



REQUEST FOR APPEALS HEARING

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.

Address

City

State

Zip

Phone

Email Address

Thank you,

Name

Signature

Date

FORM NO. 9