

CONFLICT OF INTEREST POLICY
ANNUAL COMPLIANCE STATEMENT
SHARON FRANCIS FOUNDATION

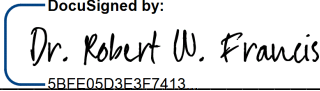
I acknowledge receipt of a copy of the Conflict of Interest Policy of The Sharon Francis Foundation.

I have read the Conflict of Interest Policy and agree to abide by the guidelines contained therein. By my signature affixed below, I acknowledge my agreement with the spirit and intent of the Policy and I agree to report to the Chair of the Board of Directors any real, potential or perceived conflicts (other than those stated below) that may develop before the completion of the next annual statement.

() I am not aware of any conflict of interest.

() I have a conflict of interest, potential conflict of interest or perceived conflict of interest in the following area(s):

Name: Dr. Robert W. Francis

Signature:  5BFF05D3E3E7413

Date: 5/18/2023