

NOTARIZED CONFLICT OF INTEREST POLICY

State of North Carolina

County of \_\_\_\_\_

I, \_\_\_\_\_, Notary Public for said County and State, certify that

\_\_\_\_\_ personally appeared before me this day and acknowledged

that he/she is \_\_\_\_\_ of \_\_\_\_\_

and by that authority duly given and as the act of the corporation, affirmed that the foregoing Conflict of Interest Policy

was adopted by the Board of Directors in a meeting held on the \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_.

Sworn to and subscribed before me this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_.

(Official Seal)

\_\_\_\_\_  
Notary Public

My Commission expires \_\_\_\_\_, 20 \_\_\_\_/



*Attached is the Conflict of Interest Policy for:* \_\_\_\_\_

\_\_\_\_\_  
Signature of Corporation Official