



September 20, 2021

CONFIDENTIAL QUESTIONNAIRE

Dear Shareholder:

Please complete and return this questionnaire. Please note that this questionnaire is NOT an application for benefits and is being requested by NOK's Board of Directors to provide information that will be used to structure NOK's program(s) under which CARES Act funds will be used.

1. Were you, your immediate family, or your descendants financially impacted by the Covid pandemic?
 Yes No
2. How many NOK shares do you own? _____
3. How many members of your immediate family reside with you? _____
4. How many adult descendants do you have (whether living with you or not)? _____
5. Please identify any of the following entities of which you are a shareholder or member:
 - Koniag, Inc.
 - Sun'aq Tribe
 - Any other tribe (Name) _____
 - Any other Native Corporation (Name) _____
6. Assuming you were financially impacted by COVID, please check all of the following that you believe apply to you and/or the members of your immediate family living with you? These are some examples of possible economic loss and/or expenditures. **Please remember that the loss or expenditure must be directly attributable to COVID:**

<input type="checkbox"/> Loss of Job/Layoff/Reduced Hours	<input type="checkbox"/> Medical expenses
<input type="checkbox"/> Medical Travel	<input type="checkbox"/> Funeral costs for Covid death
<input type="checkbox"/> Costs of masks, etc.	<input type="checkbox"/> Cleaning/disinfectant costs
<input type="checkbox"/> Internet connectivity (including hardware)	<input type="checkbox"/> Increased cost of childcare
<input type="checkbox"/> increased utility expenditures	<input type="checkbox"/> Increased food expenditures
<input type="checkbox"/> Vaccination costs	<input type="checkbox"/> Other (Describe)
<input type="checkbox"/> Vaccination costs	<input type="checkbox"/> Other (Describe)
7. For any of the losses identified above, did you receive any reimbursement or other financial assistance from anyone? Yes No
If so, from whom? _____
Amount? _____
8. Did you receive any COVID funds from any government entity?
If so, from whom and for what? _____
Amount received _____

9. Did you receive any unemployment benefits concerning any job loss or reduced hours described in Question 5? If so, for what periods and how much? _____

10. The Board is evaluating different programs to determine how best to use the CARES Act funds. In making these decisions, the Board would appreciate your input.

Please rank the following from 1 to 7, with 1 being your first preference:

- _____ Grants to NOK shareholders and immediate family to reimburse COVID economic loss
- _____ Grants to descendants of NOK shareholders to reimburse COVID economic loss
- _____ Grants to other Alaska Natives in addition to NOK shareholders and their descendants to reimburse COVID economic loss
- _____ Grant(s) to local schools in Kodiak so that the school can make COVID-related expenditures
- _____ Grants to tribes so that the tribe can make grants to tribal members to reimburse COVID economic loss
- _____ Incentive payments for COVID vaccination (either initial or booster or both)
- _____ Other _____

If you complete, sign and return the questionnaire by 5:00 pm October 12, 2021 you will receive a check from NOK for \$100. There are several ways to return the questionnaire to us by this deadline:

- You can hand deliver it to DeeDee or David at the Corporation office in Kodiak
- You can use the enclosed stamped envelope
- You can scan and email the application to shareholders@nativesofkodiak.com
- You can photograph the document with your phone and email it to shareholders@nativesofkodiak.com
- You can fax it to the NOK office at (907) 486-2745
- If you need assistance, you can call DeeDee at (800) 648-8462 or (907) 486-3606.

If you misplace this questionnaire or need another copy, it can be downloaded from our web site at nativesofkodiak.com. Your personal responses in this questionnaire will be kept in confidence and will only be available to the Board and its advisors.

On behalf of the Board, thank you in advance for completing the questionnaire and returning it by 5:00 pm October 12, 2021.

Signature: _____

Name (Printed): _____

Date: _____

Address: _____

Email address: _____

Text phone: _____