

CONFLICT OF INTEREST DISCLOSURE

(Please check the applicable paragraph and complete this statement as appropriate.)

I hereby affirm that I know of no issues that would present a conflict a conflict of interest arising from any situation related to my involvement/association with **SAFEWAY HEALTHCARE SERVICES INC.**

I may have a conflict of interest arising from the following situation:

(Describe the potential conflict, including both the other entity in which you have an interest and the dealings it has with _____ and the appropriate date(s) the conflict arose.)

I understand that the Conflict of Interest Policy prohibits my involvement in transactions in which I have a conflict. Therefore, in any instance in which I may be required to participate in a situation impacted by such conflict, I will notify the Administrator of the conflict of interest and will abide by the resultant decision.

Name: _____

Title: _____

Signature: _____ Date: _____