted Numerical Identifier] |  |  |  |  | 9/15/16     |  |  |  |  |
| Signature   |  |  |  |  |  |  |  |  |  |  |  |  |  |  | Numerical Identifier            |  |  |  |  | Date Signed |  |  |  |  |
| j.tauriainen@outlook.com  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                                 |  |  |  |  |             |  |  |  |  |
| Email Address   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                                 |  |  |  |  |             |  |  |  |  |

WE, THE UNDERSIGNED, hereby petition for the incorporation of the city described in the complete petition.  
Further, we swear or affirm that:

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2. We are registered to vote within the proposed city;
3. We have reviewed the complete petition, including all exhibits, and we understand its terms.

|   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                                 |  |  |  |  |             |  |  |  |  |
|---|--|--|--|--|--|--|--|--|--|--|--|--|--|--|---------------------------------|--|--|--|--|-------------|--|--|--|--|
| L O U E M M E T T S M I T H   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                                 |  |  |  |  |             |  |  |  |  |
| Printed Name  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                                 |  |  |  |  |             |  |  |  |  |
| 41027 CREBTT VIEW AVE   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                                 |  |  |  |  |             |  |  |  |  |
| Principal Physical Residence Address (or best equivalent) - No PO Box Numbers |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                                 |  |  |  |  |             |  |  |  |  |
| KENAI AK 99647  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                                 |  |  |  |  |             |  |  |  |  |
| City, State, Zip Code   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                                 |  |  |  |  |             |  |  |  |  |
| [Redacted Signature]  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | [Redacted Numerical Identifier] |  |  |  |  | 9-10-2016   |  |  |  |  |
| Signature   |  |  |  |  |  |  |  |  |  |  |  |  |  |  | Numerical Identifier            |  |  |  |  | Date Signed |  |  |  |  |
| [Redacted Email Address]  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                                 |  |  |  |  |             |  |  |  |  |
| Email Address   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                                 |  |  |  |  |             |  |  |  |  |

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|---|--|--|--|--|--|--|--|--|--|--|--|--|--|--|---------------------------------|--|--|--|--|-------------|--|--|--|--|
| L O U H A R M A N   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                                 |  |  |  |  |             |  |  |  |  |
| Printed Name  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                                 |  |  |  |  |             |  |  |  |  |
| 52305 WILSON CT   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                                 |  |  |  |  |             |  |  |  |  |
| Principal Physical Residence Address (or best equivalent) - No PO Box Numbers |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                                 |  |  |  |  |             |  |  |  |  |
| [Redacted City, State, Zip Code]  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                                 |  |  |  |  |             |  |  |  |  |
| City, State, Zip Code   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                                 |  |  |  |  |             |  |  |  |  |
| [Redacted Signature]  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | [Redacted Numerical Identifier] |  |  |  |  | 9/9/16      |  |  |  |  |
| Signature   |  |  |  |  |  |  |  |  |  |  |  |  |  |  | Numerical Identifier            |  |  |  |  | Date Signed |  |  |  |  |
| [Redacted Email Address]  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                                 |  |  |  |  |             |  |  |  |  |
| Email Address   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                                 |  |  |  |  |             |  |  |  |  |

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|---|--|--|--|--|--|--|--|--|--|--|--|--|--|--|---------------------------------|--|--|--|--|-------------|--|--|--|--|
| D O R E Y H A R M A N   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                                 |  |  |  |  |             |  |  |  |  |
| Printed Name  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                                 |  |  |  |  |             |  |  |  |  |
| 52305 WILSON CT   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                                 |  |  |  |  |             |  |  |  |  |
| Principal Physical Residence Address (or best equivalent) - No PO Box Numbers |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                                 |  |  |  |  |             |  |  |  |  |
| KENAI AK 99611  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                                 |  |  |  |  |             |  |  |  |  |
| City, State, Zip Code   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                                 |  |  |  |  |             |  |  |  |  |
| [Redacted Signature]  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | [Redacted Numerical Identifier] |  |  |  |  | 9/9/16      |  |  |  |  |
| Signature   |  |  |  |  |  |  |  |  |  |  |  |  |  |  | Numerical Identifier            |  |  |  |  | Date Signed |  |  |  |  |
| [Redacted Email Address]  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                                 |  |  |  |  |             |  |  |  |  |
| Email Address   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                                 |  |  |  |  |             |  |  |  |  |

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|---|--|--|--|--|--|--|--|--|--|--|--|--|--|--|---------------------------------|--|--|--|--|-------------|--|--|--|--|
| M a r i a h M c C a m m o n   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                                 |  |  |  |  |             |  |  |  |  |
| Printed Name  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                                 |  |  |  |  |             |  |  |  |  |
| 55198 Rangerview Ct   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                                 |  |  |  |  |             |  |  |  |  |
| Principal Physical Residence Address (or best equivalent) - No PO Box Numbers |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                                 |  |  |  |  |             |  |  |  |  |
| Nikiski, AK   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                                 |  |  |  |  |             |  |  |  |  |
| City, State, Zip Code   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                                 |  |  |  |  |             |  |  |  |  |
| [Redacted Signature]  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | [Redacted Numerical Identifier] |  |  |  |  | 9/10/16     |  |  |  |  |
| Signature   |  |  |  |  |  |  |  |  |  |  |  |  |  |  | Numerical Identifier            |  |  |  |  | Date Signed |  |  |  |  |
| [Redacted Email Address]  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                                 |  |  |  |  |             |  |  |  |  |
| Email Address   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                                 |  |  |  |  |             |  |  |  |  |

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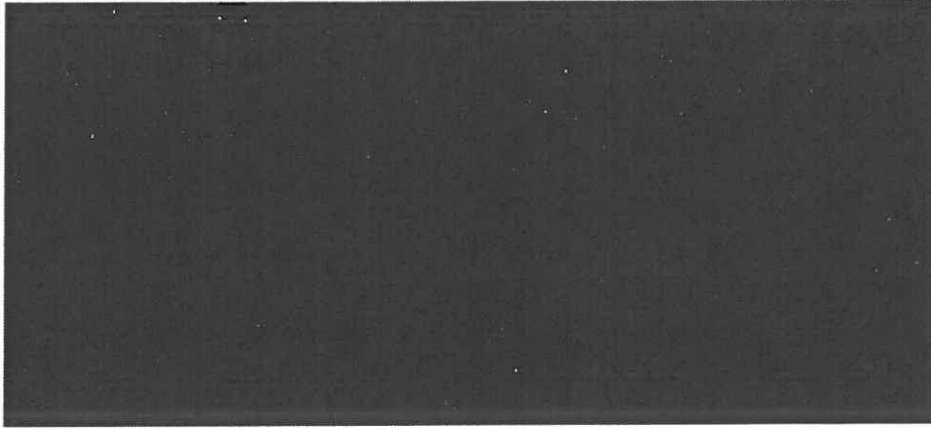
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|---|--|--|--|--|--|--|--|--|--|----------------------|--|--|--|--|--|--|--|--|--|-------------|--|--|--|--|
| Printed Name  |  |  |  |  |  |  |  |  |  |                      |  |  |  |  |  |  |  |  |  |             |  |  |  |  |
| A. Carl Tauriainen  |  |  |  |  |  |  |  |  |  |                      |  |  |  |  |  |  |  |  |  |             |  |  |  |  |
| Principal Physical Residence Address (or best equivalent) - No PO Box Numbers |  |  |  |  |  |  |  |  |  |                      |  |  |  |  |  |  |  |  |  |             |  |  |  |  |
| 46850 Tauriainen Trail  |  |  |  |  |  |  |  |  |  |                      |  |  |  |  |  |  |  |  |  |             |  |  |  |  |
| City, State, Zip Code   |  |  |  |  |  |  |  |  |  |                      |  |  |  |  |  |  |  |  |  |             |  |  |  |  |
| Nikiski, AK 99635   |  |  |  |  |  |  |  |  |  |                      |  |  |  |  |  |  |  |  |  |             |  |  |  |  |
| Signature   |  |  |  |  |  |  |  |  |  | Numerical Identifier |  |  |  |  |  |  |  |  |  | Date Signed |  |  |  |  |
|   |  |  |  |  |  |  |  |  |  |                      |  |  |  |  |  |  |  |  |  | 9/4/16      |  |  |  |  |
| Email Address   |  |  |  |  |  |  |  |  |  |                      |  |  |  |  |  |  |  |  |  |             |  |  |  |  |

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| Printed Name  |  |  |  |  |  |  |  |  |  |                      |  |  |  |  |  |  |  |  |  |             |  |  |  |  |
| Meimi Tauriainen  |  |  |  |  |  |  |  |  |  |                      |  |  |  |  |  |  |  |  |  |             |  |  |  |  |
| Principal Physical Residence Address (or best equivalent) - No PO Box Numbers |  |  |  |  |  |  |  |  |  |                      |  |  |  |  |  |  |  |  |  |             |  |  |  |  |
| Mile 2 Tauriainen Trail   |  |  |  |  |  |  |  |  |  |                      |  |  |  |  |  |  |  |  |  |             |  |  |  |  |
| City, State, Zip Code   |  |  |  |  |  |  |  |  |  |                      |  |  |  |  |  |  |  |  |  |             |  |  |  |  |
| Nikiski   |  |  |  |  |  |  |  |  |  |                      |  |  |  |  |  |  |  |  |  |             |  |  |  |  |
| Signature   |  |  |  |  |  |  |  |  |  | Numerical Identifier |  |  |  |  |  |  |  |  |  | Date Signed |  |  |  |  |
|   |  |  |  |  |  |  |  |  |  |                      |  |  |  |  |  |  |  |  |  | 9-4-2016    |  |  |  |  |
| Email Address   |  |  |  |  |  |  |  |  |  |                      |  |  |  |  |  |  |  |  |  |             |  |  |  |  |

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| Printed Name  |  |  |  |  |  |  |  |  |  |                      |  |  |  |  |  |  |  |  |  |             |  |  |  |  |
| Carol Tauriainen-Ernst  |  |  |  |  |  |  |  |  |  |                      |  |  |  |  |  |  |  |  |  |             |  |  |  |  |
| Principal Physical Residence Address (or best equivalent) - No PO Box Numbers |  |  |  |  |  |  |  |  |  |                      |  |  |  |  |  |  |  |  |  |             |  |  |  |  |
| Mile 2 Tauriainen Trail   |  |  |  |  |  |  |  |  |  |                      |  |  |  |  |  |  |  |  |  |             |  |  |  |  |
| City, State, Zip Code   |  |  |  |  |  |  |  |  |  |                      |  |  |  |  |  |  |  |  |  |             |  |  |  |  |
| Nikiski, AK 99635   |  |  |  |  |  |  |  |  |  |                      |  |  |  |  |  |  |  |  |  |             |  |  |  |  |
| Signature   |  |  |  |  |  |  |  |  |  | Numerical Identifier |  |  |  |  |  |  |  |  |  | Date Signed |  |  |  |  |
|   |  |  |  |  |  |  |  |  |  |                      |  |  |  |  |  |  |  |  |  | 9, 4, 16    |  |  |  |  |
| Email Address   |  |  |  |  |  |  |  |  |  |                      |  |  |  |  |  |  |  |  |  |             |  |  |  |  |

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| Printed Name  |  |  |  |  |  |  |  |  |  |                      |  |  |  |  |  |  |  |  |  |             |  |  |  |  |
| Hannah Tauriainen   |  |  |  |  |  |  |  |  |  |                      |  |  |  |  |  |  |  |  |  |             |  |  |  |  |
| Principal Physical Residence Address (or best equivalent) - No PO Box Numbers |  |  |  |  |  |  |  |  |  |                      |  |  |  |  |  |  |  |  |  |             |  |  |  |  |
| 46660 Tauriainen Trail  |  |  |  |  |  |  |  |  |  |                      |  |  |  |  |  |  |  |  |  |             |  |  |  |  |
| City, State, Zip Code   |  |  |  |  |  |  |  |  |  |                      |  |  |  |  |  |  |  |  |  |             |  |  |  |  |
| Nikiski, AK 99635   |  |  |  |  |  |  |  |  |  |                      |  |  |  |  |  |  |  |  |  |             |  |  |  |  |
| Signature   |  |  |  |  |  |  |  |  |  | Numerical Identifier |  |  |  |  |  |  |  |  |  | Date Signed |  |  |  |  |
|   |  |  |  |  |  |  |  |  |  |                      |  |  |  |  |  |  |  |  |  | 9/12/16     |  |  |  |  |
| Email Address   |  |  |  |  |  |  |  |  |  |                      |  |  |  |  |  |  |  |  |  |             |  |  |  |  |
| ahp@my.riwm.com   |  |  |  |  |  |  |  |  |  |                      |  |  |  |  |  |  |  |  |  |             |  |  |  |  |





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|   |  |
|---|--|
| R A N D A L L L L O C K W O O D   |  |
| Printed Name  |  |
| 55198 RANGEVUE COURT  |  |
| Principal Physical Residence Address (or best equivalent) - No PO Box Numbers |  |
| N I K I S K I A K 99611   |  |
| City, State, Zip Code   |  |
| [Redacted Signature]  |  |
| [Redacted Numerical Identifier]   |  |
| Sept 10 2016  |  |
| Date Signed   |  |
| [Redacted Email Address]  |  |
| Email Address   |  |

|   |  |
|---|--|
| R E B E C C A W A R D   |  |
| Printed Name  |  |
| 51708 Kenai Spr Hwy   |  |
| Principal Physical Residence Address (or best equivalent) - No PO Box Numbers |  |
| N I K I S K I A K 99635   |  |
| City, State, Zip Code   |  |
| [Redacted Signature]  |  |
| [Redacted Numerical Identifier]   |  |
| 9-10-2016   |  |
| Date Signed   |  |
| [Redacted Email Address]  |  |
| Email Address   |  |

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|---|--|
| D E R E C A B A U C K   |  |
| Printed Name  |  |
| [Redacted Address Line]   |  |
| Principal Physical Residence Address (or best equivalent) - No PO Box Numbers |  |
| 52022 Merrill Ave   |  |
| City, State, Zip Code   |  |
| [Redacted Signature]  |  |
| [Redacted Numerical Identifier]   |  |
| Date Signed   |  |
| [Redacted Email Address]  |  |
| Email Address   |  |

|   |  |
|---|--|
| W I L L I A M L D E N I S O N   |  |
| Printed Name  |  |
| 52423 New Castle Court  |  |
| Principal Physical Residence Address (or best equivalent) - No PO Box Numbers |  |
| K e n a i A K 99635   |  |
| City, State, Zip Code   |  |
| [Redacted Signature]  |  |
| [Redacted Numerical Identifier]   |  |
| 9-10-16   |  |
| Date Signed   |  |
| [Redacted Email Address]  |  |
| Email Address   |  |

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|   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                                 |  |  |  |  |             |  |  |  |  |
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| EDWARD A CLAYTON  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                                 |  |  |  |  |             |  |  |  |  |
| Printed Name  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                                 |  |  |  |  |             |  |  |  |  |
| 52485 LITTON TAZ AVE  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                                 |  |  |  |  |             |  |  |  |  |
| Principal Physical Residence Address (or best equivalent) - No PO Box Numbers |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                                 |  |  |  |  |             |  |  |  |  |
| NIKISKI AK 99635  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                                 |  |  |  |  |             |  |  |  |  |
| City, State, Zip Code   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                                 |  |  |  |  |             |  |  |  |  |
| [Redacted Signature]  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | [Redacted Numerical Identifier] |  |  |  |  | 9-10-16     |  |  |  |  |
| [Redacted Signature]  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | Numerical Identifier            |  |  |  |  | Date Signed |  |  |  |  |
| Edward Clayton  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                                 |  |  |  |  |             |  |  |  |  |
| Email Address   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                                 |  |  |  |  |             |  |  |  |  |

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|---|--|--|--|--|--|--|--|--|--|--|--|--|--|--|---------------------------------|--|--|--|--|-------------|--|--|--|--|
| ALAN W WEAVER   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                                 |  |  |  |  |             |  |  |  |  |
| Printed Name  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                                 |  |  |  |  |             |  |  |  |  |
| 52192 MARIE AVE   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                                 |  |  |  |  |             |  |  |  |  |
| Principal Physical Residence Address (or best equivalent) - No PO Box Numbers |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                                 |  |  |  |  |             |  |  |  |  |
| NIKISKI AK 99611  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                                 |  |  |  |  |             |  |  |  |  |
| City, State, Zip Code   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                                 |  |  |  |  |             |  |  |  |  |
| [Redacted Signature]  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | [Redacted Numerical Identifier] |  |  |  |  | 9-10-16     |  |  |  |  |
| [Redacted Signature]  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | Numerical Identifier            |  |  |  |  | Date Signed |  |  |  |  |
| [Redacted Email Address]  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                                 |  |  |  |  |             |  |  |  |  |
| Email Address   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                                 |  |  |  |  |             |  |  |  |  |

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|---|--|--|--|--|--|--|--|--|--|--|--|--|--|--|---------------------------------|--|--|--|--|-------------|--|--|--|--|
| TERESA LATHAM   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                                 |  |  |  |  |             |  |  |  |  |
| Printed Name  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                                 |  |  |  |  |             |  |  |  |  |
| 50965 POWELL  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                                 |  |  |  |  |             |  |  |  |  |
| Principal Physical Residence Address (or best equivalent) - No PO Box Numbers |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                                 |  |  |  |  |             |  |  |  |  |
| NIKISKI AK 99635  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                                 |  |  |  |  |             |  |  |  |  |
| City, State, Zip Code   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                                 |  |  |  |  |             |  |  |  |  |
| [Redacted Signature]  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | [Redacted Numerical Identifier] |  |  |  |  | 9-10-16     |  |  |  |  |
| [Redacted Signature]  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | Numerical Identifier            |  |  |  |  | Date Signed |  |  |  |  |
| [Redacted Email Address]  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                                 |  |  |  |  |             |  |  |  |  |
| Email Address   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                                 |  |  |  |  |             |  |  |  |  |

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|---|--|--|--|--|--|--|--|--|--|--|--|--|--|--|---------------------------------|--|--|--|--|-------------|--|--|--|--|
| CHRISTOPHER ROOPE   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                                 |  |  |  |  |             |  |  |  |  |
| Printed Name  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                                 |  |  |  |  |             |  |  |  |  |
| 52771 SOLER CIRCLE  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                                 |  |  |  |  |             |  |  |  |  |
| Principal Physical Residence Address (or best equivalent) - No PO Box Numbers |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                                 |  |  |  |  |             |  |  |  |  |
| NEKISKI AK 99635  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                                 |  |  |  |  |             |  |  |  |  |
| City, State, Zip Code   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                                 |  |  |  |  |             |  |  |  |  |
| [Redacted Signature]  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | [Redacted Numerical Identifier] |  |  |  |  | 9-10-16     |  |  |  |  |
| [Redacted Signature]  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | Numerical Identifier            |  |  |  |  | Date Signed |  |  |  |  |
| [Redacted Email Address]  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                                 |  |  |  |  |             |  |  |  |  |
| Email Address   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                                 |  |  |  |  |             |  |  |  |  |

WE, THE UNDERSIGNED, hereby petition for the incorporation of the city described in the complete petition.  
Further, we swear or affirm that:

1. We are registered voters of the State of Alaska;
2. We are registered to vote within the proposed city;
3. We have reviewed the complete petition, including all exhibits, and we understand its terms.

|   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                      |  |  |  |  |  |  |  |  |  |
|---|--|--|--|--|--|--|--|--|--|--|--|--|--|--|----------------------|--|--|--|--|--|--|--|--|--|
| J o h n   B o a t r i s h t   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                      |  |  |  |  |  |  |  |  |  |
| Printed Name  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                      |  |  |  |  |  |  |  |  |  |
| N i k i s k i   A l a s k a   9 9 6 3 5                                       |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                      |  |  |  |  |  |  |  |  |  |
| Principal Physical Residence Address (or best equivalent) - No PO Box Numbers |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                      |  |  |  |  |  |  |  |  |  |
| 5 3 2 6 6   D a i s e y   M a e   A v e n u e                                 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                      |  |  |  |  |  |  |  |  |  |
| City, State, Zip Code   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                      |  |  |  |  |  |  |  |  |  |
| [Redacted]  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | [Redacted]           |  |  |  |  |  |  |  |  |  |
| [Redacted]  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | 8-10-16              |  |  |  |  |  |  |  |  |  |
| Signature   |  |  |  |  |  |  |  |  |  |  |  |  |  |  | Numerical Identifier |  |  |  |  |  |  |  |  |  |
| J o h n b o a t r i s h t 9 6 @ g m a i l . c o m                             |  |  |  |  |  |  |  |  |  |  |  |  |  |  | Date Signed          |  |  |  |  |  |  |  |  |  |
| Email Address   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                      |  |  |  |  |  |  |  |  |  |

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| C r y s t a l   B a u e r   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                      |  |  |  |  |  |  |  |  |  |
| Printed Name  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                      |  |  |  |  |  |  |  |  |  |
| 4 5 0 2 5   H o l t   L a m p l i g h t   R d                                 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                      |  |  |  |  |  |  |  |  |  |
| Principal Physical Residence Address (or best equivalent) - No PO Box Numbers |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                      |  |  |  |  |  |  |  |  |  |
| K e n a i   A K   9 9 6 1 1   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                      |  |  |  |  |  |  |  |  |  |
| City, State, Zip Code   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                      |  |  |  |  |  |  |  |  |  |
| [Redacted]  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | [Redacted]           |  |  |  |  |  |  |  |  |  |
| [Redacted]  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | 8/10/16              |  |  |  |  |  |  |  |  |  |
| Signature   |  |  |  |  |  |  |  |  |  |  |  |  |  |  | Numerical Identifier |  |  |  |  |  |  |  |  |  |
| a l a s k a n c r y s t a l @ g m a i l . c o m                               |  |  |  |  |  |  |  |  |  |  |  |  |  |  | Date Signed          |  |  |  |  |  |  |  |  |  |
| Email Address   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                      |  |  |  |  |  |  |  |  |  |

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| J o h n   L e e   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                      |  |  |  |  |  |  |  |  |  |
| Printed Name  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                      |  |  |  |  |  |  |  |  |  |
| 5 2 8 1 5   P I P E L I N E   R d   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                      |  |  |  |  |  |  |  |  |  |
| Principal Physical Residence Address (or best equivalent) - No PO Box Numbers |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                      |  |  |  |  |  |  |  |  |  |
| N i k i s k i   A K   9 9 6 1 1   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                      |  |  |  |  |  |  |  |  |  |
| City, State, Zip Code   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                      |  |  |  |  |  |  |  |  |  |
| [Redacted]  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | [Redacted]           |  |  |  |  |  |  |  |  |  |
| [Redacted]  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | 8/24/16              |  |  |  |  |  |  |  |  |  |
| Signature   |  |  |  |  |  |  |  |  |  |  |  |  |  |  | Numerical Identifier |  |  |  |  |  |  |  |  |  |
| [Redacted]  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | Date Signed          |  |  |  |  |  |  |  |  |  |
| Email Address   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                      |  |  |  |  |  |  |  |  |  |

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| T r e v o r   H u s k e y   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                      |  |  |  |  |  |  |  |  |  |
| Printed Name  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                      |  |  |  |  |  |  |  |  |  |
| N i k i s k i   4 8 2 7 3   E x c l u s i v e   c i r                         |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                      |  |  |  |  |  |  |  |  |  |
| Principal Physical Residence Address (or best equivalent) - No PO Box Numbers |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                      |  |  |  |  |  |  |  |  |  |
| City, State, Zip Code   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                      |  |  |  |  |  |  |  |  |  |
| [Redacted]  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | [Redacted]           |  |  |  |  |  |  |  |  |  |
| [Redacted]  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | 8-25-16              |  |  |  |  |  |  |  |  |  |
| Signature   |  |  |  |  |  |  |  |  |  |  |  |  |  |  | Numerical Identifier |  |  |  |  |  |  |  |  |  |
| t r e v o r h u s k e y p u l 1 9 8 8 @ y a h o o . c o m                     |  |  |  |  |  |  |  |  |  |  |  |  |  |  | Date Signed          |  |  |  |  |  |  |  |  |  |
| Email Address   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                      |  |  |  |  |  |  |  |  |  |





WE, THE UNDERSIGNED, hereby petition for the incorporation of the city described in the complete petition.  
Further, we swear or affirm that:

1. We are registered voters of the State of Alaska;
2. We are registered to vote within the proposed city;
3. We have reviewed the complete petition, including all exhibits, and we understand its terms.

|   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                      |  |  |  |  |  |  |  |  |  |             |  |  |  |  |  |  |  |  |  |
|---|--|--|--|--|--|--|--|--|--|--|--|--|--|--|----------------------|--|--|--|--|--|--|--|--|--|-------------|--|--|--|--|--|--|--|--|--|
| JIMMY ISERDAHI  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                      |  |  |  |  |  |  |  |  |  |             |  |  |  |  |  |  |  |  |  |
| Printed Name  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                      |  |  |  |  |  |  |  |  |  |             |  |  |  |  |  |  |  |  |  |
| 50690 SHEMYA WAY  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                      |  |  |  |  |  |  |  |  |  |             |  |  |  |  |  |  |  |  |  |
| Principal Physical Residence Address (or best equivalent) - No PO Box Numbers |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                      |  |  |  |  |  |  |  |  |  |             |  |  |  |  |  |  |  |  |  |
| <del>KENAI</del> NIKISKI AK 99635   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                      |  |  |  |  |  |  |  |  |  |             |  |  |  |  |  |  |  |  |  |
| City, State, Zip Code   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                      |  |  |  |  |  |  |  |  |  |             |  |  |  |  |  |  |  |  |  |
| [Redacted Signature]  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | Numerical Identifier |  |  |  |  |  |  |  |  |  | 8/20/16     |  |  |  |  |  |  |  |  |  |
| Signature   |  |  |  |  |  |  |  |  |  |  |  |  |  |  | Numerical Identifier |  |  |  |  |  |  |  |  |  | Date Signed |  |  |  |  |  |  |  |  |  |
| thervdahi@hotmail.com   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                      |  |  |  |  |  |  |  |  |  |             |  |  |  |  |  |  |  |  |  |
| Email Address   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                      |  |  |  |  |  |  |  |  |  |             |  |  |  |  |  |  |  |  |  |

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|---|--|--|--|--|--|--|--|--|--|--|--|--|--|--|----------------------|--|--|--|--|--|--|--|--|--|-------------|--|--|--|--|--|--|--|--|--|
| Rebecca Bednow  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                      |  |  |  |  |  |  |  |  |  |             |  |  |  |  |  |  |  |  |  |
| Printed Name  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                      |  |  |  |  |  |  |  |  |  |             |  |  |  |  |  |  |  |  |  |
| 54225 Wanda Dr  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                      |  |  |  |  |  |  |  |  |  |             |  |  |  |  |  |  |  |  |  |
| Principal Physical Residence Address (or best equivalent) - No PO Box Numbers |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                      |  |  |  |  |  |  |  |  |  |             |  |  |  |  |  |  |  |  |  |
| <del>Kenai</del> AK 99635 NIKISKI   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                      |  |  |  |  |  |  |  |  |  |             |  |  |  |  |  |  |  |  |  |
| City, State, Zip Code   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                      |  |  |  |  |  |  |  |  |  |             |  |  |  |  |  |  |  |  |  |
| [Redacted Signature]  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | Numerical Identifier |  |  |  |  |  |  |  |  |  | 8-22-16     |  |  |  |  |  |  |  |  |  |
| Signature   |  |  |  |  |  |  |  |  |  |  |  |  |  |  | Numerical Identifier |  |  |  |  |  |  |  |  |  | Date Signed |  |  |  |  |  |  |  |  |  |
| [Redacted Email Address]  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                      |  |  |  |  |  |  |  |  |  |             |  |  |  |  |  |  |  |  |  |
| Email Address   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                      |  |  |  |  |  |  |  |  |  |             |  |  |  |  |  |  |  |  |  |

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| RONALD MIKA   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                      |  |  |  |  |  |  |  |  |  |              |  |  |  |  |  |  |  |  |  |
| Printed Name  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                      |  |  |  |  |  |  |  |  |  |              |  |  |  |  |  |  |  |  |  |
| 50511 ROMANOV RD  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                      |  |  |  |  |  |  |  |  |  |              |  |  |  |  |  |  |  |  |  |
| Principal Physical Residence Address (or best equivalent) - No PO Box Numbers |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                      |  |  |  |  |  |  |  |  |  |              |  |  |  |  |  |  |  |  |  |
| NIKISKI AK 99635  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                      |  |  |  |  |  |  |  |  |  |              |  |  |  |  |  |  |  |  |  |
| City, State, Zip Code   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                      |  |  |  |  |  |  |  |  |  |              |  |  |  |  |  |  |  |  |  |
| [Redacted Signature]  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | Numerical Identifier |  |  |  |  |  |  |  |  |  | 03 Sept 2016 |  |  |  |  |  |  |  |  |  |
| Signature   |  |  |  |  |  |  |  |  |  |  |  |  |  |  | Numerical Identifier |  |  |  |  |  |  |  |  |  | Date Signed  |  |  |  |  |  |  |  |  |  |
| [Redacted Email Address]  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                      |  |  |  |  |  |  |  |  |  |              |  |  |  |  |  |  |  |  |  |
| Email Address   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                      |  |  |  |  |  |  |  |  |  |              |  |  |  |  |  |  |  |  |  |

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| BAREN BURRIS  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                      |  |  |  |  |  |  |  |  |  |             |  |  |  |  |  |  |  |  |  |
| Printed Name  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                      |  |  |  |  |  |  |  |  |  |             |  |  |  |  |  |  |  |  |  |
| 51332 DRIET CIRCLE  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                      |  |  |  |  |  |  |  |  |  |             |  |  |  |  |  |  |  |  |  |
| Principal Physical Residence Address (or best equivalent) - No PO Box Numbers |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                      |  |  |  |  |  |  |  |  |  |             |  |  |  |  |  |  |  |  |  |
| NIKISKI AK 99635  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                      |  |  |  |  |  |  |  |  |  |             |  |  |  |  |  |  |  |  |  |
| City, State, Zip Code   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                      |  |  |  |  |  |  |  |  |  |             |  |  |  |  |  |  |  |  |  |
| [Redacted Signature]  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | Numerical Identifier |  |  |  |  |  |  |  |  |  | 9/16/16     |  |  |  |  |  |  |  |  |  |
| Signature   |  |  |  |  |  |  |  |  |  |  |  |  |  |  | Numerical Identifier |  |  |  |  |  |  |  |  |  | Date Signed |  |  |  |  |  |  |  |  |  |
| FRANCES HARRIS WILSON ELSHIRE   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                      |  |  |  |  |  |  |  |  |  |             |  |  |  |  |  |  |  |  |  |
| Email Address   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                      |  |  |  |  |  |  |  |  |  |             |  |  |  |  |  |  |  |  |  |

WE, THE UNDERSIGNED, hereby petition for the incorporation of the city described in the complete petition.

Further, we swear or affirm that:

1. We are registered voters of the State of Alaska;
2. We are registered to vote within the proposed city;
3. We have reviewed the complete petition, including all exhibits, and we understand its terms.

|   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                                 |  |  |  |  |  |  |  |  |  |             |  |  |  |  |  |  |  |  |  |
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| D E N N I S R Z I E M K E   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                                 |  |  |  |  |  |  |  |  |  |             |  |  |  |  |  |  |  |  |  |
| Printed Name  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                                 |  |  |  |  |  |  |  |  |  |             |  |  |  |  |  |  |  |  |  |
| 4 7 7 6 5 D I A M O N D S T R.  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                                 |  |  |  |  |  |  |  |  |  |             |  |  |  |  |  |  |  |  |  |
| Principal Physical Residence Address (or best equivalent) - No PO Box Numbers |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                                 |  |  |  |  |  |  |  |  |  |             |  |  |  |  |  |  |  |  |  |
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| City, State, Zip Code   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                                 |  |  |  |  |  |  |  |  |  |             |  |  |  |  |  |  |  |  |  |
| [Redacted Signature]  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | [Redacted Numerical Identifier] |  |  |  |  |  |  |  |  |  | 9-1-16      |  |  |  |  |  |  |  |  |  |
| Signature   |  |  |  |  |  |  |  |  |  |  |  |  |  |  | Numerical Identifier            |  |  |  |  |  |  |  |  |  | Date Signed |  |  |  |  |  |  |  |  |  |
| J A N E T Z I E M K E @ G M A I L . C O M                                     |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                                 |  |  |  |  |  |  |  |  |  |             |  |  |  |  |  |  |  |  |  |
| Email Address   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                                 |  |  |  |  |  |  |  |  |  |             |  |  |  |  |  |  |  |  |  |

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| J A N E T Z I E M K E   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                                 |  |  |  |  |  |  |  |  |  |             |  |  |  |  |  |  |  |  |  |
| Printed Name  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                                 |  |  |  |  |  |  |  |  |  |             |  |  |  |  |  |  |  |  |  |
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| Principal Physical Residence Address (or best equivalent) - No PO Box Numbers |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                                 |  |  |  |  |  |  |  |  |  |             |  |  |  |  |  |  |  |  |  |
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| City, State, Zip Code   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                                 |  |  |  |  |  |  |  |  |  |             |  |  |  |  |  |  |  |  |  |
| [Redacted Signature]  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | [Redacted Numerical Identifier] |  |  |  |  |  |  |  |  |  | 9-1-16      |  |  |  |  |  |  |  |  |  |
| Signature   |  |  |  |  |  |  |  |  |  |  |  |  |  |  | Numerical Identifier            |  |  |  |  |  |  |  |  |  | Date Signed |  |  |  |  |  |  |  |  |  |
| J A N E T Z I E M K E @ G M A I L . C O M                                     |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                                 |  |  |  |  |  |  |  |  |  |             |  |  |  |  |  |  |  |  |  |
| Email Address   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                                 |  |  |  |  |  |  |  |  |  |             |  |  |  |  |  |  |  |  |  |

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| J H E N R Y K A N E   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                                 |  |  |  |  |  |  |  |  |  |             |  |  |  |  |  |  |  |  |  |
| Printed Name  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                                 |  |  |  |  |  |  |  |  |  |             |  |  |  |  |  |  |  |  |  |
| 5 4 6 3 0 K U S K O K W I M A V E   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                                 |  |  |  |  |  |  |  |  |  |             |  |  |  |  |  |  |  |  |  |
| Principal Physical Residence Address (or best equivalent) - No PO Box Numbers |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                                 |  |  |  |  |  |  |  |  |  |             |  |  |  |  |  |  |  |  |  |
| K E N A I A K 9 9 6 1 1   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                                 |  |  |  |  |  |  |  |  |  |             |  |  |  |  |  |  |  |  |  |
| City, State, Zip Code   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                                 |  |  |  |  |  |  |  |  |  |             |  |  |  |  |  |  |  |  |  |
| [Redacted Signature]  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | [Redacted Numerical Identifier] |  |  |  |  |  |  |  |  |  | 9-1-16      |  |  |  |  |  |  |  |  |  |
| Signature   |  |  |  |  |  |  |  |  |  |  |  |  |  |  | Numerical Identifier            |  |  |  |  |  |  |  |  |  | Date Signed |  |  |  |  |  |  |  |  |  |
| J H A N C @ K P B . U S   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                                 |  |  |  |  |  |  |  |  |  |             |  |  |  |  |  |  |  |  |  |
| Email Address   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                                 |  |  |  |  |  |  |  |  |  |             |  |  |  |  |  |  |  |  |  |

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| L O U I S E H E I T E   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                                 |  |  |  |  |  |  |  |  |  |             |  |  |  |  |  |  |  |  |  |
| Printed Name  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                                 |  |  |  |  |  |  |  |  |  |             |  |  |  |  |  |  |  |  |  |
| 5 2 4 0 0 B L U E B E R R Y A V E   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                                 |  |  |  |  |  |  |  |  |  |             |  |  |  |  |  |  |  |  |  |
| Principal Physical Residence Address (or best equivalent) - No PO Box Numbers |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                                 |  |  |  |  |  |  |  |  |  |             |  |  |  |  |  |  |  |  |  |
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| City, State, Zip Code   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                                 |  |  |  |  |  |  |  |  |  |             |  |  |  |  |  |  |  |  |  |
| [Redacted Signature]  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | [Redacted Numerical Identifier] |  |  |  |  |  |  |  |  |  | 9-3-2016    |  |  |  |  |  |  |  |  |  |
| Signature   |  |  |  |  |  |  |  |  |  |  |  |  |  |  | Numerical Identifier            |  |  |  |  |  |  |  |  |  | Date Signed |  |  |  |  |  |  |  |  |  |
| L H E I T E @ G C I . N E T   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                                 |  |  |  |  |  |  |  |  |  |             |  |  |  |  |  |  |  |  |  |
| Email Address   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                                 |  |  |  |  |  |  |  |  |  |             |  |  |  |  |  |  |  |  |  |

