



## CLASS B APPLICATION REQUEST FOR APPEALS

Olgoonik Corporation  
518 Main St.  
P.O. Box 29  
Wainwright, AK 99782

Dear Olgoonik Corporation,

I, , would like to request a hearing before the Olgoonik Corporation Board of Directors to appeal the denial of my enrollment application.

I understand at the hearing I may submit an oral statement and written materials as explanation why I feel the enrollment decision was incorrect. My contact information is provided below.

<input type="text"/>	<input type="text"/>
<b>ADDRESS</b> <i>P.O. Box / Street &amp; Unit</i>	<b>CITY, STATE, ZIP CODE</b>

<input type="text"/>	<input type="text"/>
<b>PHONE</b>	<b>EMAIL ADDRESS</b>

Thank you,

<input type="text"/>
<b>NAME</b>

<input type="text"/>	<input type="text"/>
<b>SIGNATURE</b>	<b>DATE</b>