CONFLICT OF INTEREST STATEMENT AND VERIFICATION

| The undersigned, the duly authorized and acting representative of _(Name of Vendor), |
|---|
| having reviewed all records and documents pertinent to this transaction, does hereby |
| represent, affirm and state that neither the, _ (Name of Vendor) nor its principles, |
| agents or representative, or dependents**, individually or collective own, in whole or in |
| part, or hold a financial interest in the property, real or improved presented or |
| recommended to the State of Indiana ("the State") for this transaction or representation, |
| nor shall _(Name of Vendor) its principles, agents representatives or dependents |
| receive or derive any profit or pecuniary gain associated with this transaction in addition |
| to the agreed upon contractual fees and expenses provided by the Contract. |
| |

I affirm, under penalty of perjury, the truth and completeness of the statements made above, and that I am authorized and empowered to make this declaration and affirmation.

| Printed Name and Title: | |
|-------------------------|--|
| | |
| | |
| Signatura | |
| Signature: | |
| | |
| | |
| Date: | |

^{**} For the purposes of this instrument, "Dependent: shall mean. "Dependent" means any of the following: the spouse of a public servant; a child, stepchild, or adoptee (as defined in IC 31-9-2-2) of a public servant who is unemancipated and less than eighteen (18) years of age; and any individual more than one-half (1/2) of whose support is provided during a year by the principle, agent, representative of __(Name of Vendor)__.