CONFLICT OF INTEREST STATEMENT

STATE OF ________________________________

COUNTY/PARISH OF ____________________

The undersigned, having read the “Conflict of Interest Policy” (a copy of which is attached hereto and made a part hereof) of __________________________________________________________________________ (hereinafter the Company) and, having been appointed by the Company to serve in the position of ________________________________, and in compliance with the attached “Conflict of Interest Policy”, does hereby swear and affirm the following (check one):

A. ____ I have no conflict of interest which would interfere with my service to the Company in the appointed position described above

OR

B. ____ I have identified matter(s) which may interfere with my service to the Company in the appointed position described above and have disclosed the matter(s) of interest to the Company and I attach hereto a Resolution of the Board of Directors of the Company whereby the Company has waived the conflict(s) of interest described below:

____________________________________________________________________________________

____________________________________________________________________________________

____________________________________________________________________________________

The undersigned does hereby swear and affirm that that all of the statements made in this Conflict of Interest Statement are true and correct.

______________________________________ ________________________________
Signature of Witness One Signature of Officer or Director

______________________________
Printed Name of Witness One

______________________________________ ________________________________
Signature of Witness Two Printed Name of Officer or Director

______________________________
Printed Name of Witness Two

SWORN TO and subscribed before me this ______ day of ______________________, 20____.

______________________________________
Signature of Notary Public

______________________________
Printed Name of Notary Public

My Commission Expires ___________