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| J o h n S t e p h e n D a h l i   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                                 |  |  |  |  |             |  |  |  |  |
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| 5 2 4 0 0 B l u e b e r r y A v e   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                                 |  |  |  |  |             |  |  |  |  |
| Principal Physical Residence Address (or best equivalent) - No PO Box Numbers |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                                 |  |  |  |  |             |  |  |  |  |
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| City, State, Zip Code   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                                 |  |  |  |  |             |  |  |  |  |
| [Redacted Signature]  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | [Redacted Numerical Identifier] |  |  |  |  | 9/3/2016    |  |  |  |  |
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| j s d a h l i @ g c i . n e t   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                                 |  |  |  |  |             |  |  |  |  |
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| B r e n d a M a r y K l i m p k e   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                                 |  |  |  |  |             |  |  |  |  |
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| 5 2 8 2 5 B l u e b e r r y A v e   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                                 |  |  |  |  |             |  |  |  |  |
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| [Redacted Signature]  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | [Redacted Numerical Identifier] |  |  |  |  | 9/3/2016    |  |  |  |  |
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| K l i m p k e 6 0 @ g m a i l . c o m   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                                 |  |  |  |  |             |  |  |  |  |
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| G l e n n S y l v e s t e r R o d m a n                                       |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                                 |  |  |  |  |             |  |  |  |  |
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| 5 2 0 8 5 M y r o n A v e   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                                 |  |  |  |  |             |  |  |  |  |
| Principal Physical Residence Address (or best equivalent) - No PO Box Numbers |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                                 |  |  |  |  |             |  |  |  |  |
| N i k i s k i A K 9 9 6 3 5   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                                 |  |  |  |  |             |  |  |  |  |
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| [Redacted Signature]  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | [Redacted Numerical Identifier] |  |  |  |  | 9-10-16     |  |  |  |  |
| Signature   |  |  |  |  |  |  |  |  |  |  |  |  |  |  | Numerical Identifier            |  |  |  |  | Date Signed |  |  |  |  |
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| Email Address   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                                 |  |  |  |  |             |  |  |  |  |

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| D a n i e l l e M a r i e J o h n s o n                                       |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                                 |  |  |  |  |             |  |  |  |  |
| Printed Name  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                                 |  |  |  |  |             |  |  |  |  |
| 5 2 1 0 6 A w a k a w a y   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                                 |  |  |  |  |             |  |  |  |  |
| Principal Physical Residence Address (or best equivalent) - No PO Box Numbers |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                                 |  |  |  |  |             |  |  |  |  |
| N i k i s k i A K 9 9 6 3 5   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                                 |  |  |  |  |             |  |  |  |  |
| City, State, Zip Code   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                                 |  |  |  |  |             |  |  |  |  |
| [Redacted Signature]  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | [Redacted Numerical Identifier] |  |  |  |  | 9/10/16     |  |  |  |  |
| Signature   |  |  |  |  |  |  |  |  |  |  |  |  |  |  | Numerical Identifier            |  |  |  |  | Date Signed |  |  |  |  |
| a n n i 9 9 6 3 5 @ g m a i l . c o m   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                                 |  |  |  |  |             |  |  |  |  |
| Email Address   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                                 |  |  |  |  |             |  |  |  |  |



WE, THE UNDERSIGNED, hereby petition for the incorporation of the city described in the complete petition.  
Further, we swear or affirm that:

1. We are registered voters of the State of Alaska;
2. We are registered to vote within the proposed city;
3. We have reviewed the complete petition, including all exhibits, and we understand its terms.

|   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                      |  |  |  |  |  |  |  |  |  |             |  |  |  |  |  |  |  |  |  |
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| Anna Johns  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                      |  |  |  |  |  |  |  |  |  |             |  |  |  |  |  |  |  |  |  |
| Printed Name  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                      |  |  |  |  |  |  |  |  |  |             |  |  |  |  |  |  |  |  |  |
| 52550 Porter Dr   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                      |  |  |  |  |  |  |  |  |  |             |  |  |  |  |  |  |  |  |  |
| Principal Physical Residence Address (or best equivalent) - No PO Box Numbers |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                      |  |  |  |  |  |  |  |  |  |             |  |  |  |  |  |  |  |  |  |
| Nikiski AK 99635  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                      |  |  |  |  |  |  |  |  |  |             |  |  |  |  |  |  |  |  |  |
| City, State, Zip Code   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                      |  |  |  |  |  |  |  |  |  |             |  |  |  |  |  |  |  |  |  |
| [Redacted Signature]  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | 7/31/16              |  |  |  |  |  |  |  |  |  |             |  |  |  |  |  |  |  |  |  |
| Signature   |  |  |  |  |  |  |  |  |  |  |  |  |  |  | Numerical Identifier |  |  |  |  |  |  |  |  |  | Date Signed |  |  |  |  |  |  |  |  |  |
| annamjohns@gmail.com  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                      |  |  |  |  |  |  |  |  |  |             |  |  |  |  |  |  |  |  |  |
| Email Address   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                      |  |  |  |  |  |  |  |  |  |             |  |  |  |  |  |  |  |  |  |

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| Jw David Johns  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                      |  |  |  |  |  |  |  |  |  |             |  |  |  |  |  |  |  |  |  |
| Printed Name  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                      |  |  |  |  |  |  |  |  |  |             |  |  |  |  |  |  |  |  |  |
| 52550 PORTER DR   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                      |  |  |  |  |  |  |  |  |  |             |  |  |  |  |  |  |  |  |  |
| Principal Physical Residence Address (or best equivalent) - No PO Box Numbers |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                      |  |  |  |  |  |  |  |  |  |             |  |  |  |  |  |  |  |  |  |
| Nikiski AK 99635  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                      |  |  |  |  |  |  |  |  |  |             |  |  |  |  |  |  |  |  |  |
| City, State, Zip Code   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                      |  |  |  |  |  |  |  |  |  |             |  |  |  |  |  |  |  |  |  |
| [Redacted Signature]  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | 7/31/16              |  |  |  |  |  |  |  |  |  |             |  |  |  |  |  |  |  |  |  |
| Signature   |  |  |  |  |  |  |  |  |  |  |  |  |  |  | Numerical Identifier |  |  |  |  |  |  |  |  |  | Date Signed |  |  |  |  |  |  |  |  |  |
| HDSPRINGER2006@HOTMAIL.COM  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                      |  |  |  |  |  |  |  |  |  |             |  |  |  |  |  |  |  |  |  |
| Email Address   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                      |  |  |  |  |  |  |  |  |  |             |  |  |  |  |  |  |  |  |  |

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| Helen Hancken   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                      |  |  |  |  |  |  |  |  |  |             |  |  |  |  |  |  |  |  |  |
| Printed Name  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                      |  |  |  |  |  |  |  |  |  |             |  |  |  |  |  |  |  |  |  |
| 50160 Birch Grove St  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                      |  |  |  |  |  |  |  |  |  |             |  |  |  |  |  |  |  |  |  |
| Principal Physical Residence Address (or best equivalent) - No PO Box Numbers |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                      |  |  |  |  |  |  |  |  |  |             |  |  |  |  |  |  |  |  |  |
| Nikiski AK 99635  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                      |  |  |  |  |  |  |  |  |  |             |  |  |  |  |  |  |  |  |  |
| City, State, Zip Code   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                      |  |  |  |  |  |  |  |  |  |             |  |  |  |  |  |  |  |  |  |
| [Redacted Signature]  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | 8/1/16               |  |  |  |  |  |  |  |  |  |             |  |  |  |  |  |  |  |  |  |
| Signature   |  |  |  |  |  |  |  |  |  |  |  |  |  |  | Numerical Identifier |  |  |  |  |  |  |  |  |  | Date Signed |  |  |  |  |  |  |  |  |  |
| helen.hancken@yahoo.com   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                      |  |  |  |  |  |  |  |  |  |             |  |  |  |  |  |  |  |  |  |
| Email Address   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                      |  |  |  |  |  |  |  |  |  |             |  |  |  |  |  |  |  |  |  |

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| Kristine Dohse  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                      |  |  |  |  |  |  |  |  |  |             |  |  |  |  |  |  |  |  |  |
| Printed Name  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                      |  |  |  |  |  |  |  |  |  |             |  |  |  |  |  |  |  |  |  |
| 49650 Island Lake Road  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                      |  |  |  |  |  |  |  |  |  |             |  |  |  |  |  |  |  |  |  |
| Principal Physical Residence Address (or best equivalent) - No PO Box Numbers |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                      |  |  |  |  |  |  |  |  |  |             |  |  |  |  |  |  |  |  |  |
| Nikiski AK 99635  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                      |  |  |  |  |  |  |  |  |  |             |  |  |  |  |  |  |  |  |  |
| City, State, Zip Code   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                      |  |  |  |  |  |  |  |  |  |             |  |  |  |  |  |  |  |  |  |
| [Redacted Signature]  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | 8/1/16               |  |  |  |  |  |  |  |  |  |             |  |  |  |  |  |  |  |  |  |
| Signature   |  |  |  |  |  |  |  |  |  |  |  |  |  |  | Numerical Identifier |  |  |  |  |  |  |  |  |  | Date Signed |  |  |  |  |  |  |  |  |  |
| dohsedoe@hotmail.com  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                      |  |  |  |  |  |  |  |  |  |             |  |  |  |  |  |  |  |  |  |
| Email Address   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                      |  |  |  |  |  |  |  |  |  |             |  |  |  |  |  |  |  |  |  |

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|   |  |  |  |  |  |  |  |  |  |                        |  |  |  |  |  |  |  |  |  |             |  |  |  |  |
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| BK KIV  |  |  |  |  |  |  |  |  |  |                        |  |  |  |  |  |  |  |  |  |             |  |  |  |  |
| Printed Name  |  |  |  |  |  |  |  |  |  |                        |  |  |  |  |  |  |  |  |  |             |  |  |  |  |
| 52068 Mosier St   |  |  |  |  |  |  |  |  |  |                        |  |  |  |  |  |  |  |  |  |             |  |  |  |  |
| Principal Physical Residence Address (or best equivalent) - No PO Box Numbers |  |  |  |  |  |  |  |  |  |                        |  |  |  |  |  |  |  |  |  |             |  |  |  |  |
| NIKISKI AK 99635  |  |  |  |  |  |  |  |  |  |                        |  |  |  |  |  |  |  |  |  |             |  |  |  |  |
| City, State, Zip Code   |  |  |  |  |  |  |  |  |  |                        |  |  |  |  |  |  |  |  |  |             |  |  |  |  |
| [Signature]   |  |  |  |  |  |  |  |  |  | [Numerical Identifier] |  |  |  |  |  |  |  |  |  | 7-29-2016   |  |  |  |  |
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| BONNIE L PORTER   |  |  |  |  |  |  |  |  |  |                        |  |  |  |  |  |  |  |  |  |             |  |  |  |  |
| Printed Name  |  |  |  |  |  |  |  |  |  |                        |  |  |  |  |  |  |  |  |  |             |  |  |  |  |
| 50643 DOSSOW STREET   |  |  |  |  |  |  |  |  |  |                        |  |  |  |  |  |  |  |  |  |             |  |  |  |  |
| Principal Physical Residence Address (or best equivalent) - No PO Box Numbers |  |  |  |  |  |  |  |  |  |                        |  |  |  |  |  |  |  |  |  |             |  |  |  |  |
| NIKISKI AK 99635  |  |  |  |  |  |  |  |  |  |                        |  |  |  |  |  |  |  |  |  |             |  |  |  |  |
| City, State, Zip Code   |  |  |  |  |  |  |  |  |  |                        |  |  |  |  |  |  |  |  |  |             |  |  |  |  |
| [Signature]   |  |  |  |  |  |  |  |  |  | [Numerical Identifier] |  |  |  |  |  |  |  |  |  | 7-29-2016   |  |  |  |  |
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| Email Address   |  |  |  |  |  |  |  |  |  |                        |  |  |  |  |  |  |  |  |  |             |  |  |  |  |

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| AMI REDISKE   |  |  |  |  |  |  |  |  |  |                        |  |  |  |  |  |  |  |  |  |             |  |  |  |  |
| Printed Name  |  |  |  |  |  |  |  |  |  |                        |  |  |  |  |  |  |  |  |  |             |  |  |  |  |
| BOX 7079 52525 ADMIRALTY  |  |  |  |  |  |  |  |  |  |                        |  |  |  |  |  |  |  |  |  |             |  |  |  |  |
| Principal Physical Residence Address (or best equivalent) - No PO Box Numbers |  |  |  |  |  |  |  |  |  |                        |  |  |  |  |  |  |  |  |  |             |  |  |  |  |
| NIKISKI AK 99635  |  |  |  |  |  |  |  |  |  |                        |  |  |  |  |  |  |  |  |  |             |  |  |  |  |
| City, State, Zip Code   |  |  |  |  |  |  |  |  |  |                        |  |  |  |  |  |  |  |  |  |             |  |  |  |  |
| [Signature]   |  |  |  |  |  |  |  |  |  | [Numerical Identifier] |  |  |  |  |  |  |  |  |  | 7/30/16     |  |  |  |  |
| Signature   |  |  |  |  |  |  |  |  |  | Numerical Identifier   |  |  |  |  |  |  |  |  |  | Date Signed |  |  |  |  |
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| SCOTT D HAMANN  |  |  |  |  |  |  |  |  |  |                        |  |  |  |  |  |  |  |  |  |             |  |  |  |  |
| Printed Name  |  |  |  |  |  |  |  |  |  |                        |  |  |  |  |  |  |  |  |  |             |  |  |  |  |
| 43533 JASPER LANE   |  |  |  |  |  |  |  |  |  |                        |  |  |  |  |  |  |  |  |  |             |  |  |  |  |
| Principal Physical Residence Address (or best equivalent) - No PO Box Numbers |  |  |  |  |  |  |  |  |  |                        |  |  |  |  |  |  |  |  |  |             |  |  |  |  |
| KENAI   |  |  |  |  |  |  |  |  |  |                        |  |  |  |  |  |  |  |  |  |             |  |  |  |  |
| City, State, Zip Code   |  |  |  |  |  |  |  |  |  |                        |  |  |  |  |  |  |  |  |  |             |  |  |  |  |
| [Signature]   |  |  |  |  |  |  |  |  |  | [Numerical Identifier] |  |  |  |  |  |  |  |  |  | 8/1/16      |  |  |  |  |
| Signature   |  |  |  |  |  |  |  |  |  | Numerical Identifier   |  |  |  |  |  |  |  |  |  | Date Signed |  |  |  |  |
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|---|--|--|--|--|--|--|--|--|--|--|--|--|--|--|---------------------------------|--|--|--|--|--|--|--|--|--|-------------|--|--|--|--|--|--|--|--|--|
| CARL S WAGGONER   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                                 |  |  |  |  |  |  |  |  |  |             |  |  |  |  |  |  |  |  |  |
| Printed Name  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                                 |  |  |  |  |  |  |  |  |  |             |  |  |  |  |  |  |  |  |  |
| 46705A KENAI SPUR   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                                 |  |  |  |  |  |  |  |  |  |             |  |  |  |  |  |  |  |  |  |
| Principal Physical Residence Address (or best equivalent) - No PO Box Numbers |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                                 |  |  |  |  |  |  |  |  |  |             |  |  |  |  |  |  |  |  |  |
| KENAI ALASKA 99611  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                                 |  |  |  |  |  |  |  |  |  |             |  |  |  |  |  |  |  |  |  |
| City, State, Zip Code   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                                 |  |  |  |  |  |  |  |  |  |             |  |  |  |  |  |  |  |  |  |
| [Redacted Signature]  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | [Redacted Numerical Identifier] |  |  |  |  |  |  |  |  |  | 7-30-2016   |  |  |  |  |  |  |  |  |  |
| Signature   |  |  |  |  |  |  |  |  |  |  |  |  |  |  | Numerical Identifier            |  |  |  |  |  |  |  |  |  | Date Signed |  |  |  |  |  |  |  |  |  |
|   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                                 |  |  |  |  |  |  |  |  |  |             |  |  |  |  |  |  |  |  |  |
| Email Address   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                                 |  |  |  |  |  |  |  |  |  |             |  |  |  |  |  |  |  |  |  |

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| Kelly Brewer  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                                 |  |  |  |  |  |  |  |  |  |             |  |  |  |  |  |  |  |  |  |
| Printed Name  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                                 |  |  |  |  |  |  |  |  |  |             |  |  |  |  |  |  |  |  |  |
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| Principal Physical Residence Address (or best equivalent) - No PO Box Numbers |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                                 |  |  |  |  |  |  |  |  |  |             |  |  |  |  |  |  |  |  |  |
| 53080 TENAKEE LOOP NIKISKI  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                                 |  |  |  |  |  |  |  |  |  |             |  |  |  |  |  |  |  |  |  |
| City, State, Zip Code   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                                 |  |  |  |  |  |  |  |  |  |             |  |  |  |  |  |  |  |  |  |
| [Redacted Signature]  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | [Redacted Numerical Identifier] |  |  |  |  |  |  |  |  |  | 8/3/16      |  |  |  |  |  |  |  |  |  |
| Signature   |  |  |  |  |  |  |  |  |  |  |  |  |  |  | Numerical Identifier            |  |  |  |  |  |  |  |  |  | Date Signed |  |  |  |  |  |  |  |  |  |
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| Email Address   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                                 |  |  |  |  |  |  |  |  |  |             |  |  |  |  |  |  |  |  |  |

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|---|--|--|--|--|--|--|--|--|--|--|--|--|--|--|---------------------------------|--|--|--|--|--|--|--|--|--|-------------|--|--|--|--|--|--|--|--|--|
| OWEN BREWER   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                                 |  |  |  |  |  |  |  |  |  |             |  |  |  |  |  |  |  |  |  |
| Printed Name  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                                 |  |  |  |  |  |  |  |  |  |             |  |  |  |  |  |  |  |  |  |
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| Principal Physical Residence Address (or best equivalent) - No PO Box Numbers |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                                 |  |  |  |  |  |  |  |  |  |             |  |  |  |  |  |  |  |  |  |
| 53010 TENAKEE LP RD   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                                 |  |  |  |  |  |  |  |  |  |             |  |  |  |  |  |  |  |  |  |
| City, State, Zip Code   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                                 |  |  |  |  |  |  |  |  |  |             |  |  |  |  |  |  |  |  |  |
| [Redacted Signature]  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | [Redacted Numerical Identifier] |  |  |  |  |  |  |  |  |  | 8/3/16      |  |  |  |  |  |  |  |  |  |
| Signature   |  |  |  |  |  |  |  |  |  |  |  |  |  |  | Numerical Identifier            |  |  |  |  |  |  |  |  |  | Date Signed |  |  |  |  |  |  |  |  |  |
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| Email Address   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                                 |  |  |  |  |  |  |  |  |  |             |  |  |  |  |  |  |  |  |  |

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| DANNY BREWER SR   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                                 |  |  |  |  |  |  |  |  |  |             |  |  |  |  |  |  |  |  |  |
| Printed Name  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                                 |  |  |  |  |  |  |  |  |  |             |  |  |  |  |  |  |  |  |  |
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| Principal Physical Residence Address (or best equivalent) - No PO Box Numbers |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                                 |  |  |  |  |  |  |  |  |  |             |  |  |  |  |  |  |  |  |  |
| 53080 TENAKEE   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                                 |  |  |  |  |  |  |  |  |  |             |  |  |  |  |  |  |  |  |  |
| City, State, Zip Code   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                                 |  |  |  |  |  |  |  |  |  |             |  |  |  |  |  |  |  |  |  |
| [Redacted Signature]  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | [Redacted Numerical Identifier] |  |  |  |  |  |  |  |  |  | 8/3/16      |  |  |  |  |  |  |  |  |  |
| Signature   |  |  |  |  |  |  |  |  |  |  |  |  |  |  | Numerical Identifier            |  |  |  |  |  |  |  |  |  | Date Signed |  |  |  |  |  |  |  |  |  |
|   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                                 |  |  |  |  |  |  |  |  |  |             |  |  |  |  |  |  |  |  |  |
| Email Address   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                                 |  |  |  |  |  |  |  |  |  |             |  |  |  |  |  |  |  |  |  |



WE, THE UNDERSIGNED, hereby petition for the incorporation of the city described in the complete petition.  
Further, we swear or affirm that:

1. We are registered voters of the State of Alaska;
2. We are registered to vote within the proposed city;
3. We have reviewed the complete petition, including all exhibits, and we understand its terms.

|   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|---|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|
| HENRY W HANEY   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Printed Name  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 50111 BIRCH GROVE ST  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Principal Physical Residence Address (or best equivalent) - No PO Box Numbers |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| NISKI ALASKA 99635  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| [Redacted]  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 7-30-16   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Date Signed   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| HWHANEY@yahoo.com   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Email Address   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |

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|---|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|
| SUSAN TAURIAINEN  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Printed Name  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 46660 TAURIAINEN  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Principal Physical Residence Address (or best equivalent) - No PO Box Numbers |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| NISKI AK 99635  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| City, State, Zip Code   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| [Redacted]  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| [Redacted]  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 8/1/16  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Date Signed   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Signature   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| htauri@gci.net  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Email Address   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |

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| MIRRII MCGANAN  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Printed Name  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 31736 MURPHY ST   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Principal Physical Residence Address (or best equivalent) - No PO Box Numbers |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| NISKI AK 99635  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| City, State, Zip Code   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| [Redacted]  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| [Redacted]  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 8/2/2016  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Date Signed   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Signature   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| [Redacted]  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Email Address   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |

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| DAVID TEIGEN  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Printed Name  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 52150 PROVIDENCE CIR  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Principal Physical Residence Address (or best equivalent) - No PO Box Numbers |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| NISKI AK 99635  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| City, State, Zip Code   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| [Redacted]  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| [Redacted]  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 8-2-16  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Date Signed   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Signature   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| dteigenak@gmail.com   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Email Address   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |



WE, THE UNDERSIGNED, hereby petition for the incorporation of the city described in the complete petition. Further, we swear or affirm that:

1. We are registered voters of the State of Alaska;
2. We are registered to vote within the proposed city;
3. We have reviewed the complete petition, including all exhibits, and we understand its terms.

|   |                      |
|---|----------------------|
| T. MORTY (DUBATH  |                      |
| Printed Name  |                      |
| 5501 S CORAL STREET   |                      |
| Principal Physical Residence Address (or best equivalent) - No PO Box Numbers |                      |
| NIKISKI   |                      |
| City, State, Zip Code   |                      |
| [Redacted Signature]  |                      |
| Signature   | Numerical Identifier |
| [Redacted Signature]  |                      |
| Date Signed 02/03/16  |                      |
| ALASKA, AK 99635  |                      |
| Email Address   |                      |

|   |                      |
|---|----------------------|
| GARY MURPHY H   |                      |
| Printed Name  |                      |
| 46963 SPRUCE HAVEN ST   |                      |
| Principal Physical Residence Address (or best equivalent) - No PO Box Numbers |                      |
| NIKISKI AK 99635  |                      |
| City, State, Zip Code   |                      |
| [Redacted Signature]  |                      |
| Signature   | Numerical Identifier |
| [Redacted Signature]  |                      |
| Date Signed 8-3-16  |                      |
| Email Address   |                      |

|   |                      |
|---|----------------------|
| ESKER COFFEY  |                      |
| Printed Name  |                      |
| 53595 NORTH KENAI HWY   |                      |
| Principal Physical Residence Address (or best equivalent) - No PO Box Numbers |                      |
| NIKISKI AK 99635  |                      |
| City, State, Zip Code   |                      |
| [Redacted Signature]  |                      |
| Signature   | Numerical Identifier |
| [Redacted Signature]  |                      |
| Date Signed 8/3/2016  |                      |
| ATHANOLFIRECYAHOOCOM  |                      |
| Email Address   |                      |

|   |                      |
|---|----------------------|
| DAVID CHASSER   |                      |
| Printed Name  |                      |
| 52630 SMITH RD  |                      |
| Principal Physical Residence Address (or best equivalent) - No PO Box Numbers |                      |
| NIKISKI AK 99635  |                      |
| City, State, Zip Code   |                      |
| [Redacted Signature]  |                      |
| Signature   | Numerical Identifier |
| [Redacted Signature]  |                      |
| Date Signed 3/11/16   |                      |
| DAVID.CHASSER@YANCO.COM   |                      |
| Email Address   |                      |

WE, THE UNDERSIGNED, hereby petition for the incorporation of the city described in the complete petition. Further, we swear or affirm that:

1. We are registered voters of the State of Alaska;
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|   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                                 |  |  |  |  |  |  |  |  |  |             |  |  |  |  |  |  |  |  |  |
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| T I M W A R D E   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                                 |  |  |  |  |  |  |  |  |  |             |  |  |  |  |  |  |  |  |  |
| Printed Name  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                                 |  |  |  |  |  |  |  |  |  |             |  |  |  |  |  |  |  |  |  |
| L O T M E A D O W L A K E S U B.  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                                 |  |  |  |  |  |  |  |  |  |             |  |  |  |  |  |  |  |  |  |
| Principal Physical Residence Address (or best equivalent) - No PO Box Numbers |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                                 |  |  |  |  |  |  |  |  |  |             |  |  |  |  |  |  |  |  |  |
| N I K I S K I A K   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                                 |  |  |  |  |  |  |  |  |  |             |  |  |  |  |  |  |  |  |  |
| [Redacted Signature]  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | [Redacted Numerical Identifier] |  |  |  |  |  |  |  |  |  | 8-3-16      |  |  |  |  |  |  |  |  |  |
| Signature   |  |  |  |  |  |  |  |  |  |  |  |  |  |  | Numerical Identifier            |  |  |  |  |  |  |  |  |  | Date Signed |  |  |  |  |  |  |  |  |  |
| [Redacted Email Address]  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                                 |  |  |  |  |  |  |  |  |  |             |  |  |  |  |  |  |  |  |  |
| Email Address   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                                 |  |  |  |  |  |  |  |  |  |             |  |  |  |  |  |  |  |  |  |

|   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                                 |  |  |  |  |  |  |  |  |  |             |  |  |  |  |  |  |  |  |  |
|---|--|--|--|--|--|--|--|--|--|--|--|--|--|--|---------------------------------|--|--|--|--|--|--|--|--|--|-------------|--|--|--|--|--|--|--|--|--|
| T I L L I A N B R O U S S A R D   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                                 |  |  |  |  |  |  |  |  |  |             |  |  |  |  |  |  |  |  |  |
| Printed Name  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                                 |  |  |  |  |  |  |  |  |  |             |  |  |  |  |  |  |  |  |  |
| S T O I S A L A S K A W A Y   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                                 |  |  |  |  |  |  |  |  |  |             |  |  |  |  |  |  |  |  |  |
| Principal Physical Residence Address (or best equivalent) - No PO Box Numbers |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                                 |  |  |  |  |  |  |  |  |  |             |  |  |  |  |  |  |  |  |  |
| N I K I S K I A K 9 9 6 3 5   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                                 |  |  |  |  |  |  |  |  |  |             |  |  |  |  |  |  |  |  |  |
| City, State, Zip Code   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                                 |  |  |  |  |  |  |  |  |  |             |  |  |  |  |  |  |  |  |  |
| [Redacted Signature]  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | [Redacted Numerical Identifier] |  |  |  |  |  |  |  |  |  | 8/03/2016   |  |  |  |  |  |  |  |  |  |
| Signature   |  |  |  |  |  |  |  |  |  |  |  |  |  |  | Numerical Identifier            |  |  |  |  |  |  |  |  |  | Date Signed |  |  |  |  |  |  |  |  |  |
| [Redacted Email Address]  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                                 |  |  |  |  |  |  |  |  |  |             |  |  |  |  |  |  |  |  |  |
| Email Address   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                                 |  |  |  |  |  |  |  |  |  |             |  |  |  |  |  |  |  |  |  |

|   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                                 |  |  |  |  |  |  |  |  |  |             |  |  |  |  |  |  |  |  |  |
|---|--|--|--|--|--|--|--|--|--|--|--|--|--|--|---------------------------------|--|--|--|--|--|--|--|--|--|-------------|--|--|--|--|--|--|--|--|--|
| S U S A N W H I P P   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                                 |  |  |  |  |  |  |  |  |  |             |  |  |  |  |  |  |  |  |  |
| Printed Name  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                                 |  |  |  |  |  |  |  |  |  |             |  |  |  |  |  |  |  |  |  |
| S T O I S C O R A L S E R   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                                 |  |  |  |  |  |  |  |  |  |             |  |  |  |  |  |  |  |  |  |
| Principal Physical Residence Address (or best equivalent) - No PO Box Numbers |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                                 |  |  |  |  |  |  |  |  |  |             |  |  |  |  |  |  |  |  |  |
| N I K I S K I A K 9 9 6 3 5   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                                 |  |  |  |  |  |  |  |  |  |             |  |  |  |  |  |  |  |  |  |
| City, State, Zip Code   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                                 |  |  |  |  |  |  |  |  |  |             |  |  |  |  |  |  |  |  |  |
| [Redacted Signature]  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | [Redacted Numerical Identifier] |  |  |  |  |  |  |  |  |  | Aug 3, 2016 |  |  |  |  |  |  |  |  |  |
| Signature   |  |  |  |  |  |  |  |  |  |  |  |  |  |  | Numerical Identifier            |  |  |  |  |  |  |  |  |  | Date Signed |  |  |  |  |  |  |  |  |  |
| [Redacted Email Address]  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                                 |  |  |  |  |  |  |  |  |  |             |  |  |  |  |  |  |  |  |  |
| Email Address   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                                 |  |  |  |  |  |  |  |  |  |             |  |  |  |  |  |  |  |  |  |

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|---|--|--|--|--|--|--|--|--|--|--|--|--|--|--|---------------------------------|--|--|--|--|--|--|--|--|--|-------------|--|--|--|--|--|--|--|--|--|
| D A R R E L L R B A I E R   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                                 |  |  |  |  |  |  |  |  |  |             |  |  |  |  |  |  |  |  |  |
| Printed Name  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                                 |  |  |  |  |  |  |  |  |  |             |  |  |  |  |  |  |  |  |  |
| S I S S Y K E W A T S P U R H W Y   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                                 |  |  |  |  |  |  |  |  |  |             |  |  |  |  |  |  |  |  |  |
| Principal Physical Residence Address (or best equivalent) - No PO Box Numbers |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                                 |  |  |  |  |  |  |  |  |  |             |  |  |  |  |  |  |  |  |  |
| N I K I S K I A K 9 9 6 1 1   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                                 |  |  |  |  |  |  |  |  |  |             |  |  |  |  |  |  |  |  |  |
| City, State, Zip Code   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                                 |  |  |  |  |  |  |  |  |  |             |  |  |  |  |  |  |  |  |  |
| [Redacted Signature]  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | [Redacted Numerical Identifier] |  |  |  |  |  |  |  |  |  | 08/03/16    |  |  |  |  |  |  |  |  |  |
| Signature   |  |  |  |  |  |  |  |  |  |  |  |  |  |  | Numerical Identifier            |  |  |  |  |  |  |  |  |  | Date Signed |  |  |  |  |  |  |  |  |  |
| [Redacted Email Address]  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                                 |  |  |  |  |  |  |  |  |  |             |  |  |  |  |  |  |  |  |  |
| Email Address   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                                 |  |  |  |  |  |  |  |  |  |             |  |  |  |  |  |  |  |  |  |

WE, THE UNDERSIGNED, hereby petition for the incorporation of the city described in the complete petition.

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2. We are registered to vote within the proposed city;
3. We have reviewed the complete petition, including all exhibits, and we understand its terms.

KAREN S MCGAHAN

Printed Name

MILE 29.3 NORTH RD NIKISKI

Principal Physical Residence Address (or best equivalent) - No PO Box Numbers

NIKISKI ALASKA 99635

City, State, Zip Code

Numerical Identifier

8/12/2016  
Date Signed

boulderpoint@a1aska.net

Email Address

Celina S Jackson

Printed Name

Mile 29.3 North Rd NIKISKI

Principal Physical Residence Address (or best equivalent) - No PO Box Numbers

NIKISKI ALASKA 99611

City, State, Zip Code

Numerical Identifier

8/14/16  
Date Signed

celinas10@yahoo.com

Email Address

JEFFREY A SMARDO

Printed Name

45112 DAYSTAR COURT

Principal Physical Residence Address (or best equivalent) - No PO Box Numbers

NIKISKI ALASKA 99635

Signature

Numerical Identifier

8/15/16  
Date Signed

jsmardo@IESIIC.COM

Email Address

Caroline E Smarko

Printed Name

45112 Daystar Ct

Principal Physical Residence Address (or best equivalent) - No PO Box Numbers

NIKISKI ALASKA 99635

Signature

Numerical Identifier

8/15/16  
Date Signed

Salmonberrywood1202hushmail.com

Email Address

WE, THE UNDERSIGNED, hereby petition for the incorporation of the city described in the complete petition.  
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2. We are registered to vote within the proposed city;
3. We have reviewed the complete petition, including all exhibits, and we understand its terms.

Burley Wheeler  
Printed Name  
51545 Hillside DR  
Principal Physical Residence Address (or best equivalent) - No PO Box Numbers  
Nikiski AK 99635  
City, State, Zip Code  
[Redacted Signature] [Redacted Numerical Identifier] 4-15-16  
Signature Numerical Identifier Date Signed

Email Address

Harrison Deever  
Printed Name  
50485 Littlemitz Avenue  
Principal Physical Residence Address (or best equivalent) - No PO Box Numbers  
Nikiski AK 99635  
City, State, Zip Code  
[Redacted Signature] [Redacted Numerical Identifier] 08/24/2016  
Signature Numerical Identifier Date Signed  
hd2veer@yahoo.com  
Email Address

RICHARD C MCGAHAN SR  
Printed Name  
Mile 29.3 North Rd  
Principal Physical Residence Address (or best equivalent) - No PO Box Numbers  
Nikiski ALASKA 99635  
City, State, Zip Code  
[Redacted Signature] [Redacted Numerical Identifier] 8/16/16  
Signature Numerical Identifier Date Signed  
boulderpoint@alaska.net  
Email Address

Gina Keith  
Printed Name  
47032 Muskrat St.  
Principal Physical Residence Address (or best equivalent) - No PO Box Numbers  
Kenai AK 99611  
City, State, Zip Code  
[Redacted Signature] [Redacted Numerical Identifier] 8/16/16  
Signature Numerical Identifier Date Signed  
rsketh@yahoo.com  
Email Address



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3. We have reviewed the complete petition, including all exhibits, and we understand its terms.

