

**EXHIBIT C**

**ANNUAL STATEMENT OF DISCLOSURE AND COMPLIANCE**

Name: \_\_\_\_\_

Position: \_\_\_\_\_

- ☐ Please describe below any relationships, positions, or circumstances in which you are involved that you believe could be considered an Interest or that might be perceived as an actual or possible Conflict of Interest, as defined in the BRAINATION Ethics, Conflict of Interest and Nepotism Policy. Please also describe any familial relationships that would qualify as relationships within the prohibited degree as defined in the BRAINATION Ethics, Conflict of Interest and Nepotism Policy.

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- ☐ I am involved in no activity, relationship, position or circumstance that could be considered an Interest or might be perceived as an actual or possible Conflict of Interest, as defined in the BRAINATION Ethics, Conflict of Interest and Nepotism Policy. I do not have any familial relationships that would qualify as relationships within the prohibited degree as defined in the BRAINATION Ethics, Conflict of Interest and Nepotism Policy.

I hereby certify that the information as set forth above is true and complete to the best of my knowledge. I have reviewed and agree to abide by the BRAINATION Ethics, Conflict of Interest and Nepotism Policy that is currently in effect.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_