


## 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

  
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Name (Please Print)

Jennifer M. Lenburg

Date

11/7/23