Selah Smarko  
 Printed Name  
 45112 DAYSTAR COURT  
 Principal Physical Residence Address (or best equivalent) - No PO Box Numbers  
 1 KISKI ALASKA 99635  
 City, State, Zip Code  
 [Redacted Signature] [Redacted Numerical Identifier] 8/15/16  
 Date Signed  
 salmonbutterflywood1301@gmail.com  
 Email Address

Lydia J Smarko  
 Printed Name  
 45112 DAYSTAR COURT  
 Principal Physical Residence Address (or best equivalent) - No PO Box Numbers  
 NIKISKI ALASKA 99635  
 City, State, Zip Code  
 [Redacted Signature] [Redacted Numerical Identifier] 8/15/16  
 Date Signed  
 [Redacted Email Address]  
 Email Address

KENDRA L Brownssard  
 Printed Name  
 52015 AWAKA WAY 99635  
 Principal Physical Residence Address (or best equivalent) - No PO Box Numbers  
 NIKISKI AK 99635  
 City, State, Zip Code  
 [Redacted Signature] [Redacted Numerical Identifier] 8/15/16  
 Date Signed  
 ann+iekendawayahoo.com  
 Email Address

John C Brownssard  
 Printed Name  
 AWAKA WAY 52015  
 Principal Physical Residence Address (or best equivalent) - No PO Box Numbers  
 NIKISKI AK 99635  
 City, State, Zip Code  
 [Redacted Signature] [Redacted Numerical Identifier] 8/15/16  
 Date Signed  
 jcb@nikiskia.ak.us  
 Email Address

WE, THE UNDERSIGNED, hereby petition for the incorporation of the city described in the complete petition.  
Further, we swear or affirm that:

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2. We are registered to vote within the proposed city;
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|   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                                 |  |  |  |  |             |  |  |  |  |
|---|--|--|--|--|--|--|--|--|--|--|--|--|--|--|---------------------------------|--|--|--|--|-------------|--|--|--|--|
| STACY ANN OLIVA   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                                 |  |  |  |  |             |  |  |  |  |
| Printed Name  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                                 |  |  |  |  |             |  |  |  |  |
| 52360 SARA JANE ST.   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                                 |  |  |  |  |             |  |  |  |  |
| Principal Physical Residence Address (or best equivalent) - No PO Box Numbers |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                                 |  |  |  |  |             |  |  |  |  |
| NIKISKI ALASKA 99635  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                                 |  |  |  |  |             |  |  |  |  |
| City, State, Zip Code   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                                 |  |  |  |  |             |  |  |  |  |
| [Redacted Signature]  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | [Redacted Numerical Identifier] |  |  |  |  | 8/15/16     |  |  |  |  |
| Signature   |  |  |  |  |  |  |  |  |  |  |  |  |  |  | Numerical Identifier            |  |  |  |  | Date Signed |  |  |  |  |
| [Redacted Email Address]  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                                 |  |  |  |  |             |  |  |  |  |
| Email Address   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                                 |  |  |  |  |             |  |  |  |  |

|   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                                 |  |  |  |  |             |  |  |  |  |
|---|--|--|--|--|--|--|--|--|--|--|--|--|--|--|---------------------------------|--|--|--|--|-------------|--|--|--|--|
| DEA R MCCLURE   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                                 |  |  |  |  |             |  |  |  |  |
| Printed Name  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                                 |  |  |  |  |             |  |  |  |  |
| 43580 KENAI SPUR HWY  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                                 |  |  |  |  |             |  |  |  |  |
| Principal Physical Residence Address (or best equivalent) - No PO Box Numbers |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                                 |  |  |  |  |             |  |  |  |  |
| KENAI AK 99611  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                                 |  |  |  |  |             |  |  |  |  |
| City, State, Zip Code   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                                 |  |  |  |  |             |  |  |  |  |
| [Redacted Signature]  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | [Redacted Numerical Identifier] |  |  |  |  | 8/18/16     |  |  |  |  |
| Signature   |  |  |  |  |  |  |  |  |  |  |  |  |  |  | Numerical Identifier            |  |  |  |  | Date Signed |  |  |  |  |
| [Redacted Email Address]  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                                 |  |  |  |  |             |  |  |  |  |
| Email Address   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                                 |  |  |  |  |             |  |  |  |  |

|   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                                 |  |  |  |  |             |  |  |  |  |
|---|--|--|--|--|--|--|--|--|--|--|--|--|--|--|---------------------------------|--|--|--|--|-------------|--|--|--|--|
| GRANT E MCCLURE   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                                 |  |  |  |  |             |  |  |  |  |
| Printed Name  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                                 |  |  |  |  |             |  |  |  |  |
| 43580 KENAI SPUR HWY  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                                 |  |  |  |  |             |  |  |  |  |
| Principal Physical Residence Address (or best equivalent) - No PO Box Numbers |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                                 |  |  |  |  |             |  |  |  |  |
| KENAI AK 99611  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                                 |  |  |  |  |             |  |  |  |  |
| City, State, Zip Code   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                                 |  |  |  |  |             |  |  |  |  |
| [Redacted Signature]  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | [Redacted Numerical Identifier] |  |  |  |  | 8/18/16     |  |  |  |  |
| Signature   |  |  |  |  |  |  |  |  |  |  |  |  |  |  | Numerical Identifier            |  |  |  |  | Date Signed |  |  |  |  |
| [Redacted Email Address]  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                                 |  |  |  |  |             |  |  |  |  |
| Email Address   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                                 |  |  |  |  |             |  |  |  |  |

|   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                                 |  |  |  |  |             |  |  |  |  |
|---|--|--|--|--|--|--|--|--|--|--|--|--|--|--|---------------------------------|--|--|--|--|-------------|--|--|--|--|
| MICHAEL A BROWSSARD   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                                 |  |  |  |  |             |  |  |  |  |
| Printed Name  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                                 |  |  |  |  |             |  |  |  |  |
| KENAI AK 99611  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                                 |  |  |  |  |             |  |  |  |  |
| Principal Physical Residence Address (or best equivalent) - No PO Box Numbers |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                                 |  |  |  |  |             |  |  |  |  |
| Box 865 Kenai 53670 Lyndal Ct   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                                 |  |  |  |  |             |  |  |  |  |
| City, State, Zip Code   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                                 |  |  |  |  |             |  |  |  |  |
| [Redacted Signature]  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | [Redacted Numerical Identifier] |  |  |  |  | 8/18/16     |  |  |  |  |
| Signature   |  |  |  |  |  |  |  |  |  |  |  |  |  |  | Numerical Identifier            |  |  |  |  | Date Signed |  |  |  |  |
| [Redacted Email Address]  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                                 |  |  |  |  |             |  |  |  |  |
| Email Address   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                                 |  |  |  |  |             |  |  |  |  |

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MARK CIALER

Printed Name

42877 KENAI SPUR

Principal Physical Residence Address (or best equivalent) - No PO Box Numbers

KENAI AK 99611

City, State, Zip Code

Signature

MARK@KACHEMAKELECTRIC.COM

Email Address

Numerical Identifier

Date Signed

8/16/16

PETE PICCINI

Printed Name

50215 INDEPENDENCE ST

Principal Physical Residence Address (or best equivalent) - No PO Box Numbers

KENAI AK 99611

City, State, Zip Code

Signature

PETE@PICCINI5@ALASKA.NET

Email Address

Numerical Identifier

Date Signed

5/18/16

LINDA PICCINI

Printed Name

50215 INDEPENDENCE ST

Principal Physical Residence Address (or best equivalent) - No PO Box Numbers

KENAI AK 99611

City, State, Zip Code

Signature

PICCINIS@ALASKA.NET

Email Address

Numerical Identifier

Date Signed

8-18-16

WYNNE PATTISON

Printed Name

49515 MOOSE RUN RD

Principal Physical Residence Address (or best equivalent) - No PO Box Numbers

KENAI AK 99611

City, State, Zip Code

Signature

WYPATTISON@GMAIL.COM

Email Address

Numerical Identifier

Date Signed

5-18-16

WE, THE UNDERSIGNED, hereby petition for the incorporation of the city described in the complete petition. Further, we swear or affirm that:

1. We are registered voters of the State of Alaska;
2. We are registered to vote within the proposed city;
3. We have reviewed the complete petition, including all exhibits, and we understand its terms.

|   |  |  |  |  |  |  |  |  |  |                                 |  |  |  |  |  |  |  |  |  |             |  |  |  |  |
|---|--|--|--|--|--|--|--|--|--|---------------------------------|--|--|--|--|--|--|--|--|--|-------------|--|--|--|--|
| ANTHONY LARUCCA   |  |  |  |  |  |  |  |  |  |                                 |  |  |  |  |  |  |  |  |  |             |  |  |  |  |
| Printed Name  |  |  |  |  |  |  |  |  |  |                                 |  |  |  |  |  |  |  |  |  |             |  |  |  |  |
| 15210 MARIEVE   |  |  |  |  |  |  |  |  |  |                                 |  |  |  |  |  |  |  |  |  |             |  |  |  |  |
| Principal Physical Residence Address (or best equivalent) - No PO Box Numbers |  |  |  |  |  |  |  |  |  |                                 |  |  |  |  |  |  |  |  |  |             |  |  |  |  |
| NIKISKI AK 99635  |  |  |  |  |  |  |  |  |  |                                 |  |  |  |  |  |  |  |  |  |             |  |  |  |  |
| City, State, Zip Code   |  |  |  |  |  |  |  |  |  |                                 |  |  |  |  |  |  |  |  |  |             |  |  |  |  |
| [Redacted Signature]  |  |  |  |  |  |  |  |  |  | [Redacted Numerical Identifier] |  |  |  |  |  |  |  |  |  | 8-3-16      |  |  |  |  |
| Signature   |  |  |  |  |  |  |  |  |  | Numerical Identifier            |  |  |  |  |  |  |  |  |  | Date Signed |  |  |  |  |
| [Redacted Email Address]  |  |  |  |  |  |  |  |  |  |                                 |  |  |  |  |  |  |  |  |  |             |  |  |  |  |
| Email Address   |  |  |  |  |  |  |  |  |  |                                 |  |  |  |  |  |  |  |  |  |             |  |  |  |  |

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|---|--|--|--|--|--|--|--|--|--|---------------------------------|--|--|--|--|--|--|--|--|--|-------------|--|--|--|--|
| JESSE L. SPRUEGEON  |  |  |  |  |  |  |  |  |  |                                 |  |  |  |  |  |  |  |  |  |             |  |  |  |  |
| Printed Name  |  |  |  |  |  |  |  |  |  |                                 |  |  |  |  |  |  |  |  |  |             |  |  |  |  |
| 50415 WRANCELL DR   |  |  |  |  |  |  |  |  |  |                                 |  |  |  |  |  |  |  |  |  |             |  |  |  |  |
| Principal Physical Residence Address (or best equivalent) - No PO Box Numbers |  |  |  |  |  |  |  |  |  |                                 |  |  |  |  |  |  |  |  |  |             |  |  |  |  |
| NIKISKI AK 99635  |  |  |  |  |  |  |  |  |  |                                 |  |  |  |  |  |  |  |  |  |             |  |  |  |  |
| City, State, Zip Code   |  |  |  |  |  |  |  |  |  |                                 |  |  |  |  |  |  |  |  |  |             |  |  |  |  |
| [Redacted Signature]  |  |  |  |  |  |  |  |  |  | [Redacted Numerical Identifier] |  |  |  |  |  |  |  |  |  | 8-5-16      |  |  |  |  |
| Signature   |  |  |  |  |  |  |  |  |  | Numerical Identifier            |  |  |  |  |  |  |  |  |  | Date Signed |  |  |  |  |
| jesse@spruegeon@gmail.com   |  |  |  |  |  |  |  |  |  |                                 |  |  |  |  |  |  |  |  |  |             |  |  |  |  |
| Email Address   |  |  |  |  |  |  |  |  |  |                                 |  |  |  |  |  |  |  |  |  |             |  |  |  |  |

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| MATT MICHAELS   |  |  |  |  |  |  |  |  |  |                                 |  |  |  |  |  |  |  |  |  |             |  |  |  |  |
| Printed Name  |  |  |  |  |  |  |  |  |  |                                 |  |  |  |  |  |  |  |  |  |             |  |  |  |  |
| 50927 DIOMEDE   |  |  |  |  |  |  |  |  |  |                                 |  |  |  |  |  |  |  |  |  |             |  |  |  |  |
| Principal Physical Residence Address (or best equivalent) - No PO Box Numbers |  |  |  |  |  |  |  |  |  |                                 |  |  |  |  |  |  |  |  |  |             |  |  |  |  |
| NIKISKI AK 99635  |  |  |  |  |  |  |  |  |  |                                 |  |  |  |  |  |  |  |  |  |             |  |  |  |  |
| City, State, Zip Code   |  |  |  |  |  |  |  |  |  |                                 |  |  |  |  |  |  |  |  |  |             |  |  |  |  |
| [Redacted Signature]  |  |  |  |  |  |  |  |  |  | [Redacted Numerical Identifier] |  |  |  |  |  |  |  |  |  | 8-3-16      |  |  |  |  |
| Signature   |  |  |  |  |  |  |  |  |  | Numerical Identifier            |  |  |  |  |  |  |  |  |  | Date Signed |  |  |  |  |
| [Redacted Email Address]  |  |  |  |  |  |  |  |  |  |                                 |  |  |  |  |  |  |  |  |  |             |  |  |  |  |
| Email Address   |  |  |  |  |  |  |  |  |  |                                 |  |  |  |  |  |  |  |  |  |             |  |  |  |  |

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|---|--|--|--|--|--|--|--|--|--|---------------------------------|--|--|--|--|--|--|--|--|--|-------------|--|--|--|--|
| ZAYLE MEYER   |  |  |  |  |  |  |  |  |  |                                 |  |  |  |  |  |  |  |  |  |             |  |  |  |  |
| Printed Name  |  |  |  |  |  |  |  |  |  |                                 |  |  |  |  |  |  |  |  |  |             |  |  |  |  |
| 33080 DAINSEY ME  |  |  |  |  |  |  |  |  |  |                                 |  |  |  |  |  |  |  |  |  |             |  |  |  |  |
| Principal Physical Residence Address (or best equivalent) - No PO Box Numbers |  |  |  |  |  |  |  |  |  |                                 |  |  |  |  |  |  |  |  |  |             |  |  |  |  |
| NIKISKI AK 99635  |  |  |  |  |  |  |  |  |  |                                 |  |  |  |  |  |  |  |  |  |             |  |  |  |  |
| City, State, Zip Code   |  |  |  |  |  |  |  |  |  |                                 |  |  |  |  |  |  |  |  |  |             |  |  |  |  |
| [Redacted Signature]  |  |  |  |  |  |  |  |  |  | [Redacted Numerical Identifier] |  |  |  |  |  |  |  |  |  | 8/3/16      |  |  |  |  |
| Signature   |  |  |  |  |  |  |  |  |  | Numerical Identifier            |  |  |  |  |  |  |  |  |  | Date Signed |  |  |  |  |
| stevekmeyer@aol.com   |  |  |  |  |  |  |  |  |  |                                 |  |  |  |  |  |  |  |  |  |             |  |  |  |  |
| Email Address   |  |  |  |  |  |  |  |  |  |                                 |  |  |  |  |  |  |  |  |  |             |  |  |  |  |



WE, THE UNDERSIGNED, hereby petition for the incorporation of the city described in the complete petition.  
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|   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                      |  |  |  |  |  |  |  |  |  |
|---|--|--|--|--|--|--|--|--|--|--|--|--|--|--|----------------------|--|--|--|--|--|--|--|--|--|
| Printed Name  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                      |  |  |  |  |  |  |  |  |  |
| Mark Berdahi  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                      |  |  |  |  |  |  |  |  |  |
| Principal Physical Residence Address (or best equivalent) - No PO Box Numbers |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                      |  |  |  |  |  |  |  |  |  |
| 50690 Shewya Way  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                      |  |  |  |  |  |  |  |  |  |
| City, State, Zip Code   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                      |  |  |  |  |  |  |  |  |  |
| Kenai, Alaska 99611   |  |  |  |  |  |  |  |  |  |  |  |  |  |  | [Redacted]           |  |  |  |  |  |  |  |  |  |
|   |  |  |  |  |  |  |  |  |  |  |  |  |  |  | Numerical Identifier |  |  |  |  |  |  |  |  |  |
|   |  |  |  |  |  |  |  |  |  |  |  |  |  |  | Date Signed          |  |  |  |  |  |  |  |  |  |
|   |  |  |  |  |  |  |  |  |  |  |  |  |  |  | 7/30/16              |  |  |  |  |  |  |  |  |  |
| Email Address   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                      |  |  |  |  |  |  |  |  |  |

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| Printed Name  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                      |  |  |  |  |  |  |  |  |  |
| PAUL DETARY   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                      |  |  |  |  |  |  |  |  |  |
| Principal Physical Residence Address (or best equivalent) - No PO Box Numbers |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                      |  |  |  |  |  |  |  |  |  |
| 51925 KENAI SPUR HWY  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                      |  |  |  |  |  |  |  |  |  |
| City, State, Zip Code   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                      |  |  |  |  |  |  |  |  |  |
| Nikiski 99125 AK  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | [Redacted]           |  |  |  |  |  |  |  |  |  |
|   |  |  |  |  |  |  |  |  |  |  |  |  |  |  | Numerical Identifier |  |  |  |  |  |  |  |  |  |
|   |  |  |  |  |  |  |  |  |  |  |  |  |  |  | Date Signed          |  |  |  |  |  |  |  |  |  |
|   |  |  |  |  |  |  |  |  |  |  |  |  |  |  | 8-3-16               |  |  |  |  |  |  |  |  |  |
| Signature   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                      |  |  |  |  |  |  |  |  |  |
| [Redacted]  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                      |  |  |  |  |  |  |  |  |  |
| Email Address   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                      |  |  |  |  |  |  |  |  |  |
| PAUL.DETARY@COMCAST.NET   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                      |  |  |  |  |  |  |  |  |  |

|   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                      |  |  |  |  |  |  |  |  |  |
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| Printed Name  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                      |  |  |  |  |  |  |  |  |  |
| LONNIE SCOTT  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                      |  |  |  |  |  |  |  |  |  |
| Principal Physical Residence Address (or best equivalent) - No PO Box Numbers |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                      |  |  |  |  |  |  |  |  |  |
| 51382 MURPHY ST   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                      |  |  |  |  |  |  |  |  |  |
| Nikiski AK 99635  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                      |  |  |  |  |  |  |  |  |  |
| [Redacted]  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | [Redacted]           |  |  |  |  |  |  |  |  |  |
|   |  |  |  |  |  |  |  |  |  |  |  |  |  |  | Numerical Identifier |  |  |  |  |  |  |  |  |  |
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|   |  |  |  |  |  |  |  |  |  |  |  |  |  |  | 8-3-16               |  |  |  |  |  |  |  |  |  |
| Signature   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                      |  |  |  |  |  |  |  |  |  |
| [Redacted]  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                      |  |  |  |  |  |  |  |  |  |
| Email Address   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                      |  |  |  |  |  |  |  |  |  |
| LTONNIE@AESC.AK.AS.KHONET   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                      |  |  |  |  |  |  |  |  |  |

|   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                      |  |  |  |  |  |  |  |  |  |
|---|--|--|--|--|--|--|--|--|--|--|--|--|--|--|----------------------|--|--|--|--|--|--|--|--|--|
| Printed Name  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                      |  |  |  |  |  |  |  |  |  |
| NEILSON LEE WILLIAMS  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                      |  |  |  |  |  |  |  |  |  |
| Principal Physical Residence Address (or best equivalent) - No PO Box Numbers |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                      |  |  |  |  |  |  |  |  |  |
| 55550 PANORAMA AVE  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                      |  |  |  |  |  |  |  |  |  |
| City, State, Zip Code   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                      |  |  |  |  |  |  |  |  |  |
| [Redacted]  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | [Redacted]           |  |  |  |  |  |  |  |  |  |
|   |  |  |  |  |  |  |  |  |  |  |  |  |  |  | Numerical Identifier |  |  |  |  |  |  |  |  |  |
|   |  |  |  |  |  |  |  |  |  |  |  |  |  |  | Date Signed          |  |  |  |  |  |  |  |  |  |
|   |  |  |  |  |  |  |  |  |  |  |  |  |  |  | 8/31/16              |  |  |  |  |  |  |  |  |  |
| Signature   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                      |  |  |  |  |  |  |  |  |  |
| N/A   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                      |  |  |  |  |  |  |  |  |  |
| Email Address   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                      |  |  |  |  |  |  |  |  |  |

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|---|--|--|--|--|--|--|--|--|--|------------------------|--|--|--|--|--|--|--|--|--|-------------|--|--|--|--|
| JACOB L TUTTLE  |  |  |  |  |  |  |  |  |  |                        |  |  |  |  |  |  |  |  |  |             |  |  |  |  |
| Printed Name  |  |  |  |  |  |  |  |  |  |                        |  |  |  |  |  |  |  |  |  |             |  |  |  |  |
| 47155 BLACK BEAR  |  |  |  |  |  |  |  |  |  |                        |  |  |  |  |  |  |  |  |  |             |  |  |  |  |
| Principal Physical Residence Address (or best equivalent) - No PO Box Numbers |  |  |  |  |  |  |  |  |  |                        |  |  |  |  |  |  |  |  |  |             |  |  |  |  |
| KENAI AK 99635  |  |  |  |  |  |  |  |  |  |                        |  |  |  |  |  |  |  |  |  |             |  |  |  |  |
| City, State, Zip Code   |  |  |  |  |  |  |  |  |  |                        |  |  |  |  |  |  |  |  |  |             |  |  |  |  |
| [Signature]   |  |  |  |  |  |  |  |  |  | [Numerical Identifier] |  |  |  |  |  |  |  |  |  | 8/5/16      |  |  |  |  |
| Signature   |  |  |  |  |  |  |  |  |  | Numerical Identifier   |  |  |  |  |  |  |  |  |  | Date Signed |  |  |  |  |
| JTUTTLE907@gmail.com  |  |  |  |  |  |  |  |  |  |                        |  |  |  |  |  |  |  |  |  |             |  |  |  |  |
| Email Address   |  |  |  |  |  |  |  |  |  |                        |  |  |  |  |  |  |  |  |  |             |  |  |  |  |

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|---|--|--|--|--|--|--|--|--|--|------------------------|--|--|--|--|--|--|--|--|--|-------------|--|--|--|--|
| Talakai FINAY   |  |  |  |  |  |  |  |  |  |                        |  |  |  |  |  |  |  |  |  |             |  |  |  |  |
| Printed Name  |  |  |  |  |  |  |  |  |  |                        |  |  |  |  |  |  |  |  |  |             |  |  |  |  |
| 50970 NOATAK WY   |  |  |  |  |  |  |  |  |  |                        |  |  |  |  |  |  |  |  |  |             |  |  |  |  |
| Principal Physical Residence Address (or best equivalent) - No PO Box Numbers |  |  |  |  |  |  |  |  |  |                        |  |  |  |  |  |  |  |  |  |             |  |  |  |  |
| KENAI ALASKA 99611  |  |  |  |  |  |  |  |  |  |                        |  |  |  |  |  |  |  |  |  |             |  |  |  |  |
| City, State, Zip Code   |  |  |  |  |  |  |  |  |  |                        |  |  |  |  |  |  |  |  |  |             |  |  |  |  |
| [Signature]   |  |  |  |  |  |  |  |  |  | [Numerical Identifier] |  |  |  |  |  |  |  |  |  | 5/20/16     |  |  |  |  |
| Signature   |  |  |  |  |  |  |  |  |  | Numerical Identifier   |  |  |  |  |  |  |  |  |  | Date Signed |  |  |  |  |
| talakai-finau@hotmail.com   |  |  |  |  |  |  |  |  |  |                        |  |  |  |  |  |  |  |  |  |             |  |  |  |  |
| Email Address   |  |  |  |  |  |  |  |  |  |                        |  |  |  |  |  |  |  |  |  |             |  |  |  |  |

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|---|--|--|--|--|--|--|--|--|--|------------------------|--|--|--|--|--|--|--|--|--|-------------|--|--|--|--|
| Melanie Deveer  |  |  |  |  |  |  |  |  |  |                        |  |  |  |  |  |  |  |  |  |             |  |  |  |  |
| Printed Name  |  |  |  |  |  |  |  |  |  |                        |  |  |  |  |  |  |  |  |  |             |  |  |  |  |
| 50485 Littwitz Ave  |  |  |  |  |  |  |  |  |  |                        |  |  |  |  |  |  |  |  |  |             |  |  |  |  |
| Principal Physical Residence Address (or best equivalent) - No PO Box Numbers |  |  |  |  |  |  |  |  |  |                        |  |  |  |  |  |  |  |  |  |             |  |  |  |  |
| 50485 <del>Littwitz</del> Ave Nikiski, AK                                     |  |  |  |  |  |  |  |  |  |                        |  |  |  |  |  |  |  |  |  |             |  |  |  |  |
| City, State, Zip Code   |  |  |  |  |  |  |  |  |  |                        |  |  |  |  |  |  |  |  |  |             |  |  |  |  |
| [Signature]   |  |  |  |  |  |  |  |  |  | [Numerical Identifier] |  |  |  |  |  |  |  |  |  | 8/20/16     |  |  |  |  |
| Signature   |  |  |  |  |  |  |  |  |  | Numerical Identifier   |  |  |  |  |  |  |  |  |  | Date Signed |  |  |  |  |
| melanietree@yahoo.com   |  |  |  |  |  |  |  |  |  |                        |  |  |  |  |  |  |  |  |  |             |  |  |  |  |
| Email Address   |  |  |  |  |  |  |  |  |  |                        |  |  |  |  |  |  |  |  |  |             |  |  |  |  |

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|---|--|--|--|--|--|--|--|--|--|------------------------|--|--|--|--|--|--|--|--|--|-------------|--|--|--|--|
| Koleen Wittmer  |  |  |  |  |  |  |  |  |  |                        |  |  |  |  |  |  |  |  |  |             |  |  |  |  |
| Printed Name  |  |  |  |  |  |  |  |  |  |                        |  |  |  |  |  |  |  |  |  |             |  |  |  |  |
| 50140 Birch Grove St  |  |  |  |  |  |  |  |  |  |                        |  |  |  |  |  |  |  |  |  |             |  |  |  |  |
| Principal Physical Residence Address (or best equivalent) - No PO Box Numbers |  |  |  |  |  |  |  |  |  |                        |  |  |  |  |  |  |  |  |  |             |  |  |  |  |
| N. KASKI AK 99635   |  |  |  |  |  |  |  |  |  |                        |  |  |  |  |  |  |  |  |  |             |  |  |  |  |
| City, State, Zip Code   |  |  |  |  |  |  |  |  |  |                        |  |  |  |  |  |  |  |  |  |             |  |  |  |  |
| [Signature]   |  |  |  |  |  |  |  |  |  | [Numerical Identifier] |  |  |  |  |  |  |  |  |  | 8/2/16      |  |  |  |  |
| Signature   |  |  |  |  |  |  |  |  |  | Numerical Identifier   |  |  |  |  |  |  |  |  |  | Date Signed |  |  |  |  |
| buffyjenness80@gmail.com  |  |  |  |  |  |  |  |  |  |                        |  |  |  |  |  |  |  |  |  |             |  |  |  |  |
| Email Address   |  |  |  |  |  |  |  |  |  |                        |  |  |  |  |  |  |  |  |  |             |  |  |  |  |

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|   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                      |  |  |  |  |  |  |  |  |  |             |  |  |  |  |  |  |  |  |  |
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| Kaitlin Oliva   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                      |  |  |  |  |  |  |  |  |  |             |  |  |  |  |  |  |  |  |  |
| Printed Name  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                      |  |  |  |  |  |  |  |  |  |             |  |  |  |  |  |  |  |  |  |
| 51155 Island Lake Rd  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                      |  |  |  |  |  |  |  |  |  |             |  |  |  |  |  |  |  |  |  |
| Principal Physical Residence Address (or best equivalent) - No PO Box Numbers           |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                      |  |  |  |  |  |  |  |  |  |             |  |  |  |  |  |  |  |  |  |
| [Redacted Signature]  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | 7/8/16               |  |  |  |  |  |  |  |  |  |             |  |  |  |  |  |  |  |  |  |
| Signature   |  |  |  |  |  |  |  |  |  |  |  |  |  |  | Numerical Identifier |  |  |  |  |  |  |  |  |  | Date Signed |  |  |  |  |  |  |  |  |  |
| kaitlinoliva@gmail.com  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                      |  |  |  |  |  |  |  |  |  |             |  |  |  |  |  |  |  |  |  |
| Email Address (Optional - If you want to be updated on new City of Nikiski information) |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                      |  |  |  |  |  |  |  |  |  |             |  |  |  |  |  |  |  |  |  |

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| Jon O. Douglas  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                      |  |  |  |  |  |  |  |  |  |             |  |  |  |  |  |  |  |  |  |
| Printed Name  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                      |  |  |  |  |  |  |  |  |  |             |  |  |  |  |  |  |  |  |  |
| 51345 Earl Dr. 99635  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                      |  |  |  |  |  |  |  |  |  |             |  |  |  |  |  |  |  |  |  |
| Principal Physical Residence Address (or best equivalent) - No PO Box Numbers           |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                      |  |  |  |  |  |  |  |  |  |             |  |  |  |  |  |  |  |  |  |
| [Redacted Signature]  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | 7-8-16               |  |  |  |  |  |  |  |  |  |             |  |  |  |  |  |  |  |  |  |
| Signature   |  |  |  |  |  |  |  |  |  |  |  |  |  |  | Numerical Identifier |  |  |  |  |  |  |  |  |  | Date Signed |  |  |  |  |  |  |  |  |  |
| jondouglas72@gmail.com  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                      |  |  |  |  |  |  |  |  |  |             |  |  |  |  |  |  |  |  |  |
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| Katerina Grimaldi   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                      |  |  |  |  |  |  |  |  |  |             |  |  |  |  |  |  |  |  |  |
| Printed Name  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                      |  |  |  |  |  |  |  |  |  |             |  |  |  |  |  |  |  |  |  |
| 48451 Halibout Rd   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                      |  |  |  |  |  |  |  |  |  |             |  |  |  |  |  |  |  |  |  |
| Principal Physical Residence Address (or best equivalent) - No PO Box Numbers           |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                      |  |  |  |  |  |  |  |  |  |             |  |  |  |  |  |  |  |  |  |
| [Redacted Signature]  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | 8 July 16            |  |  |  |  |  |  |  |  |  |             |  |  |  |  |  |  |  |  |  |
| Signature   |  |  |  |  |  |  |  |  |  |  |  |  |  |  | Numerical Identifier |  |  |  |  |  |  |  |  |  | Date Signed |  |  |  |  |  |  |  |  |  |
| katerinagrimaldi1@gmail.com   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                      |  |  |  |  |  |  |  |  |  |             |  |  |  |  |  |  |  |  |  |
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| TERRY GIFFORD   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                      |  |  |  |  |  |  |  |  |  |             |  |  |  |  |  |  |  |  |  |
| Printed Name  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                      |  |  |  |  |  |  |  |  |  |             |  |  |  |  |  |  |  |  |  |
| 48304 WILD ROSE LN  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                      |  |  |  |  |  |  |  |  |  |             |  |  |  |  |  |  |  |  |  |
| Principal Physical Residence Address (or best equivalent) - No PO Box Numbers           |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                      |  |  |  |  |  |  |  |  |  |             |  |  |  |  |  |  |  |  |  |
| [Redacted Signature]  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | 7-8-2016             |  |  |  |  |  |  |  |  |  |             |  |  |  |  |  |  |  |  |  |
| Signature   |  |  |  |  |  |  |  |  |  |  |  |  |  |  | Numerical Identifier |  |  |  |  |  |  |  |  |  | Date Signed |  |  |  |  |  |  |  |  |  |
| terryn@alaska.net   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                      |  |  |  |  |  |  |  |  |  |             |  |  |  |  |  |  |  |  |  |
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| JERRY S STOCK   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                      |  |  |  |  |  |  |  |  |  |             |  |  |  |  |  |  |  |  |  |
| Printed Name  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                      |  |  |  |  |  |  |  |  |  |             |  |  |  |  |  |  |  |  |  |
| BLACK BEAR Rd off No 11   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                      |  |  |  |  |  |  |  |  |  |             |  |  |  |  |  |  |  |  |  |
| Principal Physical Residence Address (or best equivalent) - No PO Box Numbers           |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                      |  |  |  |  |  |  |  |  |  |             |  |  |  |  |  |  |  |  |  |
| [Redacted Signature]  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | 9-2-16               |  |  |  |  |  |  |  |  |  |             |  |  |  |  |  |  |  |  |  |
| Signature   |  |  |  |  |  |  |  |  |  |  |  |  |  |  | Numerical Identifier |  |  |  |  |  |  |  |  |  | Date Signed |  |  |  |  |  |  |  |  |  |
| [Redacted Email Address]  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                      |  |  |  |  |  |  |  |  |  |             |  |  |  |  |  |  |  |  |  |
| Email Address (Optional - If you want to be updated on new City of Nikiski information) |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                      |  |  |  |  |  |  |  |  |  |             |  |  |  |  |  |  |  |  |  |

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| DAWN M CHOCATE  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                      |  |  |  |  |  |  |  |  |  |             |  |  |  |  |  |  |  |  |  |
| Printed Name  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                      |  |  |  |  |  |  |  |  |  |             |  |  |  |  |  |  |  |  |  |
| 52832 BLUEBERRY AVE   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                      |  |  |  |  |  |  |  |  |  |             |  |  |  |  |  |  |  |  |  |
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| NIKISKI AK 99635  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                      |  |  |  |  |  |  |  |  |  |             |  |  |  |  |  |  |  |  |  |
| City, State, Zip Code   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                      |  |  |  |  |  |  |  |  |  |             |  |  |  |  |  |  |  |  |  |
| [Redacted Signature]  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | 8/19/16              |  |  |  |  |  |  |  |  |  |             |  |  |  |  |  |  |  |  |  |
| Signature   |  |  |  |  |  |  |  |  |  |  |  |  |  |  | Numerical Identifier |  |  |  |  |  |  |  |  |  | Date Signed |  |  |  |  |  |  |  |  |  |
| akdawn99@yahoo.com  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                      |  |  |  |  |  |  |  |  |  |             |  |  |  |  |  |  |  |  |  |
| Email Address   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                      |  |  |  |  |  |  |  |  |  |             |  |  |  |  |  |  |  |  |  |

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| Bethany Johnston  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                      |  |  |  |  |  |  |  |  |  |             |  |  |  |  |  |  |  |  |  |
| Printed Name  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                      |  |  |  |  |  |  |  |  |  |             |  |  |  |  |  |  |  |  |  |
| 51664 STICKLEBACK Rd.   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                      |  |  |  |  |  |  |  |  |  |             |  |  |  |  |  |  |  |  |  |
| Principal Physical Residence Address (or best equivalent) - No PO Box Numbers |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                      |  |  |  |  |  |  |  |  |  |             |  |  |  |  |  |  |  |  |  |
| NIKISKI AK 99635  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                      |  |  |  |  |  |  |  |  |  |             |  |  |  |  |  |  |  |  |  |
| City, State, Zip Code   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                      |  |  |  |  |  |  |  |  |  |             |  |  |  |  |  |  |  |  |  |
| [Redacted Signature]  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | 8-19-16              |  |  |  |  |  |  |  |  |  |             |  |  |  |  |  |  |  |  |  |
| Signature   |  |  |  |  |  |  |  |  |  |  |  |  |  |  | Numerical Identifier |  |  |  |  |  |  |  |  |  | Date Signed |  |  |  |  |  |  |  |  |  |
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| Email Address   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                      |  |  |  |  |  |  |  |  |  |             |  |  |  |  |  |  |  |  |  |

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|---|--|--|--|--|--|--|--|--|--|--|--|--|--|--|----------------------|--|--|--|--|--|--|--|--|--|-------------|--|--|--|--|--|--|--|--|--|
| MICHELE HARTLINE  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                      |  |  |  |  |  |  |  |  |  |             |  |  |  |  |  |  |  |  |  |
| Printed Name  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                      |  |  |  |  |  |  |  |  |  |             |  |  |  |  |  |  |  |  |  |
| 51665 STICKLEBACK, NIKISKI  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                      |  |  |  |  |  |  |  |  |  |             |  |  |  |  |  |  |  |  |  |
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| NIKISKI, AK 99635   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                      |  |  |  |  |  |  |  |  |  |             |  |  |  |  |  |  |  |  |  |
| City, State, Zip Code   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                      |  |  |  |  |  |  |  |  |  |             |  |  |  |  |  |  |  |  |  |
| [Redacted Signature]  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | 9/3/16               |  |  |  |  |  |  |  |  |  |             |  |  |  |  |  |  |  |  |  |
| Signature   |  |  |  |  |  |  |  |  |  |  |  |  |  |  | Numerical Identifier |  |  |  |  |  |  |  |  |  | Date Signed |  |  |  |  |  |  |  |  |  |
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| Email Address   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                      |  |  |  |  |  |  |  |  |  |             |  |  |  |  |  |  |  |  |  |

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| WILLIAM HARTLINE  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                      |  |  |  |  |  |  |  |  |  |             |  |  |  |  |  |  |  |  |  |
| Printed Name  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                      |  |  |  |  |  |  |  |  |  |             |  |  |  |  |  |  |  |  |  |
| 51665 STICKLEBACK   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                      |  |  |  |  |  |  |  |  |  |             |  |  |  |  |  |  |  |  |  |
| Principal Physical Residence Address (or best equivalent) - No PO Box Numbers |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                      |  |  |  |  |  |  |  |  |  |             |  |  |  |  |  |  |  |  |  |
| NIKISKI AK 99635  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                      |  |  |  |  |  |  |  |  |  |             |  |  |  |  |  |  |  |  |  |
| City, State, Zip Code   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                      |  |  |  |  |  |  |  |  |  |             |  |  |  |  |  |  |  |  |  |
| [Redacted Signature]  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | 9 3 16               |  |  |  |  |  |  |  |  |  |             |  |  |  |  |  |  |  |  |  |
| Signature   |  |  |  |  |  |  |  |  |  |  |  |  |  |  | Numerical Identifier |  |  |  |  |  |  |  |  |  | Date Signed |  |  |  |  |  |  |  |  |  |
|   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                      |  |  |  |  |  |  |  |  |  |             |  |  |  |  |  |  |  |  |  |
| Email Address   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                      |  |  |  |  |  |  |  |  |  |             |  |  |  |  |  |  |  |  |  |



WE, THE UNDERSIGNED, hereby petition for the incorporation of the city described in the complete petition.

