

SPOKANE DISTANCE PROJECT

CONFLICT OF INTEREST POLICY CERTIFICATION

The undersigned hereby acknowledges that the undersigned:

- (a) Has received a copy of the conflict of interest policy, *ad*
- (b) Has read and understands the conflict of interest policy, *ad*
- (c) Has agreed to comply with the conflict of interest policy, and *ad*
- (d) Understands that in order for Spokane Distance Project to maintain its federal tax exemption as a charitable organization, it must engage primarily in activities that accomplish one or more of its tax-exempt purposes.

Please check one of the following boxes:

- I have no conflicts or potential conflicts to disclose.
- I have the following conflicts or potential conflicts to disclose (please describe):

Dated: 2/27/2017

Lady LeFris
Print Name: Lady LeFris
Title: Secretary / VP?