



Conflict of Interest Information Form

Please describe below any relationships, positions, or circumstances in which you are involved that you believe could contribute to a Conflict of Interest (as defined in Dryad's Policy on Conflicts of Interest) arising.

I hereby certify that the information set forth above is true and complete to the best of my knowledge. I have read and am aware of the conflict of interest policy for the Board of Directors of Dryad, and hereby agree to abide by this policy in all matters dealing with my responsibilities toward Dryad.

Signature

A handwritten signature in dark ink, appearing to read "Jacob Carlson", written over a horizontal dashed line.

Name (Please Print)

Jacob Carlson

Date

11/2/23

After reviewing Dryad's Conflict of Interest Policy I do not believe that I currently have any relationships, positions or circumstances that I believe could contribute to a Conflict of Interest in my role serving as a member of the Dryad Board.



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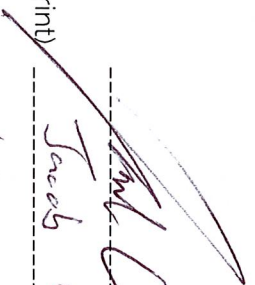
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Jacob Carlson

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