Further, we swear or affirm that:

1. We are registered voters of the State of Alaska;
2. We are registered to vote within the proposed city;
3. We have reviewed the complete petition, including all exhibits, and we understand its terms.

|   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                                 |  |  |  |  |  |  |  |  |  |             |  |  |  |  |  |  |  |  |  |
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| TERESA LANGSTON   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                                 |  |  |  |  |  |  |  |  |  |             |  |  |  |  |  |  |  |  |  |
| Printed Name  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                                 |  |  |  |  |  |  |  |  |  |             |  |  |  |  |  |  |  |  |  |
| 52345 BASTIEN DR  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                                 |  |  |  |  |  |  |  |  |  |             |  |  |  |  |  |  |  |  |  |
| Principal Physical Residence Address (or best equivalent) - No PO Box Numbers |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                                 |  |  |  |  |  |  |  |  |  |             |  |  |  |  |  |  |  |  |  |
| KENAI AK 99611  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                                 |  |  |  |  |  |  |  |  |  |             |  |  |  |  |  |  |  |  |  |
| City, State, Zip Code   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                                 |  |  |  |  |  |  |  |  |  |             |  |  |  |  |  |  |  |  |  |
| [Redacted Signature]  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | [Redacted Numerical Identifier] |  |  |  |  |  |  |  |  |  | 8/31/16     |  |  |  |  |  |  |  |  |  |
| Signature   |  |  |  |  |  |  |  |  |  |  |  |  |  |  | Numerical Identifier            |  |  |  |  |  |  |  |  |  | Date Signed |  |  |  |  |  |  |  |  |  |
| teriakol@yahoo.com  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                                 |  |  |  |  |  |  |  |  |  |             |  |  |  |  |  |  |  |  |  |
| Email Address   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                                 |  |  |  |  |  |  |  |  |  |             |  |  |  |  |  |  |  |  |  |

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| Janell Grenier  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                                 |  |  |  |  |  |  |  |  |  |             |  |  |  |  |  |  |  |  |  |
| Printed Name  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                                 |  |  |  |  |  |  |  |  |  |             |  |  |  |  |  |  |  |  |  |
| 48270 Tam Court   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                                 |  |  |  |  |  |  |  |  |  |             |  |  |  |  |  |  |  |  |  |
| Principal Physical Residence Address (or best equivalent) - No PO Box Numbers |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                                 |  |  |  |  |  |  |  |  |  |             |  |  |  |  |  |  |  |  |  |
| Nikiski AK 99635  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                                 |  |  |  |  |  |  |  |  |  |             |  |  |  |  |  |  |  |  |  |
| City, State, Zip Code   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                                 |  |  |  |  |  |  |  |  |  |             |  |  |  |  |  |  |  |  |  |
| [Redacted Signature]  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | [Redacted Numerical Identifier] |  |  |  |  |  |  |  |  |  | 8/31/16     |  |  |  |  |  |  |  |  |  |
| Signature   |  |  |  |  |  |  |  |  |  |  |  |  |  |  | Numerical Identifier            |  |  |  |  |  |  |  |  |  | Date Signed |  |  |  |  |  |  |  |  |  |
| janellgrenier@gmail.com   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                                 |  |  |  |  |  |  |  |  |  |             |  |  |  |  |  |  |  |  |  |
| Email Address   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                                 |  |  |  |  |  |  |  |  |  |             |  |  |  |  |  |  |  |  |  |

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|---|--|--|--|--|--|--|--|--|--|--|--|--|--|--|---------------------------------|--|--|--|--|--|--|--|--|--|--------------|--|--|--|--|--|--|--|--|--|
| STEPHEN JOHN GEERTZ   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                                 |  |  |  |  |  |  |  |  |  |              |  |  |  |  |  |  |  |  |  |
| Printed Name  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                                 |  |  |  |  |  |  |  |  |  |              |  |  |  |  |  |  |  |  |  |
| 49188 PARADISE LN   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                                 |  |  |  |  |  |  |  |  |  |              |  |  |  |  |  |  |  |  |  |
| Principal Physical Residence Address (or best equivalent) - No PO Box Numbers |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                                 |  |  |  |  |  |  |  |  |  |              |  |  |  |  |  |  |  |  |  |
| NIKISKI AK 99635  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                                 |  |  |  |  |  |  |  |  |  |              |  |  |  |  |  |  |  |  |  |
| City, State, Zip Code   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                                 |  |  |  |  |  |  |  |  |  |              |  |  |  |  |  |  |  |  |  |
| [Redacted Signature]  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | [Redacted Numerical Identifier] |  |  |  |  |  |  |  |  |  | Aug 31, 2016 |  |  |  |  |  |  |  |  |  |
| Signature   |  |  |  |  |  |  |  |  |  |  |  |  |  |  | Numerical Identifier            |  |  |  |  |  |  |  |  |  | Date Signed  |  |  |  |  |  |  |  |  |  |
| STEVE_GEERTZ@YAHOO.COM  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                                 |  |  |  |  |  |  |  |  |  |              |  |  |  |  |  |  |  |  |  |
| Email Address   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                                 |  |  |  |  |  |  |  |  |  |              |  |  |  |  |  |  |  |  |  |

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| JIM GRAIGE  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                                 |  |  |  |  |  |  |  |  |  |             |  |  |  |  |  |  |  |  |  |
| Printed Name  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                                 |  |  |  |  |  |  |  |  |  |             |  |  |  |  |  |  |  |  |  |
| MILE 32 NORTH KENAI ROAD  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                                 |  |  |  |  |  |  |  |  |  |             |  |  |  |  |  |  |  |  |  |
| Principal Physical Residence Address (or best equivalent) - No PO Box Numbers |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                                 |  |  |  |  |  |  |  |  |  |             |  |  |  |  |  |  |  |  |  |
| NIKISKI AK 99635  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                                 |  |  |  |  |  |  |  |  |  |             |  |  |  |  |  |  |  |  |  |
| City, State, Zip Code   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                                 |  |  |  |  |  |  |  |  |  |             |  |  |  |  |  |  |  |  |  |
| [Redacted Signature]  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | [Redacted Numerical Identifier] |  |  |  |  |  |  |  |  |  | 8-31-16     |  |  |  |  |  |  |  |  |  |
| Signature   |  |  |  |  |  |  |  |  |  |  |  |  |  |  | Numerical Identifier            |  |  |  |  |  |  |  |  |  | Date Signed |  |  |  |  |  |  |  |  |  |
| LEISURETIME@EXED.NET  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                                 |  |  |  |  |  |  |  |  |  |             |  |  |  |  |  |  |  |  |  |
| Email Address   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                                 |  |  |  |  |  |  |  |  |  |             |  |  |  |  |  |  |  |  |  |

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|   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|---|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|
| SHARON M BROWER   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Printed Name  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 48520 N ERL DR  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Principal Physical Residence Address (or best equivalent) - No PO Box Numbers |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| KENAI ALASKA 99611  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| [Redacted]  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| [Redacted]  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Aug. 31, 2016   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Date Signed   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| GOWOMAN1@GMAIL.COM  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Email Address   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |

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| PHILIP R SMITH  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Printed Name  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 50222 HALBOUTY RD   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Principal Physical Residence Address (or best equivalent) - No PO Box Numbers |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| KENAI ALASKA 99611  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| City, State, Zip Code   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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| 8-31-2016   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Date Signed   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| PSMITH@ALASKA.NET   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Email Address   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |

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| PENNY A SMITH   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Printed Name  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 50222 HALBOUTY ROAD   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Principal Physical Residence Address (or best equivalent) - No PO Box Numbers |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| KENAI ALASKA 99611  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| City, State, Zip Code   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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| 8-31-2016   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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| PSMITH@ALASKA.NET   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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| ANITA L OLIVA   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Printed Name  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 44395 RHINES RD   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Principal Physical Residence Address (or best equivalent) - No PO Box Numbers |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| KENAI ALASKA  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| City, State, Zip Code   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| [Redacted]  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| [Redacted]  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 8/31/16   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Date Signed   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| alohelp@hotmail.com   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Email Address   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |

WE, THE UNDERSIGNED, hereby petition for the incorporation of the city described in the complete petition. Further, we swear or affirm that:

1. We are registered voters of the State of Alaska;
2. We are registered to vote within the proposed city;
3. We have reviewed the complete petition, including all exhibits, and we understand its terms.

|   |             |
|---|-------------|
| SHANNON M EISEY   |             |
| Printed Name  |             |
| 48870 JOAN ST   |             |
| Principal Physical Residence Address (or best equivalent) - No PO Box Numbers |             |
| KENAI AK 99611  |             |
| City, State, Zip Code   |             |
| [Signature]   | 8/5/16      |
| Signature   | Date Signed |
| [Redacted]  |             |
| Numerical Identifier  |             |
| dseisey@gmail.com   |             |
| Email Address   |             |

|   |              |
|---|--------------|
| NORMAN E OLSON  |              |
| Printed Name  |              |
| 49650 ISLAND LAKE RD  |              |
| Principal Physical Residence Address (or best equivalent) - No PO Box Numbers |              |
| NIKISKI ALASKA 99635  |              |
| City, State, Zip Code   |              |
| [Signature]   | AUG 17, 2016 |
| Signature   | Date Signed  |
| [Redacted]  |              |
| Numerical Identifier  |              |
| normolson@gmail.com   |              |
| Email Address   |              |

|  |              |
|--|--------------|
| VANESSA FISK   |              |
| Printed Name   |              |
| <del>MIDDLETON DR</del>  |              |
| <del>Principal Physical Residence Address (or best equivalent) - No PO Box Numbers</del> |              |
| <del>NIKISKI ALASKA 99635</del>  |              |
| <del>City, State, Zip Code</del>   |              |
| [Signature]  | AUG 19, 2016 |
| Signature  | Date Signed  |
| [Redacted]   |              |
| Numerical Identifier   |              |
| VIF472@gmail.com   |              |
| Email Address  |              |

|   |              |
|---|--------------|
| MARION J HERT   |              |
| Printed Name  |              |
| 47870 DOUGLAS LANE  |              |
| Principal Physical Residence Address (or best equivalent) - No PO Box Numbers |              |
| KENAI ALASKA 99611  |              |
| City, State, Zip Code   |              |
| [Signature]   | AUG 23, 2016 |
| Signature   | Date Signed  |
| [Redacted]  |              |
| Numerical Identifier  |              |
| [Redacted]  |              |
| Email Address   |              |

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|   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                                 |  |  |  |  |             |  |  |  |  |
|---|--|--|--|--|--|--|--|--|--|--|--|--|--|--|---------------------------------|--|--|--|--|-------------|--|--|--|--|
| WILLIAM LESTER PENNIGO  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                                 |  |  |  |  |             |  |  |  |  |
| Printed Name  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                                 |  |  |  |  |             |  |  |  |  |
| 93205 TOKOOLA NISKI   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                                 |  |  |  |  |             |  |  |  |  |
| Principal Physical Residence Address (or best equivalent) - No PO Box Numbers |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                                 |  |  |  |  |             |  |  |  |  |
| 599635  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                                 |  |  |  |  |             |  |  |  |  |
| City, State, Zip Code   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                                 |  |  |  |  |             |  |  |  |  |
| [Redacted Signature]  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | [Redacted Numerical Identifier] |  |  |  |  | 8-31-16     |  |  |  |  |
| Signature   |  |  |  |  |  |  |  |  |  |  |  |  |  |  | Numerical Identifier            |  |  |  |  | Date Signed |  |  |  |  |
|   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                                 |  |  |  |  |             |  |  |  |  |
| Email Address   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                                 |  |  |  |  |             |  |  |  |  |

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|---|--|--|--|--|--|--|--|--|--|--|--|--|--|--|---------------------------------|--|--|--|--|-------------|--|--|--|--|
| Teri L Roope  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                                 |  |  |  |  |             |  |  |  |  |
| Printed Name  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                                 |  |  |  |  |             |  |  |  |  |
| 52580 Coja Ct   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                                 |  |  |  |  |             |  |  |  |  |
| Principal Physical Residence Address (or best equivalent) - No PO Box Numbers |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                                 |  |  |  |  |             |  |  |  |  |
| Kenai, AK 99611   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                                 |  |  |  |  |             |  |  |  |  |
| City, State, Zip Code   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                                 |  |  |  |  |             |  |  |  |  |
| [Redacted Signature]  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | [Redacted Numerical Identifier] |  |  |  |  | 8/31/2016   |  |  |  |  |
| Signature   |  |  |  |  |  |  |  |  |  |  |  |  |  |  | Numerical Identifier            |  |  |  |  | Date Signed |  |  |  |  |
|   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                                 |  |  |  |  |             |  |  |  |  |
| Email Address   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                                 |  |  |  |  |             |  |  |  |  |

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| Devlin M Johnson  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                                 |  |  |  |  |             |  |  |  |  |
| Printed Name  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                                 |  |  |  |  |             |  |  |  |  |
| 51835 Trader John St  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                                 |  |  |  |  |             |  |  |  |  |
| Principal Physical Residence Address (or best equivalent) - No PO Box Numbers |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                                 |  |  |  |  |             |  |  |  |  |
| Nikiski AK 99611  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                                 |  |  |  |  |             |  |  |  |  |
| City, State, Zip Code   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                                 |  |  |  |  |             |  |  |  |  |
| [Redacted Signature]  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | [Redacted Numerical Identifier] |  |  |  |  | 8/31/16     |  |  |  |  |
| Signature   |  |  |  |  |  |  |  |  |  |  |  |  |  |  | Numerical Identifier            |  |  |  |  | Date Signed |  |  |  |  |
|   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                                 |  |  |  |  |             |  |  |  |  |
| Email Address   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                                 |  |  |  |  |             |  |  |  |  |

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|---|--|--|--|--|--|--|--|--|--|--|--|--|--|--|---------------------------------|--|--|--|--|-------------|--|--|--|--|
| CHAD OMAR SAMSKAR   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                                 |  |  |  |  |             |  |  |  |  |
| Printed Name  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                                 |  |  |  |  |             |  |  |  |  |
| 54110 FIELD DR  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                                 |  |  |  |  |             |  |  |  |  |
| Principal Physical Residence Address (or best equivalent) - No PO Box Numbers |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                                 |  |  |  |  |             |  |  |  |  |
| NISKI AK 99635  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                                 |  |  |  |  |             |  |  |  |  |
| City, State, Zip Code   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                                 |  |  |  |  |             |  |  |  |  |
| [Redacted Signature]  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | [Redacted Numerical Identifier] |  |  |  |  | 8/31/2016   |  |  |  |  |
| Signature   |  |  |  |  |  |  |  |  |  |  |  |  |  |  | Numerical Identifier            |  |  |  |  | Date Signed |  |  |  |  |
| CSAMSKAREGMAIL.COM  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                                 |  |  |  |  |             |  |  |  |  |
| Email Address   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                                 |  |  |  |  |             |  |  |  |  |



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| S A L L I E C M C C L U R E   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                                 |  |  |  |  |  |  |  |  |  |             |  |  |  |  |  |  |  |  |  |
| Printed Name  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                                 |  |  |  |  |  |  |  |  |  |             |  |  |  |  |  |  |  |  |  |
| 5 0 2 2 7 T E R R I 1 2 4 Y A V E   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                                 |  |  |  |  |  |  |  |  |  |             |  |  |  |  |  |  |  |  |  |
| Principal Physical Residence Address (or best equivalent) - No PO Box Numbers |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                                 |  |  |  |  |  |  |  |  |  |             |  |  |  |  |  |  |  |  |  |
| N I K I S K I A K 9 9 6 3 5   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                                 |  |  |  |  |  |  |  |  |  |             |  |  |  |  |  |  |  |  |  |
| City, State, Zip Code   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                                 |  |  |  |  |  |  |  |  |  |             |  |  |  |  |  |  |  |  |  |
| [Redacted Signature]  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | [Redacted Numerical Identifier] |  |  |  |  |  |  |  |  |  | 8-18-16     |  |  |  |  |  |  |  |  |  |
|   |  |  |  |  |  |  |  |  |  |  |  |  |  |  | Numerical Identifier            |  |  |  |  |  |  |  |  |  | Date Signed |  |  |  |  |  |  |  |  |  |
| [Redacted Email Address]  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                                 |  |  |  |  |  |  |  |  |  |             |  |  |  |  |  |  |  |  |  |
| Email Address   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                                 |  |  |  |  |  |  |  |  |  |             |  |  |  |  |  |  |  |  |  |

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| A L E X A M C C L U R E   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                                 |  |  |  |  |  |  |  |  |  |             |  |  |  |  |  |  |  |  |  |
| Printed Name  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                                 |  |  |  |  |  |  |  |  |  |             |  |  |  |  |  |  |  |  |  |
| 5 3 6 7 0 L Y N N C R   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                                 |  |  |  |  |  |  |  |  |  |             |  |  |  |  |  |  |  |  |  |
| Principal Physical Residence Address (or best equivalent) - No PO Box Numbers |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                                 |  |  |  |  |  |  |  |  |  |             |  |  |  |  |  |  |  |  |  |
| K E N A I A K 9 9 6 1 1   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                                 |  |  |  |  |  |  |  |  |  |             |  |  |  |  |  |  |  |  |  |
| City, State, Zip Code   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                                 |  |  |  |  |  |  |  |  |  |             |  |  |  |  |  |  |  |  |  |
| [Redacted Signature]  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | [Redacted Numerical Identifier] |  |  |  |  |  |  |  |  |  | 8/18/16     |  |  |  |  |  |  |  |  |  |
|   |  |  |  |  |  |  |  |  |  |  |  |  |  |  | Numerical Identifier            |  |  |  |  |  |  |  |  |  | Date Signed |  |  |  |  |  |  |  |  |  |
| a l e x a k m c c l u r e @ g m a i l . c o m                                 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                                 |  |  |  |  |  |  |  |  |  |             |  |  |  |  |  |  |  |  |  |
| Email Address   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                                 |  |  |  |  |  |  |  |  |  |             |  |  |  |  |  |  |  |  |  |

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| R O B E R T S P I L L A N E   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                                 |  |  |  |  |  |  |  |  |  |             |  |  |  |  |  |  |  |  |  |
| Printed Name  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                                 |  |  |  |  |  |  |  |  |  |             |  |  |  |  |  |  |  |  |  |
| 5 3 3 4 5 A I N S W O R T H A V E   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                                 |  |  |  |  |  |  |  |  |  |             |  |  |  |  |  |  |  |  |  |
| Principal Physical Residence Address (or best equivalent) - No PO Box Numbers |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                                 |  |  |  |  |  |  |  |  |  |             |  |  |  |  |  |  |  |  |  |
| K E N A I A K 9 9 6 1 1   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                                 |  |  |  |  |  |  |  |  |  |             |  |  |  |  |  |  |  |  |  |
| City, State, Zip Code   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                                 |  |  |  |  |  |  |  |  |  |             |  |  |  |  |  |  |  |  |  |
| [Redacted Signature]  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | [Redacted Numerical Identifier] |  |  |  |  |  |  |  |  |  | 8/19/16     |  |  |  |  |  |  |  |  |  |
|   |  |  |  |  |  |  |  |  |  |  |  |  |  |  | Numerical Identifier            |  |  |  |  |  |  |  |  |  | Date Signed |  |  |  |  |  |  |  |  |  |
| [Redacted Email Address]  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                                 |  |  |  |  |  |  |  |  |  |             |  |  |  |  |  |  |  |  |  |
| Email Address   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                                 |  |  |  |  |  |  |  |  |  |             |  |  |  |  |  |  |  |  |  |

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| M A R Y L Y A L L   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                                 |  |  |  |  |  |  |  |  |  |             |  |  |  |  |  |  |  |  |  |
| Printed Name  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                                 |  |  |  |  |  |  |  |  |  |             |  |  |  |  |  |  |  |  |  |
| 5 1 5 8 5 S T I C K L E B A C K R D   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                                 |  |  |  |  |  |  |  |  |  |             |  |  |  |  |  |  |  |  |  |
| Principal Physical Residence Address (or best equivalent) - No PO Box Numbers |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                                 |  |  |  |  |  |  |  |  |  |             |  |  |  |  |  |  |  |  |  |
| N I K I S K I A L A S K A 9 9 6 3 5   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                                 |  |  |  |  |  |  |  |  |  |             |  |  |  |  |  |  |  |  |  |
| City, State, Zip Code   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                                 |  |  |  |  |  |  |  |  |  |             |  |  |  |  |  |  |  |  |  |
| [Redacted Signature]  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | [Redacted Numerical Identifier] |  |  |  |  |  |  |  |  |  | 8/30/16     |  |  |  |  |  |  |  |  |  |
|   |  |  |  |  |  |  |  |  |  |  |  |  |  |  | Numerical Identifier            |  |  |  |  |  |  |  |  |  | Date Signed |  |  |  |  |  |  |  |  |  |
| [Redacted Email Address]  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                                 |  |  |  |  |  |  |  |  |  |             |  |  |  |  |  |  |  |  |  |
| Email Address   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                                 |  |  |  |  |  |  |  |  |  |             |  |  |  |  |  |  |  |  |  |

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|   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                                 |  |  |  |  |             |  |  |  |  |
|---|--|--|--|--|--|--|--|--|--|--|--|--|--|--|---------------------------------|--|--|--|--|-------------|--|--|--|--|
| BRANDY OWEN NEL   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                                 |  |  |  |  |             |  |  |  |  |
| Printed Name  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                                 |  |  |  |  |             |  |  |  |  |
| Principal Physical Residence Address (or best equivalent) - No PO Box Numbers |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                                 |  |  |  |  |             |  |  |  |  |
| 52640 LISBURNE AVE NIKISKI  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                                 |  |  |  |  |             |  |  |  |  |
| City, State, Zip Code   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                                 |  |  |  |  |             |  |  |  |  |
| [Redacted Signature]  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | [Redacted Numerical Identifier] |  |  |  |  | 8/8/16      |  |  |  |  |
| Signature   |  |  |  |  |  |  |  |  |  |  |  |  |  |  | Numerical Identifier            |  |  |  |  | Date Signed |  |  |  |  |
| Email Address   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                                 |  |  |  |  |             |  |  |  |  |

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| ROGER E BROWN   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                                 |  |  |  |  |             |  |  |  |  |
| Printed Name  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                                 |  |  |  |  |             |  |  |  |  |
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| APT # 2 SANDALAR DR NIKISKI   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                                 |  |  |  |  |             |  |  |  |  |
| City, State, Zip Code   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                                 |  |  |  |  |             |  |  |  |  |
| [Redacted Signature]  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | [Redacted Numerical Identifier] |  |  |  |  | 8/23/16     |  |  |  |  |
| Signature   |  |  |  |  |  |  |  |  |  |  |  |  |  |  | Numerical Identifier            |  |  |  |  | Date Signed |  |  |  |  |
| Email Address   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                                 |  |  |  |  |             |  |  |  |  |

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|---|--|--|--|--|--|--|--|--|--|--|--|--|--|--|---------------------------------|--|--|--|--|-------------|--|--|--|--|
| James D. Bowman Jr.   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                                 |  |  |  |  |             |  |  |  |  |
| Printed Name  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                                 |  |  |  |  |             |  |  |  |  |
| Principal Physical Residence Address (or best equivalent) - No PO Box Numbers |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                                 |  |  |  |  |             |  |  |  |  |
| 51765 DARBY AVE.  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                                 |  |  |  |  |             |  |  |  |  |
| Nikiski AK  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                                 |  |  |  |  |             |  |  |  |  |
| City, State, Zip Code   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                                 |  |  |  |  |             |  |  |  |  |
| [Redacted Signature]  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | [Redacted Numerical Identifier] |  |  |  |  | 8/23/16     |  |  |  |  |
| Signature   |  |  |  |  |  |  |  |  |  |  |  |  |  |  | Numerical Identifier            |  |  |  |  | Date Signed |  |  |  |  |
| Email Address   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                                 |  |  |  |  |             |  |  |  |  |

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|---|--|--|--|--|--|--|--|--|--|--|--|--|--|--|---------------------------------|--|--|--|--|-------------|--|--|--|--|
| STACY FAGAN   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                                 |  |  |  |  |             |  |  |  |  |
| Printed Name  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                                 |  |  |  |  |             |  |  |  |  |
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| 51635 BASTIEN DR  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                                 |  |  |  |  |             |  |  |  |  |
| Nikiski AK 99635  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                                 |  |  |  |  |             |  |  |  |  |
| City, State, Zip Code   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                                 |  |  |  |  |             |  |  |  |  |
| [Redacted Signature]  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | [Redacted Numerical Identifier] |  |  |  |  | 8/23/16     |  |  |  |  |
| Signature   |  |  |  |  |  |  |  |  |  |  |  |  |  |  | Numerical Identifier            |  |  |  |  | Date Signed |  |  |  |  |
| Email Address   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                                 |  |  |  |  |             |  |  |  |  |

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| L O U I S F O L I V A J R   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                                 |  |  |  |  |  |  |  |  |  |             |  |  |  |  |  |  |  |  |  |
| Printed Name  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                                 |  |  |  |  |  |  |  |  |  |             |  |  |  |  |  |  |  |  |  |
| 5 2 3 6 0 S A R A J A N E S T   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                                 |  |  |  |  |  |  |  |  |  |             |  |  |  |  |  |  |  |  |  |
| Principal Physical Residence Address (or best equivalent) - No PO Box Numbers |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                                 |  |  |  |  |  |  |  |  |  |             |  |  |  |  |  |  |  |  |  |
| N I K I S K I A K 9 9 6 3 5   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                                 |  |  |  |  |  |  |  |  |  |             |  |  |  |  |  |  |  |  |  |
| City, State, Zip Code   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                                 |  |  |  |  |  |  |  |  |  |             |  |  |  |  |  |  |  |  |  |
| [Redacted Signature]  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | [Redacted Numerical Identifier] |  |  |  |  |  |  |  |  |  | 8/4/14      |  |  |  |  |  |  |  |  |  |
| [Redacted Signature]  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | [Redacted Numerical Identifier] |  |  |  |  |  |  |  |  |  | Date Signed |  |  |  |  |  |  |  |  |  |
| l o u e x c a v a t e @ g m a i l . c o m                                     |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                                 |  |  |  |  |  |  |  |  |  |             |  |  |  |  |  |  |  |  |  |
| Email Address   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                                 |  |  |  |  |  |  |  |  |  |             |  |  |  |  |  |  |  |  |  |

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| A m b e r L O L I V A   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                                 |  |  |  |  |  |  |  |  |  |                 |  |  |  |  |  |  |  |  |  |
| Printed Name  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                                 |  |  |  |  |  |  |  |  |  |                 |  |  |  |  |  |  |  |  |  |
| [Redacted Address Line]   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                                 |  |  |  |  |  |  |  |  |  |                 |  |  |  |  |  |  |  |  |  |
| Principal Physical Residence Address (or best equivalent) - No PO Box Numbers |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                                 |  |  |  |  |  |  |  |  |  |                 |  |  |  |  |  |  |  |  |  |
| N e i g h b o r s A V E   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                                 |  |  |  |  |  |  |  |  |  |                 |  |  |  |  |  |  |  |  |  |
| City, State, Zip Code   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                                 |  |  |  |  |  |  |  |  |  |                 |  |  |  |  |  |  |  |  |  |
| [Redacted Signature]  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | [Redacted Numerical Identifier] |  |  |  |  |  |  |  |  |  | [Redacted Date] |  |  |  |  |  |  |  |  |  |
| [Redacted Signature]  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | [Redacted Numerical Identifier] |  |  |  |  |  |  |  |  |  | Date Signed     |  |  |  |  |  |  |  |  |  |
| [Redacted Email Address]  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                                 |  |  |  |  |  |  |  |  |  |                 |  |  |  |  |  |  |  |  |  |
| Email Address   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                                 |  |  |  |  |  |  |  |  |  |                 |  |  |  |  |  |  |  |  |  |

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| A m b e r L O L I V A   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                                 |  |  |  |  |  |  |  |  |  |             |  |  |  |  |  |  |  |  |  |
| Printed Name  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                                 |  |  |  |  |  |  |  |  |  |             |  |  |  |  |  |  |  |  |  |
| N e i g h b o r s A V E   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                                 |  |  |  |  |  |  |  |  |  |             |  |  |  |  |  |  |  |  |  |
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| N I K I S K I A K 9 9 6 3 5   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                                 |  |  |  |  |  |  |  |  |  |             |  |  |  |  |  |  |  |  |  |
| City, State, Zip Code   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                                 |  |  |  |  |  |  |  |  |  |             |  |  |  |  |  |  |  |  |  |
| [Redacted Signature]  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | [Redacted Numerical Identifier] |  |  |  |  |  |  |  |  |  | 8/3/16      |  |  |  |  |  |  |  |  |  |
| [Redacted Signature]  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | [Redacted Numerical Identifier] |  |  |  |  |  |  |  |  |  | Date Signed |  |  |  |  |  |  |  |  |  |
| a m b e r o l i v a @ h o t m a i l . c o m                                   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                                 |  |  |  |  |  |  |  |  |  |             |  |  |  |  |  |  |  |  |  |
| Email Address   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                                 |  |  |  |  |  |  |  |  |  |             |  |  |  |  |  |  |  |  |  |

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| J a k e l y n n e O L I V A   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                                 |  |  |  |  |  |  |  |  |  |             |  |  |  |  |  |  |  |  |  |
| Printed Name  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                                 |  |  |  |  |  |  |  |  |  |             |  |  |  |  |  |  |  |  |  |
| 5 2 3 6 0 S A R A J A N E S T   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                                 |  |  |  |  |  |  |  |  |  |             |  |  |  |  |  |  |  |  |  |
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| N I K I S K I A K 9 9 6 3 5   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                                 |  |  |  |  |  |  |  |  |  |             |  |  |  |  |  |  |  |  |  |
| City, State, Zip Code   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                                 |  |  |  |  |  |  |  |  |  |             |  |  |  |  |  |  |  |  |  |
| [Redacted Signature]  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | [Redacted Numerical Identifier] |  |  |  |  |  |  |  |  |  | 8/4/16      |  |  |  |  |  |  |  |  |  |
| [Redacted Signature]  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | [Redacted Numerical Identifier] |  |  |  |  |  |  |  |  |  | Date Signed |  |  |  |  |  |  |  |  |  |
| J a k e l y n n o l i v a @ h o t m a i l . c o m                             |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                                 |  |  |  |  |  |  |  |  |  |             |  |  |  |  |  |  |  |  |  |
| Email Address   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                                 |  |  |  |  |  |  |  |  |  |             |  |  |  |  |  |  |  |  |  |

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|---|--|--|--|--|--|--|--|--|--|--|--|--|--|--|----------------------|--|--|--|--|--|--|--|--|--|-------------|--|--|--|--|--|--|--|--|--|
| GARY V. KIVI  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                      |  |  |  |  |  |  |  |  |  |             |  |  |  |  |  |  |  |  |  |
| Printed Name  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                      |  |  |  |  |  |  |  |  |  |             |  |  |  |  |  |  |  |  |  |
| 50408 KACHEMAK LN.  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                      |  |  |  |  |  |  |  |  |  |             |  |  |  |  |  |  |  |  |  |
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| NIKISKI AK 99635  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                      |  |  |  |  |  |  |  |  |  |             |  |  |  |  |  |  |  |  |  |
| City, State, Zip Code   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                      |  |  |  |  |  |  |  |  |  |             |  |  |  |  |  |  |  |  |  |
| [Redacted Signature]  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | 07-29-2016           |  |  |  |  |  |  |  |  |  |             |  |  |  |  |  |  |  |  |  |
| Signature   |  |  |  |  |  |  |  |  |  |  |  |  |  |  | Numerical Identifier |  |  |  |  |  |  |  |  |  | Date Signed |  |  |  |  |  |  |  |  |  |
| KIVI 99635@gmail.com  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                      |  |  |  |  |  |  |  |  |  |             |  |  |  |  |  |  |  |  |  |
| Email Address   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                      |  |  |  |  |  |  |  |  |  |             |  |  |  |  |  |  |  |  |  |

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| Celine A Kivi   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                      |  |  |  |  |  |  |  |  |  |             |  |  |  |  |  |  |  |  |  |
| Printed Name  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                      |  |  |  |  |  |  |  |  |  |             |  |  |  |  |  |  |  |  |  |
| 50408 KACHEMAK LN.  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                      |  |  |  |  |  |  |  |  |  |             |  |  |  |  |  |  |  |  |  |
| Principal Physical Residence Address (or best equivalent) - No PO Box Numbers |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                      |  |  |  |  |  |  |  |  |  |             |  |  |  |  |  |  |  |  |  |
| NIKISKI AK 99635  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                      |  |  |  |  |  |  |  |  |  |             |  |  |  |  |  |  |  |  |  |
| City, State, Zip Code   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                      |  |  |  |  |  |  |  |  |  |             |  |  |  |  |  |  |  |  |  |
| [Redacted Signature]  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | 7-29-16              |  |  |  |  |  |  |  |  |  |             |  |  |  |  |  |  |  |  |  |
| Signature   |  |  |  |  |  |  |  |  |  |  |  |  |  |  | Numerical Identifier |  |  |  |  |  |  |  |  |  | Date Signed |  |  |  |  |  |  |  |  |  |
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| Email Address   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                      |  |  |  |  |  |  |  |  |  |             |  |  |  |  |  |  |  |  |  |

Celine Spurgeon-Kivi

|   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                      |  |  |  |  |  |  |  |  |  |             |  |  |  |  |  |  |  |  |  |
|---|--|--|--|--|--|--|--|--|--|--|--|--|--|--|----------------------|--|--|--|--|--|--|--|--|--|-------------|--|--|--|--|--|--|--|--|--|
| Jennifer J. Porter  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                      |  |  |  |  |  |  |  |  |  |             |  |  |  |  |  |  |  |  |  |
| Printed Name  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                      |  |  |  |  |  |  |  |  |  |             |  |  |  |  |  |  |  |  |  |
| 51464 Holt-Lamp Light   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                      |  |  |  |  |  |  |  |  |  |             |  |  |  |  |  |  |  |  |  |
| Principal Physical Residence Address (or best equivalent) - No PO Box Numbers |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                      |  |  |  |  |  |  |  |  |  |             |  |  |  |  |  |  |  |  |  |
| NIKISKI AK 99635  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                      |  |  |  |  |  |  |  |  |  |             |  |  |  |  |  |  |  |  |  |
| City, State, Zip Code   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                      |  |  |  |  |  |  |  |  |  |             |  |  |  |  |  |  |  |  |  |
| [Redacted Signature]  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | 7-29-16              |  |  |  |  |  |  |  |  |  |             |  |  |  |  |  |  |  |  |  |
| Signature   |  |  |  |  |  |  |  |  |  |  |  |  |  |  | Numerical Identifier |  |  |  |  |  |  |  |  |  | Date Signed |  |  |  |  |  |  |  |  |  |
| Porter Jennifer24@yahoo.com   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                      |  |  |  |  |  |  |  |  |  |             |  |  |  |  |  |  |  |  |  |
| Email Address   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                      |  |  |  |  |  |  |  |  |  |             |  |  |  |  |  |  |  |  |  |

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| Robert W Porter   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                      |  |  |  |  |  |  |  |  |  |             |  |  |  |  |  |  |  |  |  |
| Printed Name  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                      |  |  |  |  |  |  |  |  |  |             |  |  |  |  |  |  |  |  |  |
| 51464 Holt-Lamp Light   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                      |  |  |  |  |  |  |  |  |  |             |  |  |  |  |  |  |  |  |  |
| Principal Physical Residence Address (or best equivalent) - No PO Box Numbers |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                      |  |  |  |  |  |  |  |  |  |             |  |  |  |  |  |  |  |  |  |
| NIKISKI AK 99635  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                      |  |  |  |  |  |  |  |  |  |             |  |  |  |  |  |  |  |  |  |
| City, State, Zip Code   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                      |  |  |  |  |  |  |  |  |  |             |  |  |  |  |  |  |  |  |  |
| [Redacted Signature]  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | 7-29-16              |  |  |  |  |  |  |  |  |  |             |  |  |  |  |  |  |  |  |  |
| Signature   |  |  |  |  |  |  |  |  |  |  |  |  |  |  | Numerical Identifier |  |  |  |  |  |  |  |  |  | Date Signed |  |  |  |  |  |  |  |  |  |
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| Email Address   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                      |  |  |  |  |  |  |  |  |  |             |  |  |  |  |  |  |  |  |  |



WE, THE UNDERSIGNED, hereby petition for the incorporation of the city described in the complete petition.

