

AGRISAFE NETWORK CONFLICT OF INTEREST DISCLOSURE FORM

Date: 20180712 —

Name: Reath S. Woodman

Please describe below any relationships, transactions, positions you hold (volunteer or otherwise), or circumstances that you believe could contribute to a conflict of interest between AgriSafe Network and your employment, personal interests, financial or otherwise:

I have no conflict of interest to report

I have the following conflict of interest to report (please specify other nonprofit and for-profit boards you (and your spouse) sit on, any for-profit businesses for which you or an immediate family member are an officer or director, or a majority shareholder, and the name of your employer and any businesses you or a family member own):

- 1. _____
- 2. _____
- 3. _____

The information set forth above is true and complete to the best of my knowledge. I have reviewed, and agree to abide by, the Policy of Conflict of Interest of AgriSafe Network.

Signature: Reath S. Woodman

AgriSafe Network

Board Member Code of Ethics

As a member of this board I will:

- Represent the interests of all people this organization serves.
- Not use the organization or my service on this board for my own advantage, or for the individual advantage of my family, friends, or business associates.
- Keep confidential information confidential.
- Approach all board issues with an open mind, prepared to make the best decisions for the whole organization.
- Do nothing to violate the trust of those who elected me to the board or of those we serve.
- Focus my efforts on the mission of the organization and not my personal goals.
- Never exercise authority as a board member except when acting in a meeting with the full board or as the board delegates me

Board member signature Scott S. Warkentin Date 20170604