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 ___/

___________________________________________
Signature of Corporation Official

Attached is the Conflict of Interest Policy for: ________________________________________________