Further, we swear or affirm that:

1. We are registered voters of the State of Alaska;
2. We are registered to vote within the proposed city;
3. We have reviewed the complete petition, including all exhibits, and we understand its terms.

|   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                      |  |  |  |  |  |  |  |  |  |             |  |  |  |  |  |  |  |  |  |
|---|--|--|--|--|--|--|--|--|--|--|--|--|--|--|----------------------|--|--|--|--|--|--|--|--|--|-------------|--|--|--|--|--|--|--|--|--|
| Dolores M Rappe   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                      |  |  |  |  |  |  |  |  |  |             |  |  |  |  |  |  |  |  |  |
| Printed Name  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                      |  |  |  |  |  |  |  |  |  |             |  |  |  |  |  |  |  |  |  |
| 51900 Dolores Drive   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                      |  |  |  |  |  |  |  |  |  |             |  |  |  |  |  |  |  |  |  |
| Principal Physical Residence Address (or best equivalent) - No PO Box Numbers |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                      |  |  |  |  |  |  |  |  |  |             |  |  |  |  |  |  |  |  |  |
| Nikiski AK 99635  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                      |  |  |  |  |  |  |  |  |  |             |  |  |  |  |  |  |  |  |  |
| City, State, Zip Code   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                      |  |  |  |  |  |  |  |  |  |             |  |  |  |  |  |  |  |  |  |
| [Redacted Signature]  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | Aug 19, 2014         |  |  |  |  |  |  |  |  |  |             |  |  |  |  |  |  |  |  |  |
| Signature   |  |  |  |  |  |  |  |  |  |  |  |  |  |  | Numerical Identifier |  |  |  |  |  |  |  |  |  | Date Signed |  |  |  |  |  |  |  |  |  |
| delarsalaska@yahoo.com  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                      |  |  |  |  |  |  |  |  |  |             |  |  |  |  |  |  |  |  |  |
| Email Address   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                      |  |  |  |  |  |  |  |  |  |             |  |  |  |  |  |  |  |  |  |

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| FRANCIS P MOGAN   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                      |  |  |  |  |  |  |  |  |  |             |  |  |  |  |  |  |  |  |  |
| Printed Name  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                      |  |  |  |  |  |  |  |  |  |             |  |  |  |  |  |  |  |  |  |
| 52621 KENAI SPUR HWY  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                      |  |  |  |  |  |  |  |  |  |             |  |  |  |  |  |  |  |  |  |
| Principal Physical Residence Address (or best equivalent) - No PO Box Numbers |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                      |  |  |  |  |  |  |  |  |  |             |  |  |  |  |  |  |  |  |  |
| Nikiski AK 99635  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                      |  |  |  |  |  |  |  |  |  |             |  |  |  |  |  |  |  |  |  |
| City, State, Zip Code   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                      |  |  |  |  |  |  |  |  |  |             |  |  |  |  |  |  |  |  |  |
| [Redacted Signature]  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | Aug 19, 2014         |  |  |  |  |  |  |  |  |  |             |  |  |  |  |  |  |  |  |  |
| Signature   |  |  |  |  |  |  |  |  |  |  |  |  |  |  | Numerical Identifier |  |  |  |  |  |  |  |  |  | Date Signed |  |  |  |  |  |  |  |  |  |
| fmogan@yahoo.com  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                      |  |  |  |  |  |  |  |  |  |             |  |  |  |  |  |  |  |  |  |
| Email Address   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                      |  |  |  |  |  |  |  |  |  |             |  |  |  |  |  |  |  |  |  |

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|---|--|--|--|--|--|--|--|--|--|--|--|--|--|--|----------------------|--|--|--|--|--|--|--|--|--|-------------|--|--|--|--|--|--|--|--|--|
| JOHN KLIMPKE  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                      |  |  |  |  |  |  |  |  |  |             |  |  |  |  |  |  |  |  |  |
| Printed Name  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                      |  |  |  |  |  |  |  |  |  |             |  |  |  |  |  |  |  |  |  |
| 52825 Blueberry Ave   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                      |  |  |  |  |  |  |  |  |  |             |  |  |  |  |  |  |  |  |  |
| Principal Physical Residence Address (or best equivalent) - No PO Box Numbers |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                      |  |  |  |  |  |  |  |  |  |             |  |  |  |  |  |  |  |  |  |
| Kenai AK 99611  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                      |  |  |  |  |  |  |  |  |  |             |  |  |  |  |  |  |  |  |  |
| City, State, Zip Code   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                      |  |  |  |  |  |  |  |  |  |             |  |  |  |  |  |  |  |  |  |
| [Redacted Signature]  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | 8/19/14              |  |  |  |  |  |  |  |  |  |             |  |  |  |  |  |  |  |  |  |
| Signature   |  |  |  |  |  |  |  |  |  |  |  |  |  |  | Numerical Identifier |  |  |  |  |  |  |  |  |  | Date Signed |  |  |  |  |  |  |  |  |  |
| [Redacted Email Address]  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                      |  |  |  |  |  |  |  |  |  |             |  |  |  |  |  |  |  |  |  |
| Email Address   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                      |  |  |  |  |  |  |  |  |  |             |  |  |  |  |  |  |  |  |  |

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| Bryce Chate   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                      |  |  |  |  |  |  |  |  |  |             |  |  |  |  |  |  |  |  |  |
| Printed Name  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                      |  |  |  |  |  |  |  |  |  |             |  |  |  |  |  |  |  |  |  |
| 52832 Blueberry Ave   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                      |  |  |  |  |  |  |  |  |  |             |  |  |  |  |  |  |  |  |  |
| Principal Physical Residence Address (or best equivalent) - No PO Box Numbers |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                      |  |  |  |  |  |  |  |  |  |             |  |  |  |  |  |  |  |  |  |
| Kenai AK 99611  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                      |  |  |  |  |  |  |  |  |  |             |  |  |  |  |  |  |  |  |  |
| City, State, Zip Code   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                      |  |  |  |  |  |  |  |  |  |             |  |  |  |  |  |  |  |  |  |
| [Redacted Signature]  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | 8/19/14              |  |  |  |  |  |  |  |  |  |             |  |  |  |  |  |  |  |  |  |
| Signature   |  |  |  |  |  |  |  |  |  |  |  |  |  |  | Numerical Identifier |  |  |  |  |  |  |  |  |  | Date Signed |  |  |  |  |  |  |  |  |  |
| [Redacted Email Address]  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                      |  |  |  |  |  |  |  |  |  |             |  |  |  |  |  |  |  |  |  |
| Email Address   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                      |  |  |  |  |  |  |  |  |  |             |  |  |  |  |  |  |  |  |  |

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| C O D J A C O R S   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                      |  |  |  |  |  |  |  |  |  |                     |  |  |  |  |  |  |  |  |  |
| Printed Name  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                      |  |  |  |  |  |  |  |  |  |                     |  |  |  |  |  |  |  |  |  |
| Principal Physical Residence Address (or best equivalent) - No PO Box Numbers |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                      |  |  |  |  |  |  |  |  |  |                     |  |  |  |  |  |  |  |  |  |
| M I L E 27.5 Kenai Spur   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                      |  |  |  |  |  |  |  |  |  |                     |  |  |  |  |  |  |  |  |  |
| City, State, Zip Code   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                      |  |  |  |  |  |  |  |  |  |                     |  |  |  |  |  |  |  |  |  |
| N I K I S K I A K 99635   |  |  |  |  |  |  |  |  |  |  |  |  |  |  | [Redacted]           |  |  |  |  |  |  |  |  |  |                     |  |  |  |  |  |  |  |  |  |
| [Redacted]  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | Numerical Identifier |  |  |  |  |  |  |  |  |  | Date Signed 8/31/16 |  |  |  |  |  |  |  |  |  |
| [Redacted]  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                      |  |  |  |  |  |  |  |  |  |                     |  |  |  |  |  |  |  |  |  |

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| C I A M P I L O T @ Y a h o o . c o m   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                      |  |  |  |  |  |  |  |  |  |             |  |  |  |  |  |  |  |  |  |
| Printed Name  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                      |  |  |  |  |  |  |  |  |  |             |  |  |  |  |  |  |  |  |  |
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| [Redacted]  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                      |  |  |  |  |  |  |  |  |  |             |  |  |  |  |  |  |  |  |  |
| City, State, Zip Code   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                      |  |  |  |  |  |  |  |  |  |             |  |  |  |  |  |  |  |  |  |
| [Redacted]  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | [Redacted]           |  |  |  |  |  |  |  |  |  |             |  |  |  |  |  |  |  |  |  |
| Signature   |  |  |  |  |  |  |  |  |  |  |  |  |  |  | Numerical Identifier |  |  |  |  |  |  |  |  |  | Date Signed |  |  |  |  |  |  |  |  |  |
| [Redacted]  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                      |  |  |  |  |  |  |  |  |  |             |  |  |  |  |  |  |  |  |  |
| Email Address   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                      |  |  |  |  |  |  |  |  |  |             |  |  |  |  |  |  |  |  |  |

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|---|--|--|--|--|--|--|--|--|--|--|--|--|--|--|----------------------|--|--|--|--|--|--|--|--|--|-----------------------|--|--|--|--|--|--|--|--|--|
| J A M E S A B U R R I S   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                      |  |  |  |  |  |  |  |  |  |                       |  |  |  |  |  |  |  |  |  |
| Printed Name  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                      |  |  |  |  |  |  |  |  |  |                       |  |  |  |  |  |  |  |  |  |
| 51382 Drift CR  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                      |  |  |  |  |  |  |  |  |  |                       |  |  |  |  |  |  |  |  |  |
| Principal Physical Residence Address (or best equivalent) - No PO Box Numbers |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                      |  |  |  |  |  |  |  |  |  |                       |  |  |  |  |  |  |  |  |  |
| N I K S K I A K 99635   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                      |  |  |  |  |  |  |  |  |  |                       |  |  |  |  |  |  |  |  |  |
| City, State, Zip Code   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                      |  |  |  |  |  |  |  |  |  |                       |  |  |  |  |  |  |  |  |  |
| [Redacted]  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | [Redacted]           |  |  |  |  |  |  |  |  |  |                       |  |  |  |  |  |  |  |  |  |
| Signature   |  |  |  |  |  |  |  |  |  |  |  |  |  |  | Numerical Identifier |  |  |  |  |  |  |  |  |  | Date Signed 8-31-2016 |  |  |  |  |  |  |  |  |  |
| [Redacted]  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                      |  |  |  |  |  |  |  |  |  |                       |  |  |  |  |  |  |  |  |  |
| Email Address   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                      |  |  |  |  |  |  |  |  |  |                       |  |  |  |  |  |  |  |  |  |

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| S e t h T a u r i a i n e n   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                      |  |  |  |  |  |  |  |  |  |                       |  |  |  |  |  |  |  |  |  |
| Printed Name  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                      |  |  |  |  |  |  |  |  |  |                       |  |  |  |  |  |  |  |  |  |
| 46850 Tauriainen Trail  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                      |  |  |  |  |  |  |  |  |  |                       |  |  |  |  |  |  |  |  |  |
| Principal Physical Residence Address (or best equivalent) - No PO Box Numbers |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                      |  |  |  |  |  |  |  |  |  |                       |  |  |  |  |  |  |  |  |  |
| N I K I S K I A K 99635   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                      |  |  |  |  |  |  |  |  |  |                       |  |  |  |  |  |  |  |  |  |
| City, State, Zip Code   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                      |  |  |  |  |  |  |  |  |  |                       |  |  |  |  |  |  |  |  |  |
| [Redacted]  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | [Redacted]           |  |  |  |  |  |  |  |  |  |                       |  |  |  |  |  |  |  |  |  |
| Signature   |  |  |  |  |  |  |  |  |  |  |  |  |  |  | Numerical Identifier |  |  |  |  |  |  |  |  |  | Date Signed 31 Aug 16 |  |  |  |  |  |  |  |  |  |
| [Redacted]  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                      |  |  |  |  |  |  |  |  |  |                       |  |  |  |  |  |  |  |  |  |
| Email Address   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                      |  |  |  |  |  |  |  |  |  |                       |  |  |  |  |  |  |  |  |  |

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|   |             |
|---|-------------|
| C i e t a E J o h n s o n   |             |
| Printed Name  |             |
| 5 0 2 2 5 C o r c o r a n C i r   |             |
| Principal Physical Residence Address (or best equivalent) - No PO Box Numbers |             |
| N i k i s k i A l a s k a 9 9 6 3 5   |             |
| City, State, Zip Code   |             |
| [Redacted Signature]  | 8-27-16     |
| Numerical Identifier  | Date Signed |
| c i e t a e j o h n s o n @ h o t m a i l . c o m                             |             |
| Email Address   |             |

|   |             |
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| D e a n n a M R o z a   |             |
| Printed Name  |             |
| 5 2 9 2 5 K e n a i S p u r H w y   |             |
| Principal Physical Residence Address (or best equivalent) - No PO Box Numbers |             |
| K e n a i A l a s k a 9 9 6 1 1   |             |
| City, State, Zip Code   |             |
| [Redacted Signature]  | 8-28-16     |
| Numerical Identifier  | Date Signed |
| r u b y s u l l i v a n 6 6 6 1 @ g m a i l . c o m                           |             |
| Email Address   |             |

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| A r n o l d U S u l l e n g e r   |             |
| Printed Name  |             |
| Principal Physical Residence Address (or best equivalent) - No PO Box Numbers |             |
| 5 4 9 3 5 G a i e n A v e N i k i s k i                                       |             |
| City, State, Zip Code   |             |
| [Redacted Signature]  | 8-28-16     |
| Numerical Identifier  | Date Signed |
| Email Address   |             |

|   |             |
|---|-------------|
| M a r y S u l l e n g e r   |             |
| Printed Name  |             |
| 5 4 9 3 5 G a i e n A v e   |             |
| Principal Physical Residence Address (or best equivalent) - No PO Box Numbers |             |
| N i k i s k i A l a s k a 9 9 6 3 5   |             |
| City, State, Zip Code   |             |
| [Redacted Signature]  | 8-28-16     |
| Numerical Identifier  | Date Signed |
| Email Address   |             |

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|---|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|-------------|--|--|--|--|
| RYAN BROUSSARD  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |             |  |  |  |  |
| Printed Name  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |             |  |  |  |  |
| 52557 GERALDING ST  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |             |  |  |  |  |
| Principal Physical Residence Address (or best equivalent) - No PO Box Numbers |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |             |  |  |  |  |
| KENAI AK 99611  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |             |  |  |  |  |
| City, State, Zip Code   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |             |  |  |  |  |
| [Redacted Signature]  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | 9/7/2016    |  |  |  |  |
| Signature   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | Date Signed |  |  |  |  |
| [Redacted Email Address]  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |             |  |  |  |  |
| Email Address   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |             |  |  |  |  |

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|---|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|-------------|--|--|--|--|
| KEN DIAMOND   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |             |  |  |  |  |
| Printed Name  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |             |  |  |  |  |
| 47155 BLACK BEAR  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |             |  |  |  |  |
| Principal Physical Residence Address (or best equivalent) - No PO Box Numbers |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |             |  |  |  |  |
| KENAI AK 99611  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |             |  |  |  |  |
| City, State, Zip Code   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |             |  |  |  |  |
| [Redacted Signature]  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | 9-7-16      |  |  |  |  |
| Signature   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | Date Signed |  |  |  |  |
| ADIAMOND@ALASKA.NET   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |             |  |  |  |  |
| Email Address   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |             |  |  |  |  |

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|---|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|-------------|--|--|--|--|
| CHARLIE CHRISTOFFERSEN  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |             |  |  |  |  |
| Printed Name  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |             |  |  |  |  |
| 47205 HOLT LAMPTIGHT  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |             |  |  |  |  |
| Principal Physical Residence Address (or best equivalent) - No PO Box Numbers |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |             |  |  |  |  |
| NIKISKI AK 99611  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |             |  |  |  |  |
| City, State, Zip Code   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |             |  |  |  |  |
| [Redacted Signature]  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | 9/8/16      |  |  |  |  |
| Signature   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | Date Signed |  |  |  |  |
| b9chie66@gmail.com  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |             |  |  |  |  |
| Email Address   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |             |  |  |  |  |

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|---|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|-------------|--|--|--|--|
| Rex Savely  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |             |  |  |  |  |
| Printed Name  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |             |  |  |  |  |
| 47750 INTERLAKE DR  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |             |  |  |  |  |
| Principal Physical Residence Address (or best equivalent) - No PO Box Numbers |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |             |  |  |  |  |
| KENAI AK 99611  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |             |  |  |  |  |
| City, State, Zip Code   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |             |  |  |  |  |
| [Redacted Signature]  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | 9-8-16      |  |  |  |  |
| Signature   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | Date Signed |  |  |  |  |
| rexsave1y@gmail.com   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |             |  |  |  |  |
| Email Address   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |             |  |  |  |  |



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|   |                      |
|---|----------------------|
| S c o t t A n d e r s o n   |                      |
| Printed Name  |                      |
| 4 3 0 2 9 M o r n i n g C i r c l e   |                      |
| Principal Physical Residence Address (or best equivalent) - No PO Box Numbers |                      |
| K e n a i A K 9 9 6 1 1   |                      |
| City, State, Zip Code   |                      |
| [Redacted Signature]  |                      |
| Signature   | Numerical Identifier |
| 9/7/16  |                      |
| Date Signed   |                      |
| S c o t t s a r i @ a l a s k a . n e t                                       |                      |
| Email Address   |                      |

|   |                      |
|---|----------------------|
| S a r i A n d e r s o n   |                      |
| Printed Name  |                      |
| 4 3 0 2 9 M o r n i n g C i r c l e   |                      |
| Principal Physical Residence Address (or best equivalent) - No PO Box Numbers |                      |
| K e n a i A K 9 9 6 1 1   |                      |
| City, State, Zip Code   |                      |
| [Redacted Signature]  |                      |
| Signature   | Numerical Identifier |
| 9/7/16  |                      |
| Date Signed   |                      |
| S c o t t s a r i . @ a l a s k a . n e t                                     |                      |
| Email Address   |                      |

|   |                      |
|---|----------------------|
| B R A D I A N D E R S O N ( C R E S S )                                       |                      |
| Printed Name  |                      |
| 4 3 0 2 9 M O R N I N G C I R C L E   |                      |
| Principal Physical Residence Address (or best equivalent) - No PO Box Numbers |                      |
| K E N A I A K 9 9 6 1 1   |                      |
| City, State, Zip Code   |                      |
| [Redacted Signature]  |                      |
| Signature   | Numerical Identifier |
| 09/08/16  |                      |
| Date Signed   |                      |
| b r a d i - j o @ h o t m a i l . c o m                                       |                      |
| Email Address   |                      |

|   |                      |
|---|----------------------|
| <del>J E D I D I A H C R E S S</del>  |                      |
| Printed Name  |                      |
| <del>5 0 3 7 4 S P E E D Y H I L L S T</del>                                  |                      |
| Principal Physical Residence Address (or best equivalent) - No PO Box Numbers |                      |
| <del>K E N A I A K 9 9 6 1 1</del>  |                      |
| City, State, Zip Code   |                      |
| [Redacted Signature]  |                      |
| Signature   | Numerical Identifier |
| [Redacted Date]   |                      |
| Date Signed   |                      |
| [Redacted Email]  |                      |
| Email Address   |                      |

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|   |  |
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| M I C H A E L W P I N G   |  |
| Printed Name  |  |
| 5 7 7 8 0 M R W T A S T A A V R   |  |
| Principal Physical Residence Address (or best equivalent) - No PO Box Numbers |  |
| N I K I S K I A K 9 9 6 3 5   |  |
| City, State, Zip Code   |  |
|   |  |
| 8/31/2016<br>Date Signed  |  |
| M P I N G @ H E L C O R P . C O M   |  |
| Email Address   |  |

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| L I S A A . P I N G   |  |
| Printed Name  |  |
| 5 7 7 8 0 M R W T A T A A V R   |  |
| Principal Physical Residence Address (or best equivalent) - No PO Box Numbers |  |
| N I K I S K I A K 9 9 6 3 5   |  |
| City, State, Zip Code   |  |
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| 8/31/2016<br>Date Signed  |  |
| P I N G . L I S A @ Y A H O O . C O M   |  |
| Email Address   |  |

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| J O S E P H K O I E   |  |
| Printed Name  |  |
| 5 0 5 3 7 K O S T A R D   |  |
| Principal Physical Residence Address (or best equivalent) - No PO Box Numbers |  |
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| City, State, Zip Code   |  |
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| 9-3-16<br>Date Signed   |  |
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| B A T H Y K O I E   |  |
| Printed Name  |  |
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| Principal Physical Residence Address (or best equivalent) - No PO Box Numbers |  |
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| City, State, Zip Code   |  |
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| 9/3/16<br>Date Signed   |  |
|   |  |
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|---|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|-------------|--|--|--|--|
| PAULA H. BUTE   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |             |  |  |  |  |
| Printed Name  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |             |  |  |  |  |
| 50471 BYRD AVE  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |             |  |  |  |  |
| Principal Physical Residence Address (or best equivalent) - No PO Box Numbers |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |             |  |  |  |  |
| KENAI AK 99611  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |             |  |  |  |  |
| City, State, Zip Code   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |             |  |  |  |  |
| [Signature]   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | 8/4/16      |  |  |  |  |
| Signature   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | Date Signed |  |  |  |  |
| [Empty Row]   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |             |  |  |  |  |
| Email Address   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |             |  |  |  |  |

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|---|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|-------------|--|--|--|--|
| ALAN J BUTE   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |             |  |  |  |  |
| Printed Name  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |             |  |  |  |  |
| 50471 BYRD AVE  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |             |  |  |  |  |
| Principal Physical Residence Address (or best equivalent) - No PO Box Numbers |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |             |  |  |  |  |
| KENAI AK 99611  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |             |  |  |  |  |
| City, State, Zip Code   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |             |  |  |  |  |
| [Signature]   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | 8/4/16      |  |  |  |  |
| Signature   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | Date Signed |  |  |  |  |
| [Empty Row]   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |             |  |  |  |  |
| Email Address   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |             |  |  |  |  |

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| Jonathan O Douglas  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |             |  |  |  |  |
| Printed Name  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |             |  |  |  |  |
| Mile 30 Kenai Spur Hwy  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |             |  |  |  |  |
| Principal Physical Residence Address (or best equivalent) - No PO Box Numbers |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |             |  |  |  |  |
| Nikiski AK 99635  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |             |  |  |  |  |
| City, State, Zip Code   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |             |  |  |  |  |
| [Signature]   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | 8-4-16      |  |  |  |  |
| Signature   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | Date Signed |  |  |  |  |
| [Empty Row]   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |             |  |  |  |  |
| Email Address   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |             |  |  |  |  |

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| JOSIE M OLIVA   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |             |  |  |  |  |
| Printed Name  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |             |  |  |  |  |
| 62300 SARA JANE ST  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |             |  |  |  |  |
| Principal Physical Residence Address (or best equivalent) - No PO Box Numbers |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |             |  |  |  |  |
| NIKISKI AK 99635  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |             |  |  |  |  |
| City, State, Zip Code   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |             |  |  |  |  |
| [Signature]   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | 8/4/16      |  |  |  |  |
| Signature   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | Date Signed |  |  |  |  |
| coffee-freak15@hotmail.com  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |             |  |  |  |  |
| Email Address   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |             |  |  |  |  |

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|---|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|
| WAYNE WALTON  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Printed Name  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 50532 SHEMYA WAY  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Principal Physical Residence Address (or best equivalent) - No PO Box Numbers |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| LIKISKI AK 99635  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| [Redacted Signature] [Redacted Numerical Identifier] 8-28-16                  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Signature Numerical Identifier Date Signed                                    |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| [Redacted Email Address]  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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| ROBIN FELTMAN   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Printed Name  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 50620 SHEMYA WAY  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Principal Physical Residence Address (or best equivalent) - No PO Box Numbers |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| NIKISKI AK 99635  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| City, State, Zip Code   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| [Redacted Signature] [Redacted Numerical Identifier] 8/28/16                  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Signature Numerical Identifier Date Signed                                    |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| [Redacted Email Address]  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Email Address   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |

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| DONALD FELTMAN  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Printed Name  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 50620 SHEMYA WAY  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Principal Physical Residence Address (or best equivalent) - No PO Box Numbers |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| NIKISKI AK 99635  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| City, State, Zip Code   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| [Redacted Signature] [Redacted Numerical Identifier] 8/28/16                  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Signature Numerical Identifier Date Signed                                    |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| [Redacted Email Address]  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Email Address   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |

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| EUNICE L. WITOLIC   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Printed Name  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 51655 MEYERSON RD   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Principal Physical Residence Address (or best equivalent) - No PO Box Numbers |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| P.O. Box 8321 NIKISKI AK 99635  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| City, State, Zip Code   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| [Redacted Signature] [Redacted Numerical Identifier] 8-30-16                  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Signature Numerical Identifier Date Signed                                    |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| [Redacted Email Address]  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Email Address   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |



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|   |  |
|---|--|
| DEBORAH J GRIMES  |  |
| Printed Name  |  |
| 52821 SATURN CT   |  |
| Principal Physical Residence Address (or best equivalent) - No PO Box Numbers |  |
| NISKISKI AK 99635   |  |
| City, State, Zip Code   |  |
| [Redacted Signature]  |  |
| 8-28-2016   |  |
| Date Signed   |  |
| DGRIMES@ACSALASKA.NET   |  |
| Email Address   |  |

|   |  |
|---|--|
| KATHLEEN E ROGERSON   |  |
| Printed Name  |  |
| 52155 MYRON AVE   |  |
| Principal Physical Residence Address (or best equivalent) - No PO Box Numbers |  |
| NISKISKA AK 99635   |  |
| [Redacted Signature]  |  |
| 8-28-2016   |  |
| Date Signed   |  |
| [Redacted Email Address]  |  |
| Email Address   |  |

|   |  |
|---|--|
| Tom E Carew   |  |
| Printed Name  |  |
| 52649 CRAIG ST  |  |
| Principal Physical Residence Address (or best equivalent) - No PO Box Numbers |  |
| NISKISKI ALASKA 99635   |  |
| [Redacted Signature]  |  |
| 8-28-16   |  |
| Date Signed   |  |
| [Redacted Email Address]  |  |
| Email Address   |  |

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|---|--|
| ANNA L SE CLARK   |  |
| Printed Name  |  |
| 52649 CRAIG ST NISKISKI   |  |
| Principal Physical Residence Address (or best equivalent) - No PO Box Numbers |  |
| [Redacted Signature]  |  |
| 8-25-16   |  |
| Date Signed   |  |
| [Redacted Email Address]  |  |
| Email Address   |  |



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| Haley Wilson   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                            |  |  |  |  |
| <small>Printed Name</small>  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                            |  |  |  |  |
| 49690 Two Junes Ave  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                            |  |  |  |  |
| <small>Principal Physical Residence Address (or best equivalent) - No PO Box Numbers</small> |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                            |  |  |  |  |
| Kenai AK 99611   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                            |  |  |  |  |
| <small>City, State, Zip Code</small>   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                            |  |  |  |  |
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|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | <small>Date Signed</small> |  |  |  |  |
| h.wilson7ak@gmail.com  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                            |  |  |  |  |
| <small>Email Address</small>   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                            |  |  |  |  |

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| Angelia Covey  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                            |  |  |  |  |
| <small>Printed Name</small>  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                            |  |  |  |  |
| 46845 Spruce Haven St.   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                            |  |  |  |  |
| <small>Principal Physical Residence Address (or best equivalent) - No PO Box Numbers</small> |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                            |  |  |  |  |
| Kenai AK 99611   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                            |  |  |  |  |
| <small>City, State, Zip Code</small>   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                            |  |  |  |  |
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|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | <small>Date Signed</small> |  |  |  |  |
| snowangel1995@hotmail.com  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                            |  |  |  |  |
| <small>Email Address</small>   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                            |  |  |  |  |

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| Heidi K Covey  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                            |  |  |  |  |
| <small>Printed Name</small>  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                            |  |  |  |  |
| 49690 Two Junes Avenue   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                            |  |  |  |  |
| <small>Principal Physical Residence Address (or best equivalent) - No PO Box Numbers</small> |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                            |  |  |  |  |
| Kenai AK 99611   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                            |  |  |  |  |
| <small>City, State, Zip Code</small>   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                            |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | 8-4-16                     |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | <small>Date Signed</small> |  |  |  |  |
| h.covey@yahooc.com   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                            |  |  |  |  |
| <small>Email Address</small>   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                            |  |  |  |  |

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| Jasper O Covey   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                            |  |  |  |  |
| <small>Printed Name</small>  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                            |  |  |  |  |
| 49690 Two Junes Avenue   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                            |  |  |  |  |
| <small>Principal Physical Residence Address (or best equivalent) - No PO Box Numbers</small> |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                            |  |  |  |  |
| Kenai AK 99611   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                            |  |  |  |  |
| <small>City, State, Zip Code</small>   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                            |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | 8-4-16                     |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | <small>Date Signed</small> |  |  |  |  |
| j.covey@yahooc.com   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                            |  |  |  |  |
| <small>Email Address</small>   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                            |  |  |  |  |

WE, THE UNDERSIGNED, hereby petition for the incorporation of the city described in the complete petition.  
Further, we swear or affirm that:

1. We are registered voters of the State of Alaska;
2. We are registered to vote within the proposed city;
3. We have reviewed the complete petition, including all exhibits, and we understand its terms.

|  |  |
|--|--|
| WAYNE G COGGINS  |  |
| <small>Printed Name</small>  |  |
| 50200 BIRCH GROVE AVE  |  |
| <small>Principal Physical Residence Address (or best equivalent) - No PO Box Numbers</small> |  |
| NIKISKI ALASKA 99635   |  |
| <small>City, State, Zip Code</small>   |  |
|  |  |
| 9-12-16  |  |
| <small>Date Signed</small>   |  |
| CEM123@ALASKA.NET  |  |
| <small>Email Address</small>   |  |

|  |  |
|--|--|
| JAMES D WICK   |  |
| <small>Printed Name</small>  |  |
| 48410 HAPPY LN   |  |
| <small>Principal Physical Residence Address (or best equivalent) - No PO Box Numbers</small> |  |
| NIKISKI ALASKA 99635   |  |
| <small>City, State, Zip Code</small>   |  |
|  |  |
| 9/12/16  |  |
| <small>Date Signed</small>   |  |
|  |  |
| JAMES D WICK   |  |
| <small>Numerical Identifier</small>  |  |
| CEM123@ALASKA.NET  |  |
| <small>Email Address</small>   |  |

|  |  |
|--|--|
| BRENDAN PLESSINGER   |  |
| <small>Printed Name</small>  |  |
| 46898 SCENIC VIEW LOOP   |  |
| <small>Principal Physical Residence Address (or best equivalent) - No PO Box Numbers</small> |  |
| NIKISKI AK 99635   |  |
| <small>City, State, Zip Code</small>   |  |
|  |  |
| 9/11/16  |  |
| <small>Date Signed</small>   |  |
|  |  |
| BRENDAN PLESSINGER   |  |
| <small>Numerical Identifier</small>  |  |
|  |  |

|  |  |
|--|--|
| MARVEEN E COGGINS  |  |
| <small>Printed Name</small>  |  |
| 50200 BIRCH GROVE AVE  |  |
| <small>Principal Physical Residence Address (or best equivalent) - No PO Box Numbers</small> |  |
| NIKISKI ALASKA 99635   |  |
| <small>City, State, Zip Code</small>   |  |
|  |  |
| 9-12-16  |  |
| <small>Date Signed</small>   |  |
|  |  |
| MARVEEN E COGGINS  |  |
| <small>Numerical Identifier</small>  |  |
|  |  |
| MARVEEN E COGGINS  |  |
| <small>Email Address</small>   |  |



WE, THE UNDERSIGNED, hereby petition for the incorporation of the city described in the complete petition. Further, we swear or affirm that:

1. We are registered voters of the State of Alaska;
2. We are registered to vote within the proposed city;
3. We have reviewed the complete petition, including all exhibits, and we understand its terms.

|   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                      |  |  |  |  |  |  |  |  |  |             |  |  |  |  |  |  |  |  |  |
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| Zackie Johnston   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                      |  |  |  |  |  |  |  |  |  |             |  |  |  |  |  |  |  |  |  |
| Printed Name  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                      |  |  |  |  |  |  |  |  |  |             |  |  |  |  |  |  |  |  |  |
| 51664 Stickieback Rd  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                      |  |  |  |  |  |  |  |  |  |             |  |  |  |  |  |  |  |  |  |
| Principal Physical Residence Address (or best equivalent) - No PO Box Numbers |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                      |  |  |  |  |  |  |  |  |  |             |  |  |  |  |  |  |  |  |  |
| Nikiski AK 99635  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                      |  |  |  |  |  |  |  |  |  |             |  |  |  |  |  |  |  |  |  |
| City, State, Zip Code   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                      |  |  |  |  |  |  |  |  |  |             |  |  |  |  |  |  |  |  |  |
| [Redacted Signature]  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | 8-3-16               |  |  |  |  |  |  |  |  |  |             |  |  |  |  |  |  |  |  |  |
| Signature   |  |  |  |  |  |  |  |  |  |  |  |  |  |  | Numerical Identifier |  |  |  |  |  |  |  |  |  | Date Signed |  |  |  |  |  |  |  |  |  |
| zackie@bladesmithy.com  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                      |  |  |  |  |  |  |  |  |  |             |  |  |  |  |  |  |  |  |  |
| Email Address   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                      |  |  |  |  |  |  |  |  |  |             |  |  |  |  |  |  |  |  |  |

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| Joyce E. Endsley  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                      |  |  |  |  |  |  |  |  |  |             |  |  |  |  |  |  |  |  |  |
| Printed Name  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                      |  |  |  |  |  |  |  |  |  |             |  |  |  |  |  |  |  |  |  |
| 54721 McKinley  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                      |  |  |  |  |  |  |  |  |  |             |  |  |  |  |  |  |  |  |  |
| Principal Physical Residence Address (or best equivalent) - No PO Box Numbers |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                      |  |  |  |  |  |  |  |  |  |             |  |  |  |  |  |  |  |  |  |
| Nikiski AK  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                      |  |  |  |  |  |  |  |  |  |             |  |  |  |  |  |  |  |  |  |
| City, State, Zip Code   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                      |  |  |  |  |  |  |  |  |  |             |  |  |  |  |  |  |  |  |  |
| [Redacted Signature]  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | Aug 3, 2016          |  |  |  |  |  |  |  |  |  |             |  |  |  |  |  |  |  |  |  |
| Signature   |  |  |  |  |  |  |  |  |  |  |  |  |  |  | Numerical Identifier |  |  |  |  |  |  |  |  |  | Date Signed |  |  |  |  |  |  |  |  |  |
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| Email Address   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                      |  |  |  |  |  |  |  |  |  |             |  |  |  |  |  |  |  |  |  |

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| Jeffrey Curren  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                      |  |  |  |  |  |  |  |  |  |             |  |  |  |  |  |  |  |  |  |
| Printed Name  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                      |  |  |  |  |  |  |  |  |  |             |  |  |  |  |  |  |  |  |  |
| 52203 Mariene Ave   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                      |  |  |  |  |  |  |  |  |  |             |  |  |  |  |  |  |  |  |  |
| Principal Physical Residence Address (or best equivalent) - No PO Box Numbers |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                      |  |  |  |  |  |  |  |  |  |             |  |  |  |  |  |  |  |  |  |
| Nikiski AK 99635  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                      |  |  |  |  |  |  |  |  |  |             |  |  |  |  |  |  |  |  |  |
| City, State, Zip Code   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                      |  |  |  |  |  |  |  |  |  |             |  |  |  |  |  |  |  |  |  |
| [Redacted Signature]  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | 8-3-16               |  |  |  |  |  |  |  |  |  |             |  |  |  |  |  |  |  |  |  |
| Signature   |  |  |  |  |  |  |  |  |  |  |  |  |  |  | Numerical Identifier |  |  |  |  |  |  |  |  |  | Date Signed |  |  |  |  |  |  |  |  |  |
| curren-j@yahoo.com  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                      |  |  |  |  |  |  |  |  |  |             |  |  |  |  |  |  |  |  |  |
| Email Address   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                      |  |  |  |  |  |  |  |  |  |             |  |  |  |  |  |  |  |  |  |

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| Kimberly Curren   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                      |  |  |  |  |  |  |  |  |  |             |  |  |  |  |  |  |  |  |  |
| Printed Name  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                      |  |  |  |  |  |  |  |  |  |             |  |  |  |  |  |  |  |  |  |
| 52203 Mariene Ave   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                      |  |  |  |  |  |  |  |  |  |             |  |  |  |  |  |  |  |  |  |
| Principal Physical Residence Address (or best equivalent) - No PO Box Numbers |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                      |  |  |  |  |  |  |  |  |  |             |  |  |  |  |  |  |  |  |  |
| Nikiski AK 99635  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                      |  |  |  |  |  |  |  |  |  |             |  |  |  |  |  |  |  |  |  |
| City, State, Zip Code   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                      |  |  |  |  |  |  |  |  |  |             |  |  |  |  |  |  |  |  |  |
| [Redacted Signature]  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | 8-3-16               |  |  |  |  |  |  |  |  |  |             |  |  |  |  |  |  |  |  |  |
| Signature   |  |  |  |  |  |  |  |  |  |  |  |  |  |  | Numerical Identifier |  |  |  |  |  |  |  |  |  | Date Signed |  |  |  |  |  |  |  |  |  |
| kcurren@yahoo.com   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                      |  |  |  |  |  |  |  |  |  |             |  |  |  |  |  |  |  |  |  |
| Email Address   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                      |  |  |  |  |  |  |  |  |  |             |  |  |  |  |  |  |  |  |  |

# STATE OF ALASKA VOTER REGISTRATION APPLICATION

Refer to instructions on the reverse side for specific information and identification requirements.

