ADMB Foundation

Conflict of Interest Annual Statement

I, the undersigned member of the ADMB Foundation (the "Foundation"), understand that in my capacity as a member of the Foundation's governing body or one of its committees to whom the Board of Directors has delegated its powers, I am obligated to comply with the Foundation's Conflict of Interest Policy.

I hereby attest that I have received a copy of the Foundation's Conflict of Interest Policy, that I have read and understand this policy, and that I agree to comply with this policy.

I understand that the ADMB Foundation is 501(c)-3 non-profit organization that, in order to maintain its federable tax exemption, must engage primarily in activies that accomplish one or more of its tax-exempt purposes.

| I attest that I (check one) | |
|---|---|
| do | |
| do not | |
| have a financial interest in the ADMB Foundation, as defined in the Foundation's Conflict of Interest Policy. (Describe any and all financial interests in the space provided below.) | |
| Print name | - |
| Signed | - |
| Date | - |
| My financial interests are: | |
| | |
| | |
| | |