

Oversight Manager Annual Certificate of Compliance

I, _____, as Oversight Manager, certify that I have fulfilled my duties and obligations in accordance with the terms of the Conflict of Interest Management Plan (hereinafter referred to as the "Plan") for _____ dated as _____, 20__, during the period _____, 20__ to _____, 20__. I further certify that to the best of my knowledge, the terms and conditions of the Plan were complied with during the period _____, 20__ to _____, 20__.

Oversight Manager

Date

*Please return the original to the Office of the Vice President for Ethics and Compliance, Young Hall, 10th Floor.