Please print clearly in blue or black ink.

|  |  |   |  |
|--|--|---|--|
| <b>1. You MUST complete this section for registration.</b><br><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No I am a citizen of the United States.<br><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No I am at least 18 years old or will be within 90 days of completing this application.<br>If you checked NO to either question, do not complete this form as you are not eligible to register to vote.                             |  |   |  |
| <b>2. Last Name</b>  |  | <b>First Name</b>   |  |
| Johnson  |  | Evelyn  |  |
| <b>3. Former Name:</b> (If your name has changed)  |  | <b>Middle Initial</b>   |  |
|  |  | E   |  |
| <b>4. You MUST provide the Alaska residence address where you claim residency. Do not use PO, PSC, HC or RR.</b>   |  | <b>Suffix (Sr., Jr., etc.)</b>  |  |
| 5109 Suckaleck   |  | Nikiski   |  |
| House # Street Name  |  | Apt # City State  |  |
| * <input type="checkbox"/> Keep my residence address confidential. (Your mailing address in section 5 must be DIFFERENT from your residence address in section 4 to remain confidential.)  |  | ALASKA  |  |
| <b>5. Mailing Address:</b>   |  | <b>10.</b> <input type="checkbox"/> I am a voter with a disability and would like information on alternative voting methods.                            |  |
| P.O. Box 7000  |  | <b>11.</b> <input type="checkbox"/> I am interested in serving as an election official. (Provide your phone number and/or email address in section 12.) |  |
| Nikiski, AK 99625  |  | <b>12.</b> Daytime Phone No. 907-453-7273   |  |
|  |  | Evening Phone No.   |  |
|  |  | Email Address evelynjohnson@alaska.net  |  |
| <b>6. You MUST provide at least ONE</b>  |  | <b>13.</b> [Redacted] tical   |  |
| *Social Security [Redacted]  |  |   |  |
| *Last 4 Digits of Social Security No. [Redacted]   |  |   |  |
| *Alaska Driver's License [Redacted]  |  |   |  |
| *Alaska State ID Card No. [Redacted]   |  |   |  |
| <input type="checkbox"/> I have not been issued a Social Security, Alaska Driver's License or State ID number.   |  |   |  |
| [Redacted]   |  |   |  |
| Month Day Year   |  |   |  |
| <b>8. *AK Voter Number</b>   |  |   |  |
| (If known)   |  |   |  |
| <b>9. Sex</b> <input checked="" type="checkbox"/> Male <input type="checkbox"/> Female   |  |   |  |
| <b>14. If you are registered to vote in another state, you MUST cancel that registration by providing the following:</b>   |  |   |  |
| City:  |  | State:  |  |
| County:  |  | Zip Code:   |  |
| <b>Voter Certificate. Read and Sign:</b> I certify, under penalty of perjury, that the above information I provided on this document is true and correct. I am not registered to vote in another state, or I have provided information to cancel that registration. I further certify that I am a resident of Alaska and I have not been convicted of a felony, or having been so convicted, have been unconditionally discharged from incarceration, probation and/or parole. |  |   |  |
| <b>WARNING:</b> If you provide false information on this application you can be convicted of a misdemeanor AS 15.56.050.   |  |   |  |
| <b>*SIGNATURE:</b> [Redacted]  |  | <b>DATE:</b> 2-3-16   |  |
| <b>Registrar/Agency/Official - Check ID and complete this section</b>  |  | <b>For Office Use Only</b>  |  |
| Registrar Name   |  | VN  |  |
| Voter # or SSN   |  | D/P   |  |
| OR   |  |   |  |
| Agency Name  |  |   |  |

\*Items are kept confidential by the Division of Elections and are not available for public inspection except that confidential addresses may be released to government agencies or during election processes as set out in state law.

WE, THE UNDERSIGNED, hereby petition for the incorporation of the city described in the complete petition.

Further, we swear or affirm that:

1. We are registered voters of the State of Alaska;
2. We are registered to vote within the proposed city;
3. We have reviewed the complete petition, including all exhibits, and we understand its terms.

ASHLEY SANDBACK  
 Printed Name  
 447108 HOLLAND CAMP LIGHT  
 Principal Physical Residence Address (or best equivalent) - No PO Box Numbers  
 NIKISKI AK 99635  
 [Redacted]  
 Date Signed 8-12-16  
 Email Address

CHRISTOPHER R. SMITH  
 Printed Name  
 52535 LISBURN AVE  
 Principal Physical Residence Address (or best equivalent) - No PO Box Numbers  
 NIKISKI AK 99655  
 City, State, Zip Code  
 [Redacted]  
 Date Signed 8/15/16  
 Email Address

DELORAS MARIE HAMILTON  
 Printed Name  
 5233 RIBLINE RD  
 Principal Physical Residence Address (or best equivalent) - No PO Box Numbers  
 NIKISKI AK  
 [Redacted]  
 Date Signed 8-15-16  
 Email Address EVILBOWLCOOLBOOK.COM

JOHN MICHAEL CRESS  
 Printed Name  
 50374 Speedy Hill Street  
 Principal Physical Residence Address (or best equivalent) - No PO Box Numbers  
 Kenai Alaska 99611  
 City, State, Zip Code  
 [Redacted]  
 Date Signed 8/15/16  
 Email Address JKcress@a.l.s.a.l.a.s.k.a.net

WE, THE UNDERSIGNED, hereby petition for the incorporation of the city described in the complete petition.  
Further, we swear or affirm that:

1. We are registered voters of the State of Alaska;
2. We are registered to vote within the proposed city;
3. We have reviewed the complete petition, including all exhibits, and we understand its terms.

|   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |             |  |  |  |  |
|---|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|-------------|--|--|--|--|
| Kaitlin A. OLIVA  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |             |  |  |  |  |
| Printed Name  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |             |  |  |  |  |
| 52360 Sara Jane Ave   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |             |  |  |  |  |
| Principal Physical Residence Address (or best equivalent) - No PO Box Numbers |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |             |  |  |  |  |
| Nikiski, AK 99635   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |             |  |  |  |  |
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|   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | 8/4/16      |  |  |  |  |
|   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | Date Signed |  |  |  |  |
| kaiti.oliiva@gmail.com  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |             |  |  |  |  |
| Email Address   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |             |  |  |  |  |

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| Tessa J Sturman   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |             |  |  |  |  |
| Printed Name  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |             |  |  |  |  |
| 43535 Eddies Way  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |             |  |  |  |  |
| Principal Physical Residence Address (or best equivalent) - No PO Box Numbers |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |             |  |  |  |  |
| Kenai, AK 99611   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |             |  |  |  |  |
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|   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | Date Signed |  |  |  |  |
|   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |             |  |  |  |  |
| Email Address   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |             |  |  |  |  |

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|---|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|-------------|--|--|--|--|
| Alana Martin  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |             |  |  |  |  |
| Printed Name  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |             |  |  |  |  |
| 45858 Wallers St  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |             |  |  |  |  |
| Principal Physical Residence Address (or best equivalent) - No PO Box Numbers |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |             |  |  |  |  |
| Kenai AK 99611  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |             |  |  |  |  |
|   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |             |  |  |  |  |
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|   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | Date Signed |  |  |  |  |
| alana.martin13@hotmail.com  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |             |  |  |  |  |
| Email Address   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |             |  |  |  |  |

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|---|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|-------------|--|--|--|--|
| MARIE E. BRADFORD   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |             |  |  |  |  |
| Printed Name  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |             |  |  |  |  |
| 47945 DREW STREET   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |             |  |  |  |  |
| Principal Physical Residence Address (or best equivalent) - No PO Box Numbers |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |             |  |  |  |  |
| KENAI AK 99611  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |             |  |  |  |  |
|   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |             |  |  |  |  |
|   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | 8-4-16      |  |  |  |  |
|   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | Date Signed |  |  |  |  |
|   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |             |  |  |  |  |
| Email Address   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |             |  |  |  |  |



## Online Voter Registration Summary Confirmation

### Personal Information

|                     |                 |                            |                                  |
|---------------------|-----------------|----------------------------|----------------------------------|
| Reference Number:   | [REDACTED]      | Registration Submitted On: | 08/04/2016                       |
| Name:               | OLIVA KAITLIN A | Residence Address:         | 52360 SARA JANE ST<br>NIKISKI    |
| Date Of Birth:      | [REDACTED]      | Mailing Address:           | PO BOX 8567<br>NIKISKI AK 99635- |
| AK DL #/State ID #: | [REDACTED]      | Election Worker:           | NO                               |
| Party:              | [REDACTED]      | E-mail Address:            | KAITIOLIVA@GMAIL.COM             |
| Gender:             | FEMALE          | Daytime Phone Number:      |                                  |
| SSN:                | [REDACTED]      | Evening Phone Number:      | 907-252-3800                     |

WE, THE UNDERSIGNED, hereby petition for the incorporation of the city described in the complete petition.  
Further, we swear or affirm that:

1. We are registered voters of the State of Alaska;
2. We are registered to vote within the proposed city;
3. We have reviewed the complete petition, including all exhibits, and we understand its terms.

|   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                      |  |  |  |  |  |  |  |  |  |             |  |  |  |  |  |  |  |  |  |
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| PETER RIBBENS   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                      |  |  |  |  |  |  |  |  |  |             |  |  |  |  |  |  |  |  |  |
| Printed Name  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                      |  |  |  |  |  |  |  |  |  |             |  |  |  |  |  |  |  |  |  |
| 51550 GEORGINE LAKE   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                      |  |  |  |  |  |  |  |  |  |             |  |  |  |  |  |  |  |  |  |
| Principal Physical Residence Address (or best equivalent) - No PO Box Numbers |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                      |  |  |  |  |  |  |  |  |  |             |  |  |  |  |  |  |  |  |  |
| KENAI AK 99611  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                      |  |  |  |  |  |  |  |  |  |             |  |  |  |  |  |  |  |  |  |
| City, State, Zip Code   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                      |  |  |  |  |  |  |  |  |  |             |  |  |  |  |  |  |  |  |  |
| [Redacted Signature]  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | 9-8-16               |  |  |  |  |  |  |  |  |  |             |  |  |  |  |  |  |  |  |  |
| Signature   |  |  |  |  |  |  |  |  |  |  |  |  |  |  | Numerical Identifier |  |  |  |  |  |  |  |  |  | Date Signed |  |  |  |  |  |  |  |  |  |
| peter.ribbens@tsgcarp.com   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                      |  |  |  |  |  |  |  |  |  |             |  |  |  |  |  |  |  |  |  |
| Email Address   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                      |  |  |  |  |  |  |  |  |  |             |  |  |  |  |  |  |  |  |  |

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| DONALD GROLESKE   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                      |  |  |  |  |  |  |  |  |  |             |  |  |  |  |  |  |  |  |  |
| Printed Name  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                      |  |  |  |  |  |  |  |  |  |             |  |  |  |  |  |  |  |  |  |
| 49865 HOLTAMPHIGHT RD   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                      |  |  |  |  |  |  |  |  |  |             |  |  |  |  |  |  |  |  |  |
| Principal Physical Residence Address (or best equivalent) - No PO Box Numbers |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                      |  |  |  |  |  |  |  |  |  |             |  |  |  |  |  |  |  |  |  |
| NIKISKI AK 99635  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                      |  |  |  |  |  |  |  |  |  |             |  |  |  |  |  |  |  |  |  |
| City, State, Zip Code   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                      |  |  |  |  |  |  |  |  |  |             |  |  |  |  |  |  |  |  |  |
| [Redacted Signature]  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | 9/8/16               |  |  |  |  |  |  |  |  |  |             |  |  |  |  |  |  |  |  |  |
| Signature   |  |  |  |  |  |  |  |  |  |  |  |  |  |  | Numerical Identifier |  |  |  |  |  |  |  |  |  | Date Signed |  |  |  |  |  |  |  |  |  |
| [Redacted Email Address]  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                      |  |  |  |  |  |  |  |  |  |             |  |  |  |  |  |  |  |  |  |
| Email Address   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                      |  |  |  |  |  |  |  |  |  |             |  |  |  |  |  |  |  |  |  |

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| BRINA MOORMAN   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                      |  |  |  |  |  |  |  |  |  |             |  |  |  |  |  |  |  |  |  |
| Printed Name  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                      |  |  |  |  |  |  |  |  |  |             |  |  |  |  |  |  |  |  |  |
| 52868 KINGERY RD  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                      |  |  |  |  |  |  |  |  |  |             |  |  |  |  |  |  |  |  |  |
| Principal Physical Residence Address (or best equivalent) - No PO Box Numbers |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                      |  |  |  |  |  |  |  |  |  |             |  |  |  |  |  |  |  |  |  |
| NIKISKI AK 99635  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                      |  |  |  |  |  |  |  |  |  |             |  |  |  |  |  |  |  |  |  |
| City, State, Zip Code   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                      |  |  |  |  |  |  |  |  |  |             |  |  |  |  |  |  |  |  |  |
| [Redacted Signature]  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | 9/8/16               |  |  |  |  |  |  |  |  |  |             |  |  |  |  |  |  |  |  |  |
| Signature   |  |  |  |  |  |  |  |  |  |  |  |  |  |  | Numerical Identifier |  |  |  |  |  |  |  |  |  | Date Signed |  |  |  |  |  |  |  |  |  |
| [Redacted Email Address]  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                      |  |  |  |  |  |  |  |  |  |             |  |  |  |  |  |  |  |  |  |
| Email Address   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                      |  |  |  |  |  |  |  |  |  |             |  |  |  |  |  |  |  |  |  |

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| Shawna Lukassen   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                      |  |  |  |  |  |  |  |  |  |             |  |  |  |  |  |  |  |  |  |
| Printed Name  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                      |  |  |  |  |  |  |  |  |  |             |  |  |  |  |  |  |  |  |  |
| 46688 BOCHDOCKER  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                      |  |  |  |  |  |  |  |  |  |             |  |  |  |  |  |  |  |  |  |
| Principal Physical Residence Address (or best equivalent) - No PO Box Numbers |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                      |  |  |  |  |  |  |  |  |  |             |  |  |  |  |  |  |  |  |  |
| NIKISKI AK 99635  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                      |  |  |  |  |  |  |  |  |  |             |  |  |  |  |  |  |  |  |  |
| City, State, Zip Code   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                      |  |  |  |  |  |  |  |  |  |             |  |  |  |  |  |  |  |  |  |
| [Redacted Signature]  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | 9/16/16              |  |  |  |  |  |  |  |  |  |             |  |  |  |  |  |  |  |  |  |
| Signature   |  |  |  |  |  |  |  |  |  |  |  |  |  |  | Numerical Identifier |  |  |  |  |  |  |  |  |  | Date Signed |  |  |  |  |  |  |  |  |  |
| ak-lukasz@tsgcarp.com   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                      |  |  |  |  |  |  |  |  |  |             |  |  |  |  |  |  |  |  |  |
| Email Address   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                      |  |  |  |  |  |  |  |  |  |             |  |  |  |  |  |  |  |  |  |

# STATE OF ALASKA VOTER REGISTRATION APPLICATION

Refer to instructions on the reverse side for specific information and identification requirements.

Please print clearly in blue or black ink.

**1. You MUST complete this section for registration:**

☒ Yes ☐ No I am a citizen of the United States.

☒ Yes ☐ No I am at least 18 years old or will be within 90 days of completing this application.

If you checked NO to either question, do not complete this form as you are not eligible to register to vote.

**2. Last Name** Lukissar **First Name** Shalona **Middle Initial** L **Suffix**

**3. Former Name:** (If your name has changed)

**4. You MUST provide the Alaska residence address where you claim residency. Do not use PO, PSC, HC or RR**

94638 Boondacker street Nikiski Alaska  
House No. Street Name Apt No. City State

\*☐ Keep my residence address confidential. (Your mailing address in section 5 must be DIFFERENT from your residence address in section 4 to remain confidential.)

**5. Mailing Address:**

1803 Julie Anne dr  
Nenah, AK 99611

**7.** ☐ I am a voter with a disability and would like information on alternative voting methods.

**8.** ☐ I am interested in serving as an election official (Provide your phone number and/or email address in section 12.)

**9.** Daytime Phone No.: 907-598-7876

Evening Phone No.:

Email Address: ak\_luke1818@yahoo.com

**6.** \*AK Voter Number: \_\_\_\_\_  
(If known)

**10. Identifiers – You MUST provide at least one:**

\*SSN or Last 4 of SSN

☐ I have not been \_\_\_\_\_  
County Number, Alaska Driver's License or State ID number.

**11. You MUST provide:**

\*Date of Birth

**12.**

**Gender** ☐ Male ☒ Female

**13. Political Affiliation** For political affiliation choices in Alaska, see instruction number 5 on the reverse side.  
Write political affiliation:

**14** I am registered to vote in another state, cancel my registration in:

**City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **County:** \_\_\_\_\_ **Zip:** \_\_\_\_\_

**Voter Certificate. Read and Sign:** I certify, under penalty of perjury, that the above information I provided on this document is true and correct. I am not registered to vote in another state, or I have provided information to cancel that registration. I further certify that I am a resident of Alaska and I have not been convicted of a felony, or having been so convicted, have been unconditionally discharged from incarceration, probation and/or parole.

**WARNING:** If you provide false information on this application, you may be convicted of a misdemeanor AS 15.56.050.

**\*SIGNATURE:**

**DATE:** 9/16/16

Your signature must be a handwritten signature. A typed or digital signature is not valid.

**Registrar/Agency/Official – Check ID and complete this section**

Registrar Name

Voter No or SSN

OR

Agency Name

\*Items are kept confidential by the Division of Elections and are not available for public inspection except that confidential addresses may be released to government agencies or during election processes as set out in state law.

**WE, THE UNDERSIGNED, hereby petition for the incorporation of the city described in the complete petition.**

**Further, we swear or affirm that:**

1. We are registered voters of the State of Alaska;
2. We are registered to vote within the proposed city;
3. We have reviewed the complete petition, including all exhibits, and we understand its terms.

K I C K U S A P P

Printed Name

[Redacted]

[Redacted]

[Redacted]

Aug 10<sup>th</sup> 2016

Date Signed

[Redacted]

Email Address

Printed Name  
 Principal Physical Residence Address (or best equivalent) - No PO Box Numbers  
 City, State, Zip Code  
 Signature  
 Numerical Identifier  
 Date Signed  
 Email Address

S 4 1 1 . L a h T J r e k s o n

Printed Name

S 2 5 0 0 L e a h S t

Principal Physical Residence Address (or best equivalent) - No PO Box Numbers

B e n n i A K 9 9 0 1 1

Signature [Redacted] Numerical Identifier [Redacted] Date Signed 8/3/16

S 4 1 1 . L a h J a c k s o n A p o c k e t M a i l

Email Address

Sean Wilson  
Printed Name  
53810 Aleutian Ct  
Principal Physical Residence Address (or best equivalent) - No PO Box Numbers  
Nikskik AK 99635  
City State Zip Code  
8-15-16  
Date Signed  
Wilson.Sean80@yahoo.com  
Email Address



# STATE OF ALASKA VOTER REGISTRATION APPLICATION

Refer to instructions on the reverse side for specific information and identification requirements.

Please print clearly in blue or black ink.

**1. You MUST complete this section for registration.**

☒ Yes ☐ No I am a citizen of the United States.

☐ Yes ☐ No I am at least 18 years old or will be within 90 days of completing this application.

If you checked NO to either question, do not complete this form as you are not eligible to register to vote.

**2. Last Name** **First Name** **Middle Initial** **Suffix (Sr., Jr., etc.)**

**3. Former Name:** (If your name has changed)

**4. You MUST provide the Alaska residence address where you claim residency. Do not use PO, PSC, HC or RR.**

**ALASKA**  
State

☒ Keep my residence address confidential. (Your mailing address in section 5 must be DIFFERENT from your residence address in section 4 to remain confidential.)

**5. Mailing Address:**

**10.** ☐ I am a voter with a disability and would like information on alternative voting methods.

**11.** ☐ I am interested in serving as an election official. (Provide your phone number and/or email address in section 12.)

**12.** Daytime Phone No. 907-452-2542  
Evening Phone No. \_\_\_\_\_  
Email Address \_\_\_\_\_

**13.** \_\_\_\_\_

\*Last 4 Digits of Social Security \_\_\_\_\_

\*Alaska Driver's License No. \_\_\_\_\_

\*Alaska State ID Card No. \_\_\_\_\_

☐ I have not been issued a Social Security, Alaska Driver's License or State ID number.

**7.** \_\_\_\_\_

**8.** \*AK Voter Number \_\_\_\_\_

(If known)

**9.** Sex ☒ Male ☐ Female

**14.** If you are registered to vote in another state, you **MUST** cancel that registration by providing the following:

City: \_\_\_\_\_ State: \_\_\_\_\_ County: \_\_\_\_\_ Zip Code: \_\_\_\_\_

**Voter Certificate. Read and Sign:** I certify, under penalty of perjury, that the above information I provided on this document is true and correct. I am not registered to vote in another state, or I have provided information to cancel that registration. I further certify that I am a resident of Alaska and I have not been convicted of a felony, or having been so convicted, have been unconditionally discharged from incarceration, probation and/or parole.

**WARNING:** If you provide false information on this application you can be convicted of a misdemeanor AS 15.56.050.

**\*SIGN**

**DATE:** Aug 10th 2016

Registrar

For Office Use Only

Registrar Name

Voter # or SSN

VN

D/P

Agency Name

\*Items are kept confidential by the Division of Elections and are not available for public inspection except that confidential addresses may be released to government agencies or during election processes as set out in state law.

# STATE OF ALASKA VOTER REGISTRATION APPLICATION

Refer to instructions on the reverse side for specific information and identification requirements.

Please print clearly in blue or black ink.

**1. You MUST complete this section for registration.**

☒ Yes ☐ No I am a citizen of the United States.

☒ Yes ☐ No I am at least 18 years old or will be within 90 days of completing this application.

If you checked NO to either question, do not complete this form as you are not eligible to register to vote

**2. Last Name** Wilson **First Name** Sean **Middle Initial** P **Suffix (Sr., Jr., etc.)**

**3. Former Name:** (If your name has changed)

**4. You MUST provide the Alaska residence address where you claim residency. Do not use PO, PSC, HC or RR.**

53810 Aleutian CRT NISKILA AK 99635  
House # Street Name Apt # City State

\*☐ Keep my residence address confidential. (Your mailing address in section 5 must be DIFFERENT from your residence address in section 4 to remain confidential.)

**5. Mailing Address:**

P.O. Box 7394

NISKILA AK 99635

**10.** ☐ I am a voter with a disability and would like information on alternative voting methods.

**11.** ☐ I am interested in serving as an election official. (Provide your phone number and/or email address in section 12.)

**12.** Daytime Phone No. 907-953-1809

Evening Phone No. \_\_\_\_\_

Email Address \_\_\_\_\_

**13. Political Affiliation** For information on political types see reverse No. 5.

Select only ONE Below

**Political Parties:**

- ☐ Alaska Democratic Party  
☐ Alaska Libertarian Party  
☐ Alaska Republican Party  
☐ Alaskan Independence Party

or **Political Groups:**

- ☐ Green Party of Alaska  
☐ Alaska Constitution Party  
☐ Veterans Party of Alaska

or **Other:**

- ☐ Nonpartisan (no party affiliation)  
☐ Undeclared (no party declared)  
☐ \_\_\_\_\_

**6. You MUST provide at least ONE**

\*Social Security No. \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

\*Last 4 Digits of Social Security No. \_\_\_\_\_

☐ I have not been issued a Social Security, Alaska Driver's License or State ID number.

**7.** \_\_\_\_\_

**8.** \_\_\_\_\_

**9.** Se \_\_\_\_\_

**14. If you are registered to vote in another state, you MUST cancel that registration by providing the following:**

City: \_\_\_\_\_ State: \_\_\_\_\_ County: \_\_\_\_\_ Zip Code: \_\_\_\_\_

**Voter Certificate. Read and Sign:** I certify, under penalty of perjury, that the above information I provided on this document is true and correct. I am not registered to vote in another state, or I have provided information to cancel that registration. I further certify that I am a resident of Alaska and I have not been convicted of a felony, or having been so convicted, have been unconditionally discharged from incarceration, probation and/or parole.

**WARNING:** If you provide false information on this application you can be convicted of a misdemeanor AS 15.56.050.

DATE: 8-15-16

**Registrar/Agency/Official - Check ID and complete this section**

**For Office Use Only**

Registrar Name \_\_\_\_\_

Voter # or SSN \_\_\_\_\_

VN \_\_\_\_\_

R \_\_\_\_\_

Agency Name \_\_\_\_\_

D/P \_\_\_\_\_

\*Items are kept confidential by the Division of Elections and are not available for public inspection except that confidential addresses may be released to government agencies or during election processes as set out in state law.

WE, THE UNDERSIGNED, hereby petition for the incorporation of the city described in the complete petition.  
Further, we swear or affirm that:

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2. We are registered to vote within the proposed city;
3. We have reviewed the complete petition, including all exhibits, and we understand its terms.

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| JAMES SEGURA  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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| 43960 SUPREME CT  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Principal Physical Residence Address (or best equivalent) - No PO Box Numbers |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| KENAI AK 99611  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| [REDACTED]  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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WE, THE UNDERSIGNED, hereby petition for the incorporation of the city described in the complete petition.  
Further, we swear or affirm that:

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2. We are registered to vote within the proposed city;
3. We have reviewed the complete petition, including all exhibits, and we understand its terms.

|   |  |
|---|--|
| Emily Brigham   |  |
| Printed Name  |  |
| 50420 Kachemak Ln   |  |
| Principal Physical Residence Address (or best equivalent) - No PO Box Numbers |  |
| Nikiski AK 99611  |  |
| [Redacted]  |  |
| 9/22/16   |  |
| Date Signed   |  |
| emilybrigham@gmail.com  |  |
| Email Address   |  |

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| Printed Name  |                      |
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| C H E S T E R   A L L E N   A P P E L  |         |
| <small>Printed Name</small>  |         |
| 5 0 5 7 0   G R A Y S O N   A V E  |         |
| <small>Principal Physical Residence Address (or best equivalent) - No PO Box Numbers</small> |         |
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| <small>City, State, Zip Code</small>   |         |
|            | 9-18-16 |
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| Pinegley David B   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                    |  |  |  |  |
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| 47716 INTERLAKE DR   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                    |  |  |  |  |
| <b>Principal Physical Residence Address (or best equivalent) - No PO Box Numbers</b> |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                    |  |  |  |  |
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| KENAI AK 99611   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                    |  |  |  |  |
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| <b>Principal Physical Residence Address (or best equivalent) - No PO Box Numbers</b> |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                             |  |  |  |  |                    |  |  |  |  |
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| 5 3 2 2 0   E n g l i s h   A v e  |  |
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| 9-3-2016   |  |
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| Vern Kornstad  |  |
| <b>Printed Name</b>  |  |
| 46695 Joyce Circle   |  |
| <b>Principal Physical Residence Address (or best equivalent) - No PO Box Numbers</b> |  |
| Kenai AK 99611   |  |
| <b>City, State, Zip Code</b>   |  |
|  |  |
| <b>Signature</b>   |  |
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| <b>Numerical Identifier</b>  |  |
|  |  |
| <b>Date Signed</b>   |  |
| 8-24-16  |  |
| <b>Email Address</b>   |  |
| Vern@azorel.info   |  |

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| <b>Printed Name</b>  |  |
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| ROHNE G. LEONARD  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                      |  |  |  |  |             |  |  |  |  |
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| 46297 CLOUD AVE KENAI AK 99611  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                      |  |  |  |  |             |  |  |  |  |
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| Charles Chewault   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                            |  |
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| 47356 Holt-Lamplight Rd  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                            |  |
| <small>Principal Physical Residence Address (or best equivalent) - No PO Box Numbers</small> |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                            |  |
| KENAI ALASKA 99811   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                            |  |
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| <small>Signature</small>   |  |  |  |  |  |  |  |  |  | <small>Numerical Identifier</small> |  |  |  |  |  |  |  |  |  | <small>Date Signed</small> |  |  |  |  |
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| <small>Printed Name</small>  |  |  |  |  |  |  |  |  |  |                                     |  |  |  |  |  |  |  |  |  |                            |  |  |  |  |
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| <small>Principal Physical Residence Address (or best equivalent) - No PO Box Numbers</small> |  |  |  |  |  |  |  |  |  |                                     |  |  |  |  |  |  |  |  |  |                            |  |  |  |  |
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| <small>Signature</small>   |  |  |  |  |  |  |  |  |  | <small>Numerical Identifier</small> |  |  |  |  |  |  |  |  |  | <small>Date Signed</small> |  |  |  |  |
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| <small>Principal Physical Residence Address (or best equivalent) - No PO Box Numbers</small> |  |  |  |  |  |  |  |  |  |                                     |  |  |  |  |  |  |  |  |  |                            |  |  |  |  |
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| <small>City, State, Zip Code</small>   |  |  |  |  |  |  |  |  |  |                                     |  |  |  |  |  |  |  |  |  |                            |  |  |  |  |
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| Renald A. Meireis   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                      |  |  |  |  |             |  |  |  |  |
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| 52170 Marlene Ave   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                      |  |  |  |  |             |  |  |  |  |
| Principal Physical Residence Address (or best equivalent) - No PO Box Numbers |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                      |  |  |  |  |             |  |  |  |  |
| Nikiski AK. 99635   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                      |  |  |  |  |             |  |  |  |  |
| City, State, Zip Code   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                      |  |  |  |  |             |  |  |  |  |
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| Signature   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | Numerical Identifier |  |  |  |  | Date Signed |  |  |  |  |
| meireis@alaska.net  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                      |  |  |  |  |             |  |  |  |  |
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| Printed Name  |  |  |  |  |  |  |  |  |  |                      |  |  |  |  |  |  |  |  |  |             |  |  |  |  |
| Katerina Bucman   |  |  |  |  |  |  |  |  |  |                      |  |  |  |  |  |  |  |  |  |             |  |  |  |  |
| Principal Physical Residence Address (or best equivalent) - No PO Box Numbers |  |  |  |  |  |  |  |  |  |                      |  |  |  |  |  |  |  |  |  |             |  |  |  |  |
| 51475 Pipeline Drive  |  |  |  |  |  |  |  |  |  |                      |  |  |  |  |  |  |  |  |  |             |  |  |  |  |
| City, State, Zip Code   |  |  |  |  |  |  |  |  |  |                      |  |  |  |  |  |  |  |  |  |             |  |  |  |  |
| Nikiski AK [Redacted] 99835   |  |  |  |  |  |  |  |  |  |                      |  |  |  |  |  |  |  |  |  |             |  |  |  |  |
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| [Redacted]  |  |  |  |  |  |  |  |  |  | [Redacted]           |  |  |  |  |  |  |  |  |  | 8-23-16     |  |  |  |  |
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| Katerina Bucman   |  |  |  |  |  |  |  |  |  |                      |  |  |  |  |  |  |  |  |  |             |  |  |  |  |
| Principal Physical Residence Address (or best equivalent) - No PO Box Numbers |  |  |  |  |  |  |  |  |  |                      |  |  |  |  |  |  |  |  |  |             |  |  |  |  |
| 51475 Pipeline Drive  |  |  |  |  |  |  |  |  |  |                      |  |  |  |  |  |  |  |  |  |             |  |  |  |  |
| City, State, Zip Code   |  |  |  |  |  |  |  |  |  |                      |  |  |  |  |  |  |  |  |  |             |  |  |  |  |
| Nikiski AK 99835  |  |  |  |  |  |  |  |  |  |                      |  |  |  |  |  |  |  |  |  |             |  |  |  |  |
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| Email Address   |  |  |  |  |  |  |  |  |  |                      |  |  |  |  |  |  |  |  |  |             |  |  |  |  |

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| Principal Physical Residence Address (or best equivalent) - No PO Box Numbers |  |  |  |  |  |  |  |  |  |                      |  |  |  |  |  |  |  |  |  |             |  |  |  |  |
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| K A R E N E C R E S S  |  |
| <i>Printed Name</i>  |  |
| 5 0 3 7 4 S P E E D Y H I L L S T  |  |
| <i>Principal Physical Residence Address (or best equivalent) - No PO Box Numbers</i> |  |
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| <i>Signature</i>   |  | <i>Numerical Identifier</i>  |  |
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| <i>Email Address</i>   |  |  |  |

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Further, we swear or affirm that:

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2. We are registered to vote within the proposed city;
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| R H O N D A L . W H I T E  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                            |  |  |  |  |
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| <small>Principal Physical Residence Address (or best equivalent) - No PO Box Numbers</small> |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                            |  |  |  |  |
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| KORZESTAD   |  |  |  |  |  |  |  |  |  |             |
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| JAMIE HARRIS  |  |  |  |  |  |  |  |  |  |             |
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| 49225 FREDA DR  |  |  |  |  |  |  |  |  |  |             |
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| KENAI AK 99611  |  |  |  |  |  |  |  |  |  |             |
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| Michelle Maguire  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |             |  |  |  |  |
| Printed Name  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |             |  |  |  |  |
| 49645 Kotsina Street  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |             |  |  |  |  |
| Principal Physical Residence Address (or best equivalent) - No PO Box Numbers |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |             |  |  |  |  |
| Nikiski Alaska 99635  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |             |  |  |  |  |
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| macnner@yahoo.com   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |             |  |  |  |  |
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| Sean Maguire  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |             |  |  |  |  |
| Printed Name  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |             |  |  |  |  |
| 49645 Kotsina St  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |             |  |  |  |  |
| Principal Physical Residence Address (or best equivalent) - No PO Box Numbers |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |             |  |  |  |  |
| Nikiski Alaska 99635  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |             |  |  |  |  |
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| JESSICA R SPURGEON  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |             |  |  |  |  |
| Printed Name  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |             |  |  |  |  |
| 44350 SPUR HWY  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |             |  |  |  |  |
| Principal Physical Residence Address (or best equivalent) - No PO Box Numbers |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |             |  |  |  |  |
| NISKI AK 99611  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |             |  |  |  |  |
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| JAMIE W SPURGEON  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |             |  |  |  |  |
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| 44350 SPUR HWY  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |             |  |  |  |  |
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| NISKI AK 99611  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |             |  |  |  |  |
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| SARAH SUPERMAN  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |             |
| Printed Name  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |             |
| 53955 ALS RD  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |             |
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| Nikiski AK 99635  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |             |
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| chaz-nixon@hotmail.com  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |             |
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| Edward Quinlan  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |             |
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| 52675 Blueberry Ave   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |             |
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| MARLA J GREGORY   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                      |  |  |  |  |  |  |  |  |  |             |  |  |  |  |  |  |  |  |  |
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| 47581 DOUGLAS LANE  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                      |  |  |  |  |  |  |  |  |  |             |  |  |  |  |  |  |  |  |  |
| Principal Physical Residence Address (or best equivalent) - No PO Box Numbers |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                      |  |  |  |  |  |  |  |  |  |             |  |  |  |  |  |  |  |  |  |
| NIKISKI AK 99635  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                      |  |  |  |  |  |  |  |  |  |             |  |  |  |  |  |  |  |  |  |
| City, State, Zip Code   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                      |  |  |  |  |  |  |  |  |  |             |  |  |  |  |  |  |  |  |  |
| [Redacted Signature]  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | 8/6/16               |  |  |  |  |  |  |  |  |  |             |  |  |  |  |  |  |  |  |  |
| Signature   |  |  |  |  |  |  |  |  |  |  |  |  |  |  | Numerical Identifier |  |  |  |  |  |  |  |  |  | Date Signed |  |  |  |  |  |  |  |  |  |
| smokeys5@acsalaska.net  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                      |  |  |  |  |  |  |  |  |  |             |  |  |  |  |  |  |  |  |  |
| Email Address   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                      |  |  |  |  |  |  |  |  |  |             |  |  |  |  |  |  |  |  |  |

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| Joreen C Harris   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                      |  |  |  |  |  |  |  |  |  |             |  |  |  |  |  |  |  |  |  |
| Printed Name  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                      |  |  |  |  |  |  |  |  |  |             |  |  |  |  |  |  |  |  |  |
| 49180 Tarawa ST   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                      |  |  |  |  |  |  |  |  |  |             |  |  |  |  |  |  |  |  |  |
| Principal Physical Residence Address (or best equivalent) - No PO Box Numbers |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                      |  |  |  |  |  |  |  |  |  |             |  |  |  |  |  |  |  |  |  |
| NIKISKI AK 99635  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                      |  |  |  |  |  |  |  |  |  |             |  |  |  |  |  |  |  |  |  |
| City, State, Zip Code   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                      |  |  |  |  |  |  |  |  |  |             |  |  |  |  |  |  |  |  |  |
| [Redacted Signature]  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | 8-5-16               |  |  |  |  |  |  |  |  |  |             |  |  |  |  |  |  |  |  |  |
| Signature   |  |  |  |  |  |  |  |  |  |  |  |  |  |  | Numerical Identifier |  |  |  |  |  |  |  |  |  | Date Signed |  |  |  |  |  |  |  |  |  |
| Sjirrah@acsalaska.net   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                      |  |  |  |  |  |  |  |  |  |             |  |  |  |  |  |  |  |  |  |
| Email Address   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                      |  |  |  |  |  |  |  |  |  |             |  |  |  |  |  |  |  |  |  |

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| Printed Name  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                      |  |  |  |  |  |  |  |  |  |             |  |  |  |  |  |  |  |  |  |
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| Principal Physical Residence Address (or best equivalent) - No PO Box Numbers |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                      |  |  |  |  |  |  |  |  |  |             |  |  |  |  |  |  |  |  |  |
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| City, State, Zip Code   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                      |  |  |  |  |  |  |  |  |  |             |  |  |  |  |  |  |  |  |  |
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| Signature   |  |  |  |  |  |  |  |  |  |  |  |  |  |  | Numerical Identifier |  |  |  |  |  |  |  |  |  | Date Signed |  |  |  |  |  |  |  |  |  |
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| Email Address   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                      |  |  |  |  |  |  |  |  |  |             |  |  |  |  |  |  |  |  |  |

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| Printed Name  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                      |  |  |  |  |  |  |  |  |  |             |  |  |  |  |  |  |  |  |  |
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| Principal Physical Residence Address (or best equivalent) - No PO Box Numbers |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                      |  |  |  |  |  |  |  |  |  |             |  |  |  |  |  |  |  |  |  |
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| City, State, Zip Code   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                      |  |  |  |  |  |  |  |  |  |             |  |  |  |  |  |  |  |  |  |
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| Signature   |  |  |  |  |  |  |  |  |  |  |  |  |  |  | Numerical Identifier |  |  |  |  |  |  |  |  |  | Date Signed |  |  |  |  |  |  |  |  |  |
|   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                      |  |  |  |  |  |  |  |  |  |             |  |  |  |  |  |  |  |  |  |
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WE, THE UNDERSIGNED, hereby petition for the incorporation of the city described in the complete petition.  
Further, we swear or affirm that:

1. We are registered voters of the State of Alaska;
2. We are registered to vote within the proposed city;
3. We have reviewed the complete petition, including all exhibits, and we understand its terms.

