

TESTAMENTARY DISPOSITION (STOCK WILL) (AS 13.16.705)

I, , a shareholder of Olgoonik Corporation (OC), being at least 18 years of age

First, Middle, Last Name, Suffix

and of sound mind, hereby give all of the Class A shares of OC Stock that I own at the time of my death, to the following person(s) listed below:

***Please contact the OC Stock Department to verify number of Class A shares you currently own.** In accordance with OC Board Resolution 2024-12, OC does not allow fractional shares. **Please use whole numbers only.**

STOCK BENEFICIARY IDENTITY INFORMATION	NUMBER OF SHARES*	STOCK BENEFICIARY CONTACT INFORMATION
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<input type="text"/>	<input type="text"/>	<input type="text"/>	
FULL LEGAL NAME	NO. OF SHARES	ADDRESS	
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
DATE OF BIRTH	SSN (IF KNOWN)	PHONE NUMBER	EMAIL

<input type="text"/>	<input type="text"/>	<input type="text"/>	
FULL LEGAL NAME	NO. OF SHARES	ADDRESS	
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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STOCK BENEFICIARY IDENTITY INFORMATION

NUMBER OF SHARES*

STOCK BENEFICIARY CONTACT INFORMATION

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DATE OF BIRTH	SSN (IF KNOWN)		PHONE NUMBER	EMAIL

BY CHECKING HERE, I HEREBY GIVE ANY OTHER SHARES I MAY POSSESS AT THE TIME OF MY DEATH TO THE BENEFICIARIES LISTED ABOVE, IN THE SAME PROPORTION AS SET FORTH ABOVE.

CHECK HERE IF YOU WERE ISSUED SCRIP BETWEEN 2009 and 2024 (*this is uncommon*).
 If you were issued scrip in lieu of a fractional share between 2009 and 2024, please list your designated scrip beneficiary information here. Contact the Stock Department to verify scrip.

SCRIP BENEFICIARY IDENTITY INFORMATION

SCRIP TOTAL

SCRIP BENEFICIARY CONTACT INFORMATION

<input type="text"/>		<input type="text"/>	<input type="text"/>	
FULL LEGAL NAME		#	ADDRESS	
<input type="text"/>	<input type="text"/>		<input type="text"/>	<input type="text"/>
DATE OF BIRTH	SSN (IF KNOWN)		PHONE NUMBER	EMAIL

Executed in the presence of a notary public on this _____, day of _____, 20_____.

SIGNATURE OF SHAREHOLDER

State of _____)
) ss.
 County/Judicial District _____)

I, _____, a Notary Public, in and for the state of _____, hereby acknowledge that the foregoing Testamentary Disposition (Stock Will) was executed before me by _____, on the _____ day of _____, 20_____.

_____ My Commission Expires: _____

NOTARY PUBLIC SIGNATURE NOTARY PUBLIC PRINT NAME