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,
	(b)	Has read and understands the conflict of interest policy,
	(c)	Has agreed to comply with the conflict of interest policy, and
	(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.
Pleas	e 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):
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Dated:	2/	Print Name: July le Fries Title: Secretary 1/2 / ?