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|
| LINDA P. WILLIAMS  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| <small>Printed Name</small>  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 51768 RUT AVE  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| <small>Principal Physical Residence Address (or best equivalent) - No PO Box Numbers</small> |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| NIKISKI AK 99635   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| <small>City, State, Zip Code</small>   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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| <small>Signature</small>   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 8/26/16  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| <small>Date Signed</small>   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| LUVAK@HOTMAIL.COM  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| <small>Email Address</small>   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |

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| KATRINA L PANZEL   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| <small>Printed Name</small>  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 51768 RUT AVE  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| <small>Principal Physical Residence Address (or best equivalent) - No PO Box Numbers</small> |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| NIKISKI AK 99635   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| <small>City, State, Zip Code</small>   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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| 8/26/16  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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| JAMES A. DECKER  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| <small>Printed Name</small>  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| <small>Principal Physical Residence Address (or best equivalent) - No PO Box Numbers</small> |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 50861 KOSTA RD NIKISKI AK  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| <small>City, State, Zip Code</small>   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| <small>Signature</small>   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 9-06-2016  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| <small>Date Signed</small>   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| JDECKER@ACSALASKA.NET  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| <small>Email Address</small>   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |

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| <small>Printed Name</small>  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| <small>Principal Physical Residence Address (or best equivalent) - No PO Box Numbers</small> |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| <small>City, State, Zip Code</small>   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| <small>Signature</small>   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| <small>Numerical Identifier</small>  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| <small>Date Signed</small>   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| <small>Email Address</small>   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |

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|   |        |           |    |  |  |  |  |             |  |
|---|--------|-----------|----|--|--|--|--|-------------|--|
| ROSE  | LAHATT |           |    |  |  |  |  |             |  |
| Printed Name  |        |           |    |  |  |  |  |             |  |
| 51237   | HOLT   | LAMPLIGHT | RD |  |  |  |  |             |  |
| Principal Physical Residence Address (or best equivalent) - No PO Box Number            |        |           |    |  |  |  |  |             |  |
|   |        |           |    |  |  |  |  | 7/28/2016   |  |
|   |        |           |    |  |  |  |  | Date Signed |  |
| roselahatt@gmail.com  |        |           |    |  |  |  |  |             |  |
| Email Address (Optional - If you want to be updated on new City of Nikiski information) |        |           |    |  |  |  |  |             |  |

|   |      |          |      |         |  |  |  |             |  |
|---|------|----------|------|---------|--|--|--|-------------|--|
| Charles   | Mark | Hardesty |      |         |  |  |  |             |  |
| Printed Name  |      |          |      |         |  |  |  |             |  |
| 48271   | Wild | Rose     | Lane | Nikiski |  |  |  |             |  |
| Principal Physical Residence Address (or best equivalent) - No PO Box Number            |      |          |      |         |  |  |  |             |  |
|   |      |          |      |         |  |  |  | 7-28-2016   |  |
|   |      |          |      |         |  |  |  | Date Signed |  |
| lakesidecharliemark@hotmail.com   |      |          |      |         |  |  |  |             |  |
| Email Address (Optional - If you want to be updated on new City of Nikiski information) |      |          |      |         |  |  |  |             |  |

|   |           |      |      |         |  |  |  |             |  |
|---|-----------|------|------|---------|--|--|--|-------------|--|
| Matthew   | Hollinger |      |      |         |  |  |  |             |  |
| Printed Name  |           |      |      |         |  |  |  |             |  |
| 48271   | Wild      | Rose | Lane | Nikiski |  |  |  |             |  |
| Principal Physical Residence Address (or best equivalent) - No PO Box Number            |           |      |      |         |  |  |  |             |  |
|   |           |      |      |         |  |  |  | 7-29-2016   |  |
|   |           |      |      |         |  |  |  | Date Signed |  |
|   |           |      |      |         |  |  |  |             |  |
| Email Address (Optional - If you want to be updated on new City of Nikiski information) |           |      |      |         |  |  |  |             |  |

|   |        |           |    |  |  |  |  |             |  |
|---|--------|-----------|----|--|--|--|--|-------------|--|
| Jeffrey   | Lahatt |           |    |  |  |  |  |             |  |
| Printed Name  |        |           |    |  |  |  |  |             |  |
| 51237   | HOLT   | LAMPLIGHT | RD |  |  |  |  |             |  |
| Principal Physical Residence Address (or best equivalent) - No PO Box Number            |        |           |    |  |  |  |  |             |  |
|   |        |           |    |  |  |  |  | 7-28-16     |  |
|   |        |           |    |  |  |  |  | Date Signed |  |
|   |        |           |    |  |  |  |  |             |  |
| Email Address (Optional - If you want to be updated on new City of Nikiski information) |        |           |    |  |  |  |  |             |  |

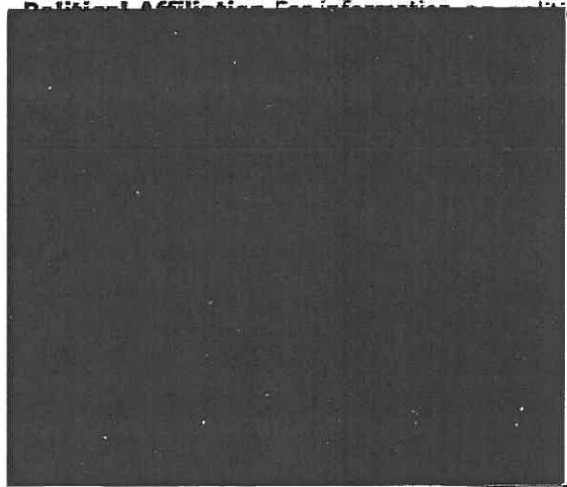
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|---|---|------|--|--|--|--|--|-------------|--|
| RUSANNE   | M | TSON |  |  |  |  |  |             |  |
| Printed Name  |   |      |  |  |  |  |  |             |  |
| Principal Physical Residence Address (or best equivalent) - No PO Box Number            |   |      |  |  |  |  |  |             |  |
|   |   |      |  |  |  |  |  | 8-15-14     |  |
|   |   |      |  |  |  |  |  | Date Signed |  |
|   |   |      |  |  |  |  |  |             |  |
| Email Address (Optional - If you want to be updated on new City of Nikiski information) |   |      |  |  |  |  |  |             |  |

This person Faxed his in on 7-29-16

## STATE OF ALASKA VOTER REGISTRATION APPLICATION

Refer to instructions on the reverse side for specific information and identification requirements.

Please print clearly in blue or black ink.

|  |                              |   |                                |
|--|------------------------------|---|--------------------------------|
| <b>1. You MUST complete this section for registration.</b><br><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No I am a citizen of the United States.<br><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No I am at least 18 years old or will be within 90 days of completing this application.<br><b>If you checked NO to either question, do not complete this form as you are not eligible to register to vote.</b>  |                              |   |                                |
| <b>2. Last Name</b><br>Hollinger   | <b>First Name</b><br>Matthew | <b>Middle Initial</b><br>B  | <b>Suffix (Sr., Jr., etc.)</b> |
| <b>3. Former Name:</b> (If your name has changed)  |                              |   |                                |
| <b>4. You MUST provide the Alaska residence address where you claim residency. Do not use PO, PSC, HC or RR.</b><br>48271 Wild Rose Lane Apt # Nikiski ALASKA<br>House # Street Name Apt # City State<br>* <input type="checkbox"/> Keep my residence address confidential. (Your mailing address in section 5 must be DIFFERENT from your residence address in section 4 to remain confidential.)   |                              |   |                                |
| <b>5. Mailing Address:</b><br>48271 Wild Rose Lane<br>Kenai, AK 99511  |                              | <b>10.</b> <input type="checkbox"/> I am a voter with a disability and would like information on alternative voting methods.<br><b>11.</b> <input type="checkbox"/> I am interested in serving as an election official. (Provide your phone number and/or email address in section 12.)<br><b>12.</b> Daytime Phone No. (907) 222-3653<br>Evening Phone No. (907) 776-8137<br>Email Address bulldogmatt23@gmail.com |                                |
| <b>6. You MUST provide at least ONE</b><br>*Social Security No. _____<br>*Last 4 Digits of Social Security No. _____<br>*Alaska Driver's License No. _____<br>*Alaska State ID Card No. _____<br><input type="checkbox"/> I have not been issued a Social Security, Alaska Driver's License or State ID number.  |                              | <b>13. Political Affiliation</b> For information only   |                                |
| <b>7. You MUST provide</b><br>*Date of Birth _____   |                              |    |                                |
| <b>8. *AK Voter Number</b> _____ (If known)  |                              |   |                                |
| <b>9. Sex</b> <input checked="" type="checkbox"/> Male <input type="checkbox"/> Female   |                              |   |                                |
| <b>14. If you are registered to vote in another state, you MUST cancel that registration by providing the following:</b><br>City: _____ State: _____ County: _____ Zip Code: _____   |                              |   |                                |
| <b>Voter Certificate. Read and Sign:</b> I certify, under penalty of perjury, that the above information I provided on this document is true and correct. I am not registered to vote in another state, or I have provided information to cancel that registration. I further certify that I am a resident of Alaska and I have not been convicted of a felony, or having been so convicted, have been unconditionally discharged from incarceration, probation and/or parole.<br><b>WARNING: If you provide false information on this application you can be convicted of a misdemeanor AS 15.56.050.</b> |                              |   |                                |
| <b>*SIGNATURE:</b> _____   |                              | <b>DATE:</b> 07/29/2016   |                                |
| <b>Registrar/Agency/Office</b> _____   |                              | <b>For Office Use Only</b>  |                                |
| <b>Registrar Name</b> _____  |                              | <b>VN</b> _____   |                                |
| <b>Voter # or SSN</b> _____  |                              | <b>D/P</b> _____  |                                |
| <b>Agency Name</b> _____   |                              |   |                                |

\*Items are kept confidential by the Division of Elections and are not available for public inspection except that confidential addresses may be released to government agencies or during election processes as set out in state law.



# STATE OF ALASKA VOTER REGISTRATION APPLICATION

Refer to instructions on the reverse side for specific information and identification requirements.

Please print clearly in blue or black ink.

**1. You MUST complete this section for registration.**

☒ Yes ☐ No I am a citizen of the United States.

☒ Yes ☐ No I am at least 18 years old or will be within 90 days of completing this application.

If you checked NO to either question, do not complete this form as you are not eligible to register to vote.

**2. Last Name** Isom **First Name** RUSANNE **Middle Initial** M **Suffix (Sr., Jr., etc.)**

**3. Former Name:** (If your name has changed)

**4. You MUST provide the Alaska residence address where you claim residency. Do not use PO, PSC, HC or RR.**

[REDACTED] **ALASKA**  
State

☒ Keep my residence address confidential. (Your mailing address in section 5 must be DIFFERENT from your residence address in section 4 to remain confidential.)

**5. Mailing Address:**

P.O. Box 7394  
NIKISKI AK 99635

**10.** ☐ I am a voter with a disability and would like information on alternative voting methods.

**11.** ☐ I am interested in serving as an election official. (Provide your phone number and/or email address in section 12.)

**12.** Daytime Phone No. 907-953-1311  
Evening Phone No. SAME  
Email Address \_\_\_\_\_

**13. Political Affiliation** For information on political

**6. You MUST provide at least ONE**

\*Social Security No. \_\_\_\_\_

\*Last 4 Digits of Social Security No. \_\_\_\_\_

\*Alaska Driver's License No. \_\_\_\_\_

\*Alaska State ID Card No. \_\_\_\_\_

☐ I have not been issued a Social Security, Alaska Driver's License or State ID number.

**7. You MUST provide**

\*Date of Birth \_\_\_\_\_

**8. \*AK Voter Number** \_\_\_\_\_

(If known)

**9. Sex** ☐ Male ☒ Female

**14. If you are registered to vote in another state, you MUST cancel that registration by providing the following:**

City: \_\_\_\_\_ State: \_\_\_\_\_ County: \_\_\_\_\_ Zip Code: \_\_\_\_\_

**Voter Certificate. Read and Sign:** I certify, under penalty of perjury, that the above information I provided on this document is true and correct. I am not registered to vote in another state, or I have provided information to cancel that registration. I further certify that I am a resident of Alaska and I have not been convicted of a felony, or having been so convicted, have been unconditionally discharged from incarceration, probation and/or parole.

**WARNING:** If you provide false information on this application, you may be convicted of a misdemeanor AS 15.56.050.

**\*SIGNATURE:** \_\_\_\_\_

**DATE:** 8-15-14

**Registrar/Agency/Official** Check ID and complete this section

Registrar Name \_\_\_\_\_

Voter # or SSN \_\_\_\_\_

VN \_\_\_\_\_

D/P \_\_\_\_\_

Agency Name \_\_\_\_\_

**For Office Use Only**

\*Items are kept confidential by the Division of Elections and are not available for public inspection except that confidential addresses may be released to government agencies or during election processes as set out in state law.

WE, THE UNDERSIGNED, hereby petition for the incorporation of the city described in the complete petition.

Further, we swear or affirm that:

1. We are registered voters of the State of Alaska;
2. We are registered to vote within the proposed city;
3. We have reviewed the complete petition, including all exhibits, and we understand its terms.

|   |                      |
|---|----------------------|
| WILLIAM H STEVENSON   |                      |
| Printed Name  |                      |
| 52757 CAMPANION LANE  |                      |
| Principal Physical Residence Address (or best equivalent) - No PO Box Numbers           |                      |
|   |                      |
| Signature   | Numerical Identifier |
| 039900002729A2, NOT   |                      |
| Email Address (Optional - If you want to be updated on new City of Nikiski information) |                      |
| JULY 28, 2016   |                      |
| Date Signed   |                      |

|   |                      |
|---|----------------------|
| MILLARD E SPINNEY   |                      |
| Printed Name  |                      |
| 54926 GALEN AV  |                      |
| Principal Physical Residence Address (or best equivalent) - No PO Box Numbers           |                      |
|   |                      |
| Signature   | Numerical Identifier |
| KL2dvl@live.com   |                      |
| Email Address (Optional - If you want to be updated on new City of Nikiski information) |                      |
| 8-3-16  |                      |
| Date Signed   |                      |

|   |                      |
|---|----------------------|
| Dennis Cummings   |                      |
| Printed Name  |                      |
| 51223 AVIACT ST NIKISKI   |                      |
| Principal Physical Residence Address (or best equivalent) - No PO Box Numbers           |                      |
|   |                      |
| Signature   | Numerical Identifier |
|   |                      |
| Email Address (Optional - If you want to be updated on new City of Nikiski information) |                      |
| 8-3-16  |                      |
| Date Signed   |                      |

|   |                      |
|---|----------------------|
| Louise C Coffey   |                      |
| Printed Name  |                      |
| 53595 Kenai Spur Hwy  |                      |
| Principal Physical Residence Address (or best equivalent) - No PO Box Numbers           |                      |
|   |                      |
| Signature   | Numerical Identifier |
| ethanolfire@yahoo.com   |                      |
| Email Address (Optional - If you want to be updated on new City of Nikiski information) |                      |
| 8-3-16  |                      |
| Date Signed   |                      |

|   |                      |
|---|----------------------|
| CAROL F JOY   |                      |
| Printed Name  |                      |
| 52796 DAMASK AV NIKISKI AK  |                      |
| Principal Physical Residence Address (or best equivalent) - No PO Box Numbers           |                      |
|   |                      |
| Signature   | Numerical Identifier |
| JOYSKETTER@AOL.COM  |                      |
| Email Address (Optional - If you want to be updated on new City of Nikiski information) |                      |
| 8-3-16  |                      |
| Date Signed   |                      |

# STATE OF ALASKA VOTER REGISTRATION APPLICATION

Refer to instructions on the reverse side for specific information and identification requirements.

Please print clearly in blue or black ink.

**1. You MUST complete this section for registration.**

☒ Yes ☐ No I am a citizen of the United States.

☒ Yes ☐ No I am at least 18 years old or will be within 90 days of completing this application.

If you checked NO to either question, do not complete this form as you are not eligible to register to vote.

**2. Last Name** Spinney **First Name** Millard **Middle Initial** Bud **Suffix (Sr., Jr., etc.)** F.

**3. Former Name:** (If your name has changed)

**4. You MUST provide the Alaska residence address where you claim residency. Do not use PO, PSC, HC or RR.**

5422 E. Glenview Ave. Astoria **ALASKA**  
House # Street Name Apt # City State

☐ Keep my residence address confidential. (Your mailing address in section 5 must be DIFFERENT from your residence address in section 4 to remain confidential.)

**5. Mailing Address:**

PO Box 1383 Tok, Alaska

**10.** ☐ I am a voter with a disability and would like information on alternative voting methods.

**11.** ☐ I am interested in serving as an election official. (Provide your phone number and/or email address in section 12.)

**12.** Daytime Phone No. 907-374-2011  
Evening Phone No. \_\_\_\_\_  
Email Address \_\_\_\_\_

**13.**

**6. You MUST provide at least ONE**

\*Alaska Driver's License No. \_\_\_\_\_

\*Alaska State ID Card No. \_\_\_\_\_

☐ I have not been issued a Social Security, Alaska Driver's License or State ID number.

**7. You MUST provide**

\*Date of Birth \_\_\_\_\_

**8. \*AK Voter Number** \_\_\_\_\_

(If known)

**9. Sex** ☒ Male ☐ Female

**14. If you are registered to vote in another state, you MUST cancel that registration by providing the following:**

**City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **County:** \_\_\_\_\_ **Zip Code:** \_\_\_\_\_

**Voter Certificate. Read and Sign:** I certify, under penalty of perjury, that the above information I provided on this document is true and correct. I am not registered to vote in another state, or I have provided information to cancel that registration. I further certify that I am a resident of Alaska and I have not been convicted of a felony, or having been so convicted, have been unconditionally discharged from incarceration, probation and/or parole.

**WARNING:** If you provide false information on this application you can be convicted of a misdemeanor AS 15.56.050.

**\*SIGNATURE** \_\_\_\_\_

**DATE:** 8-3-16

Registrar/Agency/Office \_\_\_\_\_

**For Office Use Only**

Registrar Name \_\_\_\_\_

Voter # or SSN \_\_\_\_\_

VN \_\_\_\_\_

Agency Name \_\_\_\_\_

D/P \_\_\_\_\_

\*Items are kept confidential by the Division of Elections and are not available for public inspection except that confidential addresses may be released to government agencies or during election processes as set out in state law.

WE, THE UNDERSIGNED, hereby petition for the incorporation of the city described in the complete petition.

Further, we swear or affirm that:

1. We are registered voters of the State of Alaska;
2. We are registered to vote within the proposed city;
3. We have reviewed the complete petition, including all exhibits, and we understand its terms.

|   |  |  |  |  |  |  |  |  |  |                      |  |  |  |  |  |  |  |  |  |             |  |  |  |  |
|---|--|--|--|--|--|--|--|--|--|----------------------|--|--|--|--|--|--|--|--|--|-------------|--|--|--|--|
| D a n i e l L. G r e g o r y  |  |  |  |  |  |  |  |  |  |                      |  |  |  |  |  |  |  |  |  |             |  |  |  |  |
| Printed Name  |  |  |  |  |  |  |  |  |  |                      |  |  |  |  |  |  |  |  |  |             |  |  |  |  |
| D o u g l a s L A N E 4 7 5 8 1 N I K I S K I   |  |  |  |  |  |  |  |  |  |                      |  |  |  |  |  |  |  |  |  |             |  |  |  |  |
| Principal Physical Residence Address (or best equivalent) - No PO Box Numbers           |  |  |  |  |  |  |  |  |  |                      |  |  |  |  |  |  |  |  |  |             |  |  |  |  |
| [Redacted Address]  |  |  |  |  |  |  |  |  |  |                      |  |  |  |  |  |  |  |  |  | 7-28-16     |  |  |  |  |
| Signature   |  |  |  |  |  |  |  |  |  | Numerical Identifier |  |  |  |  |  |  |  |  |  | Date Signed |  |  |  |  |
| [Redacted Signature]  |  |  |  |  |  |  |  |  |  |                      |  |  |  |  |  |  |  |  |  |             |  |  |  |  |
| Email Address (Optional - If you want to be updated on new City of Nikiski information) |  |  |  |  |  |  |  |  |  |                      |  |  |  |  |  |  |  |  |  |             |  |  |  |  |

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|---|--|--|--|--|--|--|--|--|--|----------------------|--|--|--|--|--|--|--|--|--|-------------|--|--|--|--|
| J a s o n M R o s s   |  |  |  |  |  |  |  |  |  |                      |  |  |  |  |  |  |  |  |  |             |  |  |  |  |
| Printed Name  |  |  |  |  |  |  |  |  |  |                      |  |  |  |  |  |  |  |  |  |             |  |  |  |  |
| 4 7 5 2 0 S u n f l o w e r S t, K e n a i  |  |  |  |  |  |  |  |  |  |                      |  |  |  |  |  |  |  |  |  |             |  |  |  |  |
| Principal Physical Residence Address (or best equivalent) - No PO Box Numbers           |  |  |  |  |  |  |  |  |  |                      |  |  |  |  |  |  |  |  |  |             |  |  |  |  |
| [Redacted Address]  |  |  |  |  |  |  |  |  |  |                      |  |  |  |  |  |  |  |  |  | 7-28-16     |  |  |  |  |
| Signature   |  |  |  |  |  |  |  |  |  | Numerical Identifier |  |  |  |  |  |  |  |  |  | Date Signed |  |  |  |  |
| [Redacted Signature]  |  |  |  |  |  |  |  |  |  |                      |  |  |  |  |  |  |  |  |  |             |  |  |  |  |
| Email Address (Optional - If you want to be updated on new City of Nikiski information) |  |  |  |  |  |  |  |  |  |                      |  |  |  |  |  |  |  |  |  |             |  |  |  |  |

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|---|--|--|--|--|--|--|--|--|--|----------------------|--|--|--|--|--|--|--|--|--|-------------|--|--|--|--|
| P A M E L A M B R U C E   |  |  |  |  |  |  |  |  |  |                      |  |  |  |  |  |  |  |  |  |             |  |  |  |  |
| Printed Name  |  |  |  |  |  |  |  |  |  |                      |  |  |  |  |  |  |  |  |  |             |  |  |  |  |
| 5 1 6 2 2 T O R C H N I K I S K I A K   |  |  |  |  |  |  |  |  |  |                      |  |  |  |  |  |  |  |  |  |             |  |  |  |  |
| Principal Physical Residence Address (or best equivalent) - No PO Box Numbers           |  |  |  |  |  |  |  |  |  |                      |  |  |  |  |  |  |  |  |  |             |  |  |  |  |
| [Redacted Address]  |  |  |  |  |  |  |  |  |  |                      |  |  |  |  |  |  |  |  |  | 8-1-16      |  |  |  |  |
| Signature   |  |  |  |  |  |  |  |  |  | Numerical Identifier |  |  |  |  |  |  |  |  |  | Date Signed |  |  |  |  |
| [Redacted Signature]  |  |  |  |  |  |  |  |  |  |                      |  |  |  |  |  |  |  |  |  |             |  |  |  |  |
| Email Address (Optional - If you want to be updated on new City of Nikiski information) |  |  |  |  |  |  |  |  |  |                      |  |  |  |  |  |  |  |  |  |             |  |  |  |  |

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| B I L L Y M B R U C E   |  |  |  |  |  |  |  |  |  |                      |  |  |  |  |  |  |  |  |  |             |  |  |  |  |
| Printed Name  |  |  |  |  |  |  |  |  |  |                      |  |  |  |  |  |  |  |  |  |             |  |  |  |  |
| 5 1 6 2 2 T O R C H A R D N I K I S K I A K   |  |  |  |  |  |  |  |  |  |                      |  |  |  |  |  |  |  |  |  |             |  |  |  |  |
| Principal Physical Residence Address (or best equivalent) - No PO Box Numbers           |  |  |  |  |  |  |  |  |  |                      |  |  |  |  |  |  |  |  |  |             |  |  |  |  |
| [Redacted Address]  |  |  |  |  |  |  |  |  |  |                      |  |  |  |  |  |  |  |  |  | 1-8-16      |  |  |  |  |
| Signature   |  |  |  |  |  |  |  |  |  | Numerical Identifier |  |  |  |  |  |  |  |  |  | Date Signed |  |  |  |  |
| [Redacted Signature]  |  |  |  |  |  |  |  |  |  |                      |  |  |  |  |  |  |  |  |  |             |  |  |  |  |
| Email Address (Optional - If you want to be updated on new City of Nikiski information) |  |  |  |  |  |  |  |  |  |                      |  |  |  |  |  |  |  |  |  |             |  |  |  |  |

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|---|--|--|--|--|--|--|--|--|--|----------------------|--|--|--|--|--|--|--|--|--|-------------|--|--|--|--|
| K A C I L T A U R I A I N E N   |  |  |  |  |  |  |  |  |  |                      |  |  |  |  |  |  |  |  |  |             |  |  |  |  |
| Printed Name  |  |  |  |  |  |  |  |  |  |                      |  |  |  |  |  |  |  |  |  |             |  |  |  |  |
| 4 6 6 6 0 T A U R I A I N E N   |  |  |  |  |  |  |  |  |  |                      |  |  |  |  |  |  |  |  |  |             |  |  |  |  |
| Principal Physical Residence Address (or best equivalent) - No PO Box Numbers           |  |  |  |  |  |  |  |  |  |                      |  |  |  |  |  |  |  |  |  |             |  |  |  |  |
| [Redacted Address]  |  |  |  |  |  |  |  |  |  |                      |  |  |  |  |  |  |  |  |  | 08-01-16    |  |  |  |  |
| Signature   |  |  |  |  |  |  |  |  |  | Numerical Identifier |  |  |  |  |  |  |  |  |  | Date Signed |  |  |  |  |
| [Redacted Signature]  |  |  |  |  |  |  |  |  |  |                      |  |  |  |  |  |  |  |  |  |             |  |  |  |  |
| Email Address (Optional - If you want to be updated on new City of Nikiski information) |  |  |  |  |  |  |  |  |  |                      |  |  |  |  |  |  |  |  |  |             |  |  |  |  |



WE, THE UNDERSIGNED, hereby petition for the incorporation of the city described in the complete petition.  
Further, we swear or affirm that:

1. We are registered voters of the State of Alaska;
2. We are registered to vote within the proposed city;
3. We have reviewed the complete petition, including all exhibits, and we understand its terms.

|   |  |  |  |  |  |  |  |  |  |                      |  |  |  |  |  |  |  |  |  |             |  |  |  |  |
|---|--|--|--|--|--|--|--|--|--|----------------------|--|--|--|--|--|--|--|--|--|-------------|--|--|--|--|
| MICHAEL J BAUER   |  |  |  |  |  |  |  |  |  |                      |  |  |  |  |  |  |  |  |  |             |  |  |  |  |
| Printed Name  |  |  |  |  |  |  |  |  |  |                      |  |  |  |  |  |  |  |  |  |             |  |  |  |  |
| 51705 MCGAHAN DR KENAI AK   |  |  |  |  |  |  |  |  |  |                      |  |  |  |  |  |  |  |  |  |             |  |  |  |  |
| Principal Physical Residence Address (or best equivalent) - No PO Box Numbers           |  |  |  |  |  |  |  |  |  |                      |  |  |  |  |  |  |  |  |  |             |  |  |  |  |
|   |  |  |  |  |  |  |  |  |  |                      |  |  |  |  |  |  |  |  |  | 07-28-2016  |  |  |  |  |
| Signature   |  |  |  |  |  |  |  |  |  | Numerical Identifier |  |  |  |  |  |  |  |  |  | Date Signed |  |  |  |  |
| MBAUER33@VAHOO.COM  |  |  |  |  |  |  |  |  |  |                      |  |  |  |  |  |  |  |  |  |             |  |  |  |  |
| Email Address (Optional - If you want to be updated on new City of Nikiski information) |  |  |  |  |  |  |  |  |  |                      |  |  |  |  |  |  |  |  |  |             |  |  |  |  |

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| JACK V. PORTER  |  |  |  |  |  |  |  |  |  |                      |  |  |  |  |  |  |  |  |  |             |  |  |  |  |
| Printed Name  |  |  |  |  |  |  |  |  |  |                      |  |  |  |  |  |  |  |  |  |             |  |  |  |  |
| 50643 DOSSOW ST   |  |  |  |  |  |  |  |  |  |                      |  |  |  |  |  |  |  |  |  |             |  |  |  |  |
| Principal Physical Residence Address (or best equivalent) - No PO Box Numbers           |  |  |  |  |  |  |  |  |  |                      |  |  |  |  |  |  |  |  |  |             |  |  |  |  |
|   |  |  |  |  |  |  |  |  |  |                      |  |  |  |  |  |  |  |  |  | 7-28-2016   |  |  |  |  |
| Signature   |  |  |  |  |  |  |  |  |  | Numerical Identifier |  |  |  |  |  |  |  |  |  | Date Signed |  |  |  |  |
| jacknbenn@gmail.com   |  |  |  |  |  |  |  |  |  |                      |  |  |  |  |  |  |  |  |  |             |  |  |  |  |
| Email Address (Optional - If you want to be updated on new City of Nikiski information) |  |  |  |  |  |  |  |  |  |                      |  |  |  |  |  |  |  |  |  |             |  |  |  |  |

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| TOM SENTER  |  |  |  |  |  |  |  |  |  |                      |  |  |  |  |  |  |  |  |  |             |  |  |  |  |
| Printed Name  |  |  |  |  |  |  |  |  |  |                      |  |  |  |  |  |  |  |  |  |             |  |  |  |  |
| 4880 NEIGHBORS' DRIVE   |  |  |  |  |  |  |  |  |  |                      |  |  |  |  |  |  |  |  |  |             |  |  |  |  |
| Principal Physical Residence Address (or best equivalent) - No PO Box Numbers           |  |  |  |  |  |  |  |  |  |                      |  |  |  |  |  |  |  |  |  |             |  |  |  |  |
|   |  |  |  |  |  |  |  |  |  |                      |  |  |  |  |  |  |  |  |  | 7/28/16     |  |  |  |  |
| Signature   |  |  |  |  |  |  |  |  |  | Numerical Identifier |  |  |  |  |  |  |  |  |  | Date Signed |  |  |  |  |
| tsenter@gmail.com   |  |  |  |  |  |  |  |  |  |                      |  |  |  |  |  |  |  |  |  |             |  |  |  |  |
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| DON DOHSE   |  |  |  |  |  |  |  |  |  |                      |  |  |  |  |  |  |  |  |  |             |  |  |  |  |
| Printed Name  |  |  |  |  |  |  |  |  |  |                      |  |  |  |  |  |  |  |  |  |             |  |  |  |  |
| 49650 ISLAND LAKE ROAD  |  |  |  |  |  |  |  |  |  |                      |  |  |  |  |  |  |  |  |  |             |  |  |  |  |
| Principal Physical Residence Address (or best equivalent) - No PO Box Numbers           |  |  |  |  |  |  |  |  |  |                      |  |  |  |  |  |  |  |  |  |             |  |  |  |  |
|   |  |  |  |  |  |  |  |  |  |                      |  |  |  |  |  |  |  |  |  | 8-1-16      |  |  |  |  |
| Signature   |  |  |  |  |  |  |  |  |  | Numerical Identifier |  |  |  |  |  |  |  |  |  | Date Signed |  |  |  |  |
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| RAY TAURIANEN   |  |  |  |  |  |  |  |  |  |                      |  |  |  |  |  |  |  |  |  |             |  |  |  |  |
| Printed Name  |  |  |  |  |  |  |  |  |  |                      |  |  |  |  |  |  |  |  |  |             |  |  |  |  |
| 46660 TAURIANEN TRAIL NIKISKI   |  |  |  |  |  |  |  |  |  |                      |  |  |  |  |  |  |  |  |  |             |  |  |  |  |
| Principal Physical Residence Address (or best equivalent) - No PO Box Numbers           |  |  |  |  |  |  |  |  |  |                      |  |  |  |  |  |  |  |  |  |             |  |  |  |  |
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| Signature   |  |  |  |  |  |  |  |  |  | Numerical Identifier |  |  |  |  |  |  |  |  |  | Date Signed |  |  |  |  |
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| Email Address (Optional - If you want to be updated on new City of Nikiski information) |  |  |  |  |  |  |  |  |  |                      |  |  |  |  |  |  |  |  |  |             |  |  |  |  |

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3. We have reviewed the complete petition, including all exhibits, and we understand its terms.

|   |             |
|---|-------------|
| T a n y D J a c k s o n   |             |
| Printed Name  |             |
| 5 2 5 0 0 L e a h S t   |             |
| Principal Physical Residence Address (or best equivalent) - No PO Box Numbers           |             |
| [Redacted Signature]  | 7/26/16     |
| Signature   | Date Signed |
| [Redacted Numerical Identifier]   |             |
| Numerical Identifier  |             |
| Email Address (Optional - If you want to be updated on new City of Nikiski information) |             |

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| L e a h M J a c k s o n   |             |
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| 5 2 5 0 0 L e a h S t   |             |
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| Signature   | Date Signed |
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| Numerical Identifier  |             |
| Email Address (Optional - If you want to be updated on new City of Nikiski information) |             |

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| N o r m a J T r e e   |             |
| Printed Name  |             |
| 5 0 4 8 5 L i t t m i t z A v e   |             |
| Principal Physical Residence Address (or best equivalent) - No PO Box Numbers           |             |
| [Redacted Signature]  | 7-26-16     |
| Signature   | Date Signed |
| [Redacted Numerical Identifier]   |             |
| Numerical Identifier  |             |
| Email Address (Optional - If you want to be updated on new City of Nikiski information) |             |

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| L y n n S T r e e   |             |
| Printed Name  |             |
| 5 0 4 8 5 L i t t m i t z A v e   |             |
| Principal Physical Residence Address (or best equivalent) - No PO Box Numbers           |             |
| [Redacted Signature]  | 7-26-16     |
| Signature   | Date Signed |
| [Redacted Numerical Identifier]   |             |
| Numerical Identifier  |             |
| Email Address (Optional - If you want to be updated on new City of Nikiski information) |             |

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| W A Y N E H O G L E   |             |
| Printed Name  |             |
| 5 0 1 6 0 B I R C H G R O V E S T K E N A I   |             |
| Principal Physical Residence Address (or best equivalent) - No PO Box Numbers           |             |
| [Redacted Signature]  | 7/25/2016   |
| Signature   | Date Signed |
| [Redacted Numerical Identifier]   |             |
| Numerical Identifier  |             |
| Email Address (Optional - If you want to be updated on new City of Nikiski information) |             |
| w a y n e . 0 9 1 e @ y a h o o . c o m   |             |

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| RACHEL CHESSE   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                      |  |  |  |  |             |  |  |  |  |
| Printed Name  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                      |  |  |  |  |             |  |  |  |  |
| 52630 SMITH ROAD NIKISKI AK   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                      |  |  |  |  |             |  |  |  |  |
| Principal Physical Residence Address (or best equivalent) - No PO Box Number            |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                      |  |  |  |  |             |  |  |  |  |
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| Signature   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | Numerical Identifier |  |  |  |  | Date Signed |  |  |  |  |
| RACHEL.CHESSER@YAHOO.COM  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                      |  |  |  |  |             |  |  |  |  |
| Email Address (Optional - If you want to be updated on new City of Nikiski information) |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                      |  |  |  |  |             |  |  |  |  |

