

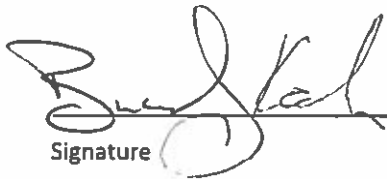
CONFLICT OF INTEREST POLICY ACKNOWLEDGEMENT FORM

I hereby acknowledge and agree:

1. That I have received and read a copy of the Conflict of Interest Policy and agree to abide by this policy.
2. That I will comply with the rules and regulations outlined in this policy.
3. That I understand this Organization is charitable and in order to maintain its federal exemption, it must engage primarily in activities that accomplish one or more of its tax-exempt purposes.

BRANDY KOLT

Name (printed)



Signature

6/27/16

Date

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Devin Breen

Name (printed)

[Handwritten Signature]

Signature

10/7/12

Date

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DANE BARK

Name (printed)

Dane m Bark

Signature

10/7/12

Date

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Elizabeth Breen

Name (printed)

E Breen

Signature

10/7/12

Date

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____Jennifer J. Carroll_____

Name (printed)



Signature

____08/06/2014_____

Date

The Chiditarod Foundation (FEIN 46-1053624)

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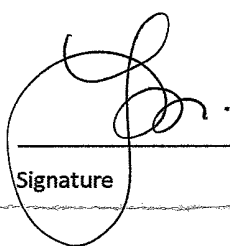
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LESLIE ENGEL

Name (printed)


Signature

06.28.16

Date

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Mark Grotza

Name (printed)



Signature

6.30.16

Date

The Chiditarod Foundation (FEIN 46-1053624)

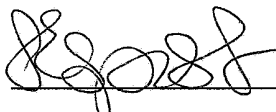
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Stephanie Esposito

Name (printed)



Signature

11/18/2015

Date