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| DON CRANE   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                      |  |  |  |  |             |  |  |  |  |
| Printed Name  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                      |  |  |  |  |             |  |  |  |  |
| 51491 MURPHY ST NIKISKI AK  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                      |  |  |  |  |             |  |  |  |  |
| Principal Physical Residence Address (or best equivalent) - No PO Box Number            |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                      |  |  |  |  |             |  |  |  |  |
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| Signature   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | Numerical Identifier |  |  |  |  | Date Signed |  |  |  |  |
| dvm@gci.net   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                      |  |  |  |  |             |  |  |  |  |
| Email Address (Optional - If you want to be updated on new City of Nikiski information) |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                      |  |  |  |  |             |  |  |  |  |

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| SUSAN SENTER  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                      |  |  |  |  |             |  |  |  |  |
| Printed Name  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                      |  |  |  |  |             |  |  |  |  |
| 48040 NEIGHBORS DR NIKISKI AK   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                      |  |  |  |  |             |  |  |  |  |
| Principal Physical Residence Address (or best equivalent) - No PO Box Number            |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                      |  |  |  |  |             |  |  |  |  |
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| Signature   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | Numerical Identifier |  |  |  |  | Date Signed |  |  |  |  |
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| DICK E JOHNSON  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                      |  |  |  |  |             |  |  |  |  |
| Printed Name  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                      |  |  |  |  |             |  |  |  |  |
| 50675 SHERMYA WAY   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                      |  |  |  |  |             |  |  |  |  |
| Principal Physical Residence Address (or best equivalent) - No PO Box Number            |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                      |  |  |  |  |             |  |  |  |  |
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| Signature   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | Numerical Identifier |  |  |  |  | Date Signed |  |  |  |  |
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| JAN GOLDEN  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                      |  |  |  |  |             |  |  |  |  |
| Printed Name  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                      |  |  |  |  |             |  |  |  |  |
| 4660 SPRUCE LAVEN ST  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                      |  |  |  |  |             |  |  |  |  |
| Principal Physical Residence Address (or best equivalent) - No PO Box Number            |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                      |  |  |  |  |             |  |  |  |  |
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| Signature   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | Numerical Identifier |  |  |  |  | Date Signed |  |  |  |  |
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| Joanne Hardesty   |  |  |  |  |  |  |  |  |  |                      |  |  |  |  |  |  |  |  |  |             |  |  |  |  |
| Printed Name  |  |  |  |  |  |  |  |  |  |                      |  |  |  |  |  |  |  |  |  |             |  |  |  |  |
| 48271 Wild Rose Lane Nikiski  |  |  |  |  |  |  |  |  |  |                      |  |  |  |  |  |  |  |  |  |             |  |  |  |  |
| Principal Physical Residence Address (or best equivalent) - No PO Box Numbers           |  |  |  |  |  |  |  |  |  |                      |  |  |  |  |  |  |  |  |  |             |  |  |  |  |
|   |  |  |  |  |  |  |  |  |  |                      |  |  |  |  |  |  |  |  |  | 7/8/16      |  |  |  |  |
| Signature   |  |  |  |  |  |  |  |  |  | Numerical Identifier |  |  |  |  |  |  |  |  |  | Date Signed |  |  |  |  |
| joanneonthelake@hotmail.com   |  |  |  |  |  |  |  |  |  |                      |  |  |  |  |  |  |  |  |  |             |  |  |  |  |
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| Louis R Grimaldi  |  |  |  |  |  |  |  |  |  |                      |  |  |  |  |  |  |  |  |  |             |  |  |  |  |
| Printed Name  |  |  |  |  |  |  |  |  |  |                      |  |  |  |  |  |  |  |  |  |             |  |  |  |  |
| 48451 Halboosty Road  |  |  |  |  |  |  |  |  |  |                      |  |  |  |  |  |  |  |  |  |             |  |  |  |  |
| Principal Physical Residence Address (or best equivalent) - No PO Box Numbers           |  |  |  |  |  |  |  |  |  |                      |  |  |  |  |  |  |  |  |  |             |  |  |  |  |
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| Signature   |  |  |  |  |  |  |  |  |  | Numerical Identifier |  |  |  |  |  |  |  |  |  | Date Signed |  |  |  |  |
| LGRIMALDI@ACSAKASKA.NET   |  |  |  |  |  |  |  |  |  |                      |  |  |  |  |  |  |  |  |  |             |  |  |  |  |
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| Wenda Kennedy   |  |  |  |  |  |  |  |  |  |                      |  |  |  |  |  |  |  |  |  |             |  |  |  |  |
| Printed Name  |  |  |  |  |  |  |  |  |  |                      |  |  |  |  |  |  |  |  |  |             |  |  |  |  |
| 50927 Diome Drive   |  |  |  |  |  |  |  |  |  |                      |  |  |  |  |  |  |  |  |  |             |  |  |  |  |
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| Signature   |  |  |  |  |  |  |  |  |  | Numerical Identifier |  |  |  |  |  |  |  |  |  | Date Signed |  |  |  |  |
| WKennedyjd@aol.com  |  |  |  |  |  |  |  |  |  |                      |  |  |  |  |  |  |  |  |  |             |  |  |  |  |
| Email Address (Optional - If you want to be updated on new City of Nikiski information) |  |  |  |  |  |  |  |  |  |                      |  |  |  |  |  |  |  |  |  |             |  |  |  |  |

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| Principal Physical Residence Address (or best equivalent) - No PO Box Numbers           |  |  |  |  |  |  |  |  |  |                      |  |  |  |  |  |  |  |  |  |             |  |  |  |  |
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| Email Address (Optional - If you want to be updated on new City of Nikiski information) |  |  |  |  |  |  |  |  |  |                      |  |  |  |  |  |  |  |  |  |             |  |  |  |  |



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| L e a n n C M c C a u g h e y   |                    |
| Printed Name  |                    |
| 5 1 4 3 5 D r a g o n f l y S t   |                    |
| Principal Physical Residence Address (or best equivalent) - No PO Box Numbers           |                    |
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|   | S e p t 1, 2 0 1 6 |
|   | Date Signed        |
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| Email Address (Optional - If you want to be updated on new City of Nikiski information) |                    |

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| D e A n n a L S m o u s e   |                    |
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| 5 0 9 4 1 K e n a i S p u r H w y   |                    |
| Principal Physical Residence Address (or best equivalent) - No PO Box Numbers           |                    |
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|   | S e p t 1, 2 0 1 6 |
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| Email Address (Optional - If you want to be updated on new City of Nikiski information) |                    |

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| K E L L Y M J E F F E R E Y E   |                   |
| Printed Name  |                   |
| 5 3 8 1 5 M O L A D D E R C T N I K I S K I A K   |                   |
| Principal Physical Residence Address (or best equivalent) - No PO Box Numbers           |                   |
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|   | S e p t 1 2 0 1 6 |
|   | Date Signed       |
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| Email Address (Optional - If you want to be updated on new City of Nikiski information) |                   |

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| Principal Physical Residence Address (or best equivalent) - No PO Box Numbers           |             |
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J E S Y D Z A M O N D  
 Printed Name  
 8 2 1 9 7 A L S R D N I K I S K I  
 Principal Physical Residence Address (or best equivalent) - No PO Box Numbers  
 [Redacted Address] 8/21/16  
 Date Signed  
 Email Address (Optional - If you want to be updated on new City of Nikiski information)

Heidi Diamond

Printed Name

52197 Al S Rd N. Kiski

 5/21/16

Date Signed

Email Address (Optional - If you want to be updated on new City of Nikiski information)

Daniel Smouse  
Printed Name  
50941 Kenai Spur Hwy  
8/21/2016  
Date Signed  
Email Address (Optional - If you want to be updated on new City of Nikiski information)

[illegible][illegible]

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→ 53815 MOLANDER CT NIKISKI  
Printed Name

→ BILLY JACK JEFFREYS  
[Redacted Signature] 9/5/16  
Date Signed

Email Address (Optional - If you want to be updated on new City of Nikiski information)

Printed Name

Principal Physical Residence Address (or best equivalent) - No PO Box Numbers

Signature Numerical Identifier Date Signed

Email Address (Optional - If you want to be updated on new City of Nikiski information)

Printed Name

Principal Physical Residence Address (or best equivalent) - No PO Box Numbers

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Email Address (Optional - If you want to be updated on new City of Nikiski information)

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| J   | E | D | I | A | H | C | R | E | S | S |   |  |   |   |   |  |   |             |  |   |   |   |    |
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| Email Address (Optional - If you want to be updated on new City of Nikiski information) |   |   |   |   |   |   |   |   |   |   |   |  |   |   |   |  |   |             |  |   |   |   |    |

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| <i>Email Address (Optional - If you want to be updated on new City of Nikiski information)</i> |  |  |  |

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| <i>Printed Name</i>  |  |                             |                    |
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| <i>Principal Physical Residence Address (or best equivalent) - No PO Box Numbers</i>           |  |                             |                    |
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| <i>Email Address (Optional - If you want to be updated on new City of Nikiski information)</i> |  |                             |                    |
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| Email Address (Optional - If you want to be updated on new City of Nikiski information) |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                      |  |  |  |  |        |  |  |  |  |             |  |  |  |  |

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| MARY M OLSON  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                      |  |  |  |  |             |  |  |  |  |
| Printed Name  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                      |  |  |  |  |             |  |  |  |  |
| 49650 ISLAND LAKE RD  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                      |  |  |  |  |             |  |  |  |  |
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| [Redacted Signature]  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | 7-9-2016             |  |  |  |  |             |  |  |  |  |
| Signature   |  |  |  |  |  |  |  |  |  |  |  |  |  |  | Numerical Identifier |  |  |  |  | Date Signed |  |  |  |  |
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| Printed Name  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                      |  |  |  |  |             |  |  |  |  |
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| Principal Physical Residence Address (or best equivalent) - No PO Box Numbers           |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                      |  |  |  |  |             |  |  |  |  |
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| Signature   |  |  |  |  |  |  |  |  |  |  |  |  |  |  | Numerical Identifier |  |  |  |  | Date Signed |  |  |  |  |
|   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                      |  |  |  |  |             |  |  |  |  |
| Email Address (Optional - If you want to be updated on new City of Nikiski information) |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                      |  |  |  |  |             |  |  |  |  |

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| Printed Name  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                      |  |  |  |  |             |  |  |  |  |
|   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                      |  |  |  |  |             |  |  |  |  |
| Principal Physical Residence Address (or best equivalent) - No PO Box Numbers           |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                      |  |  |  |  |             |  |  |  |  |
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| Signature   |  |  |  |  |  |  |  |  |  |  |  |  |  |  | Numerical Identifier |  |  |  |  | Date Signed |  |  |  |  |
|   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                      |  |  |  |  |             |  |  |  |  |
| Email Address (Optional - If you want to be updated on new City of Nikiski information) |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                      |  |  |  |  |             |  |  |  |  |

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|   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                      |  |  |  |  |             |  |  |  |  |
| Printed Name  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                      |  |  |  |  |             |  |  |  |  |
|   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                      |  |  |  |  |             |  |  |  |  |
| Principal Physical Residence Address (or best equivalent) - No PO Box Numbers           |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                      |  |  |  |  |             |  |  |  |  |
|   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                      |  |  |  |  |             |  |  |  |  |
| Signature   |  |  |  |  |  |  |  |  |  |  |  |  |  |  | Numerical Identifier |  |  |  |  | Date Signed |  |  |  |  |
|   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                      |  |  |  |  |             |  |  |  |  |
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3. We have reviewed the complete petition, including all exhibits, and we understand its terms.

|   |  |
|---|--|
| T H O M A S F M C C A U G H E Y   |  |
| Printed Name  |  |
| 5 2 1 1 0 A D M I R A L T Y D R   |  |
| Principal Physical Residence Address (or best equivalent) - No PO Box Numbers |  |
| N I K I S K I A K 9 9 6 3 5   |  |
|   |  |
| SEPT. 20, 2016<br>Date Signed   |  |
| t o m n l e e @ a c s a l a s k a . n e t                                     |  |
| Email Address   |  |

|   |  |
|---|--|
| V I R G I N I A L e e M C C a u g h e y                                       |  |
| Printed Name  |  |
| 5 2 1 1 0 A D M I R A L T Y   |  |
| Principal Physical Residence Address (or best equivalent) - No PO Box Numbers |  |
| N I K I S K I A K 9 9 6 1 1   |  |
|   |  |
| 9-20-16<br>Date Signed  |  |
| t o m n l e e @ a c s a l a s k a . n e t                                     |  |
| Email Address   |  |

|   |  |                      |             |
|---|--|----------------------|-------------|
|   |  |                      |             |
| Printed Name  |  |                      |             |
|   |  |                      |             |
| Principal Physical Residence Address (or best equivalent) - No PO Box Numbers |  |                      |             |
|   |  |                      |             |
| City, State, Zip Code   |  |                      |             |
|   |  |                      |             |
| Signature   |  | Numerical Identifier | Date Signed |
|   |  |                      |             |
| Email Address   |  |                      |             |

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| Printed Name  |  |                      |             |
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| Principal Physical Residence Address (or best equivalent) - No PO Box Numbers |  |                      |             |
|   |  |                      |             |
| City, State, Zip Code   |  |                      |             |
|   |  |                      |             |
| Signature   |  | Numerical Identifier | Date Signed |
|   |  |                      |             |
| Email Address   |  |                      |             |

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|   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|---|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|
| JAMES D BOATRIGHT   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Printed Name  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 53266 DAISEY MAE  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Principal Physical Residence Address (or best equivalent) - No PO Box Numbers |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| NIKISKI AK 99635  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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| 9-14-16   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Date Signed   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| AKBOATRIGHTSIDEAFAMILIES.ORG  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Email Address   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |

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| Kirsten Boatright   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Printed Name  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 53266 Daisey Mae Ave.   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Principal Physical Residence Address (or best equivalent) - No PO Box Numbers |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| NIKISKI AK 99635  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 9-14-16   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Date Signed   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| AKBOATRIGHTSIDEAFAMILIES.ORG  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Email Address   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |

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|---|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|
| STEPHEN B RAPPE   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Printed Name  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 52436 RAPPE RD  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Principal Physical Residence Address (or best equivalent) - No PO Box Numbers |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| NIKISKI ALASKA 99635  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 9/23/16   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Date Signed   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| ALPINE LXC @ YAHOO.COM  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Email Address   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |

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| Printed Name  |  |  |  |  |  |  |  |  |  |                      |  |  |  |  |  |  |  |  |  |             |  |  |  |  |
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| Principal Physical Residence Address (or best equivalent) - No PO Box Numbers |  |  |  |  |  |  |  |  |  |                      |  |  |  |  |  |  |  |  |  |             |  |  |  |  |
|   |  |  |  |  |  |  |  |  |  |                      |  |  |  |  |  |  |  |  |  |             |  |  |  |  |
| City, State, Zip Code   |  |  |  |  |  |  |  |  |  |                      |  |  |  |  |  |  |  |  |  |             |  |  |  |  |
|   |  |  |  |  |  |  |  |  |  |                      |  |  |  |  |  |  |  |  |  |             |  |  |  |  |
| Signature   |  |  |  |  |  |  |  |  |  | Numerical Identifier |  |  |  |  |  |  |  |  |  | Date Signed |  |  |  |  |
|   |  |  |  |  |  |  |  |  |  |                      |  |  |  |  |  |  |  |  |  |             |  |  |  |  |
| Email Address   |  |  |  |  |  |  |  |  |  |                      |  |  |  |  |  |  |  |  |  |             |  |  |  |  |



WE, THE UNDERSIGNED, hereby petition for the incorporation of the city described in the complete petition.

Further, we swear or affirm that:

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2. We are registered to vote within the proposed city;
3. We have reviewed the complete petition, including all exhibits, and we understand its terms.

MARIE HAIDERSON

Printed Name

MILE 27 NORTH KENAI SPUR

Principal Physical Residence Address (or best equivalent) - No PO Box Numbers

NIKISKI ALASKA 99635

9-1-16

Date Signed

MARIEANNA BECKER@GMAIL.COM

Email Address

STEPHEN HAIDERSON

Printed Name

MILE 27 NORTH KENAI SPUR Rd.

Principal Physical Residence Address (or best equivalent) - No PO Box Numbers

NIKISKI ALASKA 99635

9-1-16

Date Signed

Email Address

MICHAEL ALLEN PECK

Printed Name

53687 RAY CT

Principal Physical Residence Address (or best equivalent) - No PO Box Numbers

NIKISKI AK 99635

9-29-16

Date Signed

MPECK.GSK@ACSIALASKA.NET

Email Address

RAYMOND MATTHEW PETERSEN

Printed Name

52015 ATKIN CT

Principal Physical Residence Address (or best equivalent) - No PO Box Numbers

NIKISKI AK 99635

9/29/16

Date Signed

RAY@AKHENTER.COM

Email Address

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3. We have reviewed the complete petition, including all exhibits, and we understand its terms.

|  |                            |
|--|----------------------------|
| Q R E L E J A C K S O N  |                            |
| <small>Printed Name</small>  |                            |
| 5 6 1 4 5 C H E R I L Y N A V E  |                            |
| <small>Principal Physical Residence Address (or best equivalent) - No PO Box Numbers</small> |                            |
| N I K I S K I A L A S K A 9 9 6 3 5  |                            |
|  |                            |
| <small>Signature</small>   | <small>Date Signed</small> |
|  | 9-22-2016                  |
|  |                            |
| <small>Email Address</small>   |                            |

|  |                            |
|--|----------------------------|
| J A N I C E E J A C K S O N  |                            |
| <small>Printed Name</small>  |                            |
| 5 6 1 4 5 C H E R I L Y N A V E  |                            |
| <small>Principal Physical Residence Address (or best equivalent) - No PO Box Numbers</small> |                            |
| N I K I S K I A L A S K A 9 9 6 3 5  |                            |
|  |                            |
| <small>Signature</small>   | <small>Date Signed</small> |
|  | 9-22-2016                  |
|  |                            |
| <small>Email Address</small>   |                            |

|  |                            |
|--|----------------------------|
| A m a n d a K A b e l  |                            |
| <small>Printed Name</small>  |                            |
| 5 2 8 9 0 K i n g e r y R d  |                            |
| <small>Principal Physical Residence Address (or best equivalent) - No PO Box Numbers</small> |                            |
| N i k i s k i A l a s k a 9 9 6 3 5  |                            |
|  |                            |
| <small>Signature</small>   | <small>Date Signed</small> |
|  | 9-22-2016                  |
|  |                            |
| <small>Email Address</small>   |                            |
| a m a n d a _ k a y 8 5 @ h o t m a i l . c o m  |                            |

|  |                            |
|--|----------------------------|
| D u s t i n L A b e l  |                            |
| <small>Printed Name</small>  |                            |
| 5 2 8 9 0 K i n g e r y R d  |                            |
| <small>Principal Physical Residence Address (or best equivalent) - No PO Box Numbers</small> |                            |
| N i k i s k i A l a s k a 9 9 6 3 5  |                            |
|  |                            |
| <small>Signature</small>   | <small>Date Signed</small> |
|  | 9-22-16                    |
|  |                            |
| <small>Email Address</small>   |                            |

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KATHLEEN D KING

Printed Name

51284 GREEN AVE

Principal Physical Residence Address (or best equivalent) - No PO Box Numbers

NILSKI ALASKA 99578

[REDACTED]

9  
Date Signed

9-28-16

Email Address

PETER KING

Printed Name

51284 GREEN AVE

Principal Physical Residence Address (or best equivalent) - No PO Box Numbers

NILSKI AK 99578

[REDACTED]

9-28-16  
Date Signed

Email Address

DEITY KING

Printed Name

51284 GREEN AVE

Principal Physical Residence Address (or best equivalent) - No PO Box Numbers

NILSKI AK 99578

[REDACTED]

9-28-16  
Date Signed

Email Address

JOHN KING - SMCAN

Printed Name

49085 CEDAR RD CR

Principal Physical Residence Address (or best equivalent) - No PO Box Numbers

KENAI AK 99541

[REDACTED]

9-28-16  
Date Signed

Email Address

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Adam T. Kunkel

Printed Name

49131 Orchard Circle

Principal Physical Residence Address (or best equivalent) - No PO Box Numbers

Nikiski, Alaska 99125

[Redacted Signature]

9-28-16

Date Signed

archangel500@yahoo.com

Email Address

Kerry S. Kunkel

Printed Name

49131 Orchard Circle

Principal Physical Residence Address (or best equivalent) - No PO Box Numbers

Nikiski, AK 99635

[Redacted Signature]

9-28-16

Date Signed

kerry-kunkel@yahoo.com

Email Address

Traci Brewer

Printed Name

49115 Orchard Circle

Principal Physical Residence Address (or best equivalent) - No PO Box Numbers

Kenai, AK 99611

[Redacted Signature]

9-28-16

Date Signed

traci-brewer1985@gmail.com

Email Address

Kurt Melvin

Printed Name

49173 Orchard Circle

Principal Physical Residence Address (or best equivalent) - No PO Box Numbers

Kenai, AK 99611

[Redacted Signature]

9-28-16

Date Signed

KurtMelvin@yahoo.com

Email Address



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Tara Nunley  
Printed Name  
45871 South Miller Loop RD  
Principal Physical Residence Address (or best equivalent) - No PO Box Numbers  
Kenai Alaska  
[Redacted]  
Sept-28-2016  
Date Signed  
TaraC.Nunley@yahoo.com  
Email Address

Jeremy Nunley  
Printed Name  
45871 South Miller Loop RD  
Principal Physical Residence Address (or best equivalent) - No PO Box Numbers  
Kenai Alaska  
[Redacted]  
09-28-2016  
Date Signed  
Jeremy.nunley2@gmail.com  
Email Address

Timothy O'Brien  
Printed Name  
49181 Freda Dr Hewitt AK 99611  
Principal Physical Residence Address (or best equivalent) - No PO Box Numbers  
MILK, SKI - RESTAURANT  
City, State, Zip Code  
Kenai AK 99611  
[Redacted]  
[Redacted]  
9-28-16  
Date Signed

Robert O'Brien  
Printed Name  
49181 Freda Dr  
Principal Physical Residence Address (or best equivalent) - No PO Box Numbers  
Kenai, AK 99611  
[Redacted]  
[Redacted]  
9-28-16  
Date Signed  
Robert.O'Brien53@yahoo.com  
Email Address

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|   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                                 |  |  |  |  |  |  |  |  |  |             |  |  |  |  |  |  |  |  |  |
|---|--|--|--|--|--|--|--|--|--|--|--|--|--|--|---------------------------------|--|--|--|--|--|--|--|--|--|-------------|--|--|--|--|--|--|--|--|--|
| Dionisa Scott   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                                 |  |  |  |  |  |  |  |  |  |             |  |  |  |  |  |  |  |  |  |
| Printed Name  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                                 |  |  |  |  |  |  |  |  |  |             |  |  |  |  |  |  |  |  |  |
| 50625 Koskela Rd  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                                 |  |  |  |  |  |  |  |  |  |             |  |  |  |  |  |  |  |  |  |
| Principal Physical Residence Address (or best equivalent) - No PO Box Numbers |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                                 |  |  |  |  |  |  |  |  |  |             |  |  |  |  |  |  |  |  |  |
| Nikiski AK 99611  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                                 |  |  |  |  |  |  |  |  |  |             |  |  |  |  |  |  |  |  |  |
| [Redacted Signature]  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | [Redacted Numerical Identifier] |  |  |  |  |  |  |  |  |  | 9-22-16     |  |  |  |  |  |  |  |  |  |
| Signature   |  |  |  |  |  |  |  |  |  |  |  |  |  |  | Numerical Identifier            |  |  |  |  |  |  |  |  |  | Date Signed |  |  |  |  |  |  |  |  |  |
|   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                                 |  |  |  |  |  |  |  |  |  |             |  |  |  |  |  |  |  |  |  |
| Email Address   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                                 |  |  |  |  |  |  |  |  |  |             |  |  |  |  |  |  |  |  |  |

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|---|--|--|--|--|--|--|--|--|--|--|--|--|--|--|---------------------------------|--|--|--|--|--|--|--|--|--|-------------|--|--|--|--|--|--|--|--|--|
| Paul Scott  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                                 |  |  |  |  |  |  |  |  |  |             |  |  |  |  |  |  |  |  |  |
| Printed Name  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                                 |  |  |  |  |  |  |  |  |  |             |  |  |  |  |  |  |  |  |  |
| 50625 Koskela Rd  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                                 |  |  |  |  |  |  |  |  |  |             |  |  |  |  |  |  |  |  |  |
| Principal Physical Residence Address (or best equivalent) - No PO Box Numbers |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                                 |  |  |  |  |  |  |  |  |  |             |  |  |  |  |  |  |  |  |  |
| Nikiski AK 99611  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                                 |  |  |  |  |  |  |  |  |  |             |  |  |  |  |  |  |  |  |  |
| [Redacted Signature]  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | [Redacted Numerical Identifier] |  |  |  |  |  |  |  |  |  | 9-22-16     |  |  |  |  |  |  |  |  |  |
| Signature   |  |  |  |  |  |  |  |  |  |  |  |  |  |  | Numerical Identifier            |  |  |  |  |  |  |  |  |  | Date Signed |  |  |  |  |  |  |  |  |  |
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| Email Address   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                                 |  |  |  |  |  |  |  |  |  |             |  |  |  |  |  |  |  |  |  |

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| Printed Name  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                      |  |  |  |  |  |  |  |  |  |             |  |  |  |  |  |  |  |  |  |
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| Principal Physical Residence Address (or best equivalent) - No PO Box Numbers |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                      |  |  |  |  |  |  |  |  |  |             |  |  |  |  |  |  |  |  |  |
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| City, State, Zip Code   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                      |  |  |  |  |  |  |  |  |  |             |  |  |  |  |  |  |  |  |  |
|   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                      |  |  |  |  |  |  |  |  |  |             |  |  |  |  |  |  |  |  |  |
| Signature   |  |  |  |  |  |  |  |  |  |  |  |  |  |  | Numerical Identifier |  |  |  |  |  |  |  |  |  | Date Signed |  |  |  |  |  |  |  |  |  |
|   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                      |  |  |  |  |  |  |  |  |  |             |  |  |  |  |  |  |  |  |  |
| Email Address   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                      |  |  |  |  |  |  |  |  |  |             |  |  |  |  |  |  |  |  |  |

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|   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                      |  |  |  |  |  |  |  |  |  |             |  |  |  |  |  |  |  |  |  |
| Printed Name  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                      |  |  |  |  |  |  |  |  |  |             |  |  |  |  |  |  |  |  |  |
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| Principal Physical Residence Address (or best equivalent) - No PO Box Numbers |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                      |  |  |  |  |  |  |  |  |  |             |  |  |  |  |  |  |  |  |  |
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| City, State, Zip Code   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                      |  |  |  |  |  |  |  |  |  |             |  |  |  |  |  |  |  |  |  |
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| Signature   |  |  |  |  |  |  |  |  |  |  |  |  |  |  | Numerical Identifier |  |  |  |  |  |  |  |  |  | Date Signed |  |  |  |  |  |  |  |  |  |
|   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                      |  |  |  |  |  |  |  |  |  |             |  |  |  |  |  |  |  |  |  |
| Email Address   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                      |  |  |  |  |  |  |  |  |  |             |  |  |  |  |  |  |  |  |  |

WE, THE UNDERSIGNED, hereby petition for the incorporation of the city described in the complete petition.  
Further, we swear or affirm that:

1. We are registered voters of the State of Alaska;
2. We are registered to vote within the proposed city;
3. We have reviewed the complete petition, including all exhibits, and we understand its terms.

|  |  |
|--|--|
| Byron Grenier  |  |
| <small>Printed Name</small>  |  |
| 48270 Tam Court  |  |
| <small>Principal Physical Residence Address (or best equivalent) - No PO Box Numbers</small> |  |
| NIKISKI AK 99635   |  |
|  |  |
| 9/30/2016  |  |
| <small>Date Signed</small>   |  |
|  |  |
| <small>Email Address</small>   |  |

|  |  |
|--|--|
| James Davidson   |  |
| <small>Printed Name</small>  |  |
| 56300 Kenai Spar Hwy.  |  |
| <small>Principal Physical Residence Address (or best equivalent) - No PO Box Numbers</small> |  |
| NIKISKI AK 99635   |  |
|  |  |
| 9-30-16  |  |
| <small>Date Signed</small>   |  |
|  |  |
| <small>Email Address</small>   |  |

|  |         |
|--|---------|
| Ameye Carpenter  |         |
| <small>Printed Name</small>  |         |
| 51540 Eagle Ave  |         |
| <small>Principal Physical Residence Address (or best equivalent) - No PO Box Numbers</small> |         |
| Kenai AK 99635   | NIKISKI |
|  |         |
| 9/30/16  |         |
| <small>Date Signed</small>   |         |
|  |         |
| 2ameye@gmail.com   |         |
| <small>Email Address</small>   |         |

|  |         |
|--|---------|
| BEN CARPENTER  |         |
| <small>Printed Name</small>  |         |
|  |         |
| <small>Principal Physical Residence Address (or best equivalent) - No PO Box Numbers</small> |         |
| 57340 Eagle Ave  | NIKISKI |
|  |         |
| 30 SEP 16  |         |
| <small>Date Signed</small>   |         |
|  |         |
| <small>Email Address</small>   |         |

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|   |  |
|---|--|
| DANIEL W MATTSON  |  |
| Printed Name  |  |
| 47480 DOUGLAS LANE  |  |
| Principal Physical Residence Address (or best equivalent) - No PO Box Numbers |  |
| NIKISKI 99635   |  |
|   |  |
| 9-17-16   |  |
| Date Signed   |  |
|   |  |
| Email Address   |  |

|   |  |
|---|--|
| ELAINE M MATTSON  |  |
| Printed Name  |  |
| 47480 DOUGLAS LANE  |  |
| Principal Physical Residence Address (or best equivalent) - No PO Box Numbers |  |
| NIKISKI 99635   |  |
|   |  |
| 9-17-16   |  |
| Date Signed   |  |
|   |  |
| Email Address   |  |

|   |  |
|---|--|
| DAVID N CARPENTER   |  |
| Printed Name  |  |
| 51065 CRESTVIEW AVE   |  |
| Principal Physical Residence Address (or best equivalent) - No PO Box Numbers |  |
| NIKISKI AK 99635  |  |
|   |  |
| 9/30/16   |  |
| Date Signed   |  |
|   |  |
| Email Address   |  |

|   |  |
|---|--|
| Angela Smith  |  |
| Printed Name  |  |
| 51324 Eagle Ave   |  |
| Principal Physical Residence Address (or best equivalent) - No PO Box Numbers |  |
| NIKISKI AK 99635  |  |
|   |  |
| 9/30/16   |  |
| Date Signed   |  |
|   |  |
| Email Address   |  |



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|   |         |       |  |  |  |  |  |  |  |  |  |  |  |  |             |  |  |  |  |  |
|---|---------|-------|--|--|--|--|--|--|--|--|--|--|--|--|-------------|--|--|--|--|--|
| DEBBIE  | MCKAY   |       |  |  |  |  |  |  |  |  |  |  |  |  |             |  |  |  |  |  |
| Printed Name  |         |       |  |  |  |  |  |  |  |  |  |  |  |  |             |  |  |  |  |  |
| 55441   | CHIMOOK | RD    |  |  |  |  |  |  |  |  |  |  |  |  |             |  |  |  |  |  |
| Principal Physical Residence Address (or best equivalent) - No PO Box Numbers |         |       |  |  |  |  |  |  |  |  |  |  |  |  |             |  |  |  |  |  |
| NIKISKI   | AK      | 99635 |  |  |  |  |  |  |  |  |  |  |  |  |             |  |  |  |  |  |
| City, State, Zip Code   |         |       |  |  |  |  |  |  |  |  |  |  |  |  |             |  |  |  |  |  |
|   |         |       |  |  |  |  |  |  |  |  |  |  |  |  | 9/30/2016   |  |  |  |  |  |
|   |         |       |  |  |  |  |  |  |  |  |  |  |  |  | Date Signed |  |  |  |  |  |
| troubad93@gmail.com   |         |       |  |  |  |  |  |  |  |  |  |  |  |  |             |  |  |  |  |  |
| Email Address   |         |       |  |  |  |  |  |  |  |  |  |  |  |  |             |  |  |  |  |  |

|   |        |        |  |  |  |  |  |  |  |  |  |  |  |  |             |  |  |  |  |  |
|---|--------|--------|--|--|--|--|--|--|--|--|--|--|--|--|-------------|--|--|--|--|--|
| MICHAEL   | TAYLOR |        |  |  |  |  |  |  |  |  |  |  |  |  |             |  |  |  |  |  |
| Printed Name  |        |        |  |  |  |  |  |  |  |  |  |  |  |  |             |  |  |  |  |  |
| 45850   | S      | MILLER |  |  |  |  |  |  |  |  |  |  |  |  |             |  |  |  |  |  |
| Principal Physical Residence Address (or best equivalent) - No PO Box Numbers |        |        |  |  |  |  |  |  |  |  |  |  |  |  |             |  |  |  |  |  |
| NIKISKI   | AK     | 99635  |  |  |  |  |  |  |  |  |  |  |  |  |             |  |  |  |  |  |
| City, State, Zip Code   |        |        |  |  |  |  |  |  |  |  |  |  |  |  |             |  |  |  |  |  |
|   |        |        |  |  |  |  |  |  |  |  |  |  |  |  | 9-30-16     |  |  |  |  |  |
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|   |          |       |  |  |  |  |  |  |  |  |  |  |  |  |             |  |  |  |  |  |
|---|----------|-------|--|--|--|--|--|--|--|--|--|--|--|--|-------------|--|--|--|--|--|
| Jessica   | McDonald |       |  |  |  |  |  |  |  |  |  |  |  |  |             |  |  |  |  |  |
| Printed Name  |          |       |  |  |  |  |  |  |  |  |  |  |  |  |             |  |  |  |  |  |
| 46070   | Fireweed | Pl    |  |  |  |  |  |  |  |  |  |  |  |  |             |  |  |  |  |  |
| Principal Physical Residence Address (or best equivalent) - No PO Box Numbers |          |       |  |  |  |  |  |  |  |  |  |  |  |  |             |  |  |  |  |  |
| Kenai   | AK       | 99611 |  |  |  |  |  |  |  |  |  |  |  |  |             |  |  |  |  |  |
| City, State, Zip Code   |          |       |  |  |  |  |  |  |  |  |  |  |  |  |             |  |  |  |  |  |
|   |          |       |  |  |  |  |  |  |  |  |  |  |  |  | 09/30/16    |  |  |  |  |  |
|   |          |       |  |  |  |  |  |  |  |  |  |  |  |  | Date Signed |  |  |  |  |  |
|   |          |       |  |  |  |  |  |  |  |  |  |  |  |  |             |  |  |  |  |  |
| Email Address   |          |       |  |  |  |  |  |  |  |  |  |  |  |  |             |  |  |  |  |  |

|   |          |          |  |  |  |  |  |  |  |  |  |  |  |  |                      |  |  |  |  |  |
|---|----------|----------|--|--|--|--|--|--|--|--|--|--|--|--|----------------------|--|--|--|--|--|
| Lorren  | John     | McDonald |  |  |  |  |  |  |  |  |  |  |  |  |                      |  |  |  |  |  |
| Printed Name  |          |          |  |  |  |  |  |  |  |  |  |  |  |  |                      |  |  |  |  |  |
| 46070   | Fireweed | Pl       |  |  |  |  |  |  |  |  |  |  |  |  |                      |  |  |  |  |  |
| Principal Physical Residence Address (or best equivalent) - No PO Box Numbers |          |          |  |  |  |  |  |  |  |  |  |  |  |  |                      |  |  |  |  |  |
| Kenai   | AK       | 99611    |  |  |  |  |  |  |  |  |  |  |  |  |                      |  |  |  |  |  |
| City, State, Zip Code   |          |          |  |  |  |  |  |  |  |  |  |  |  |  |                      |  |  |  |  |  |
|   |          |          |  |  |  |  |  |  |  |  |  |  |  |  | 9/30/16              |  |  |  |  |  |
|   |          |          |  |  |  |  |  |  |  |  |  |  |  |  | Date Signed          |  |  |  |  |  |
|   |          |          |  |  |  |  |  |  |  |  |  |  |  |  | Numerical Identifier |  |  |  |  |  |
|   |          |          |  |  |  |  |  |  |  |  |  |  |  |  |                      |  |  |  |  |  |
| Email Address   |          |          |  |  |  |  |  |  |  |  |  |  |  |  |                      |  |  |  |  |  |

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PETER E MCKAY

Printed Name

55441 CHINOOK RD

Principal Physical Residence Address (or best equivalent) - No PO Box Numbers

KENAI

9/30/16

Date Signed

mckayp@yahood.com

Email Address

Printed Name

Principal Physical Residence Address (or best equivalent) - No PO Box Numbers

City, State, Zip Code

Signature

Numerical Identifier

Date Signed

Email Address

Printed Name

Principal Physical Residence Address (or best equivalent) - No PO Box Numbers

City, State, Zip Code

Signature

Numerical Identifier

Date Signed

Email Address

Printed Name

Principal Physical Residence Address (or best equivalent) - No PO Box Numbers

City, State, Zip Code

Signature

Numerical Identifier

Date Signed

Email Address

