PHTA Conflict of Interest Disclosure Statement and Form

I, the undersigned, acknowledge that, in carrying out my duties as an Interested Person under the Conflict of Interest Policy (“the Policy”) adopted by the Board of Directors of PHTA, I am charged with a duty of loyalty to PHTA. I acknowledge my responsibility to act in the course of my duties as an Interested Person solely in the best interest of PHTA, without consideration of the interests of any other person or organization, and to refrain from taking part in any transaction in violation of the Policy.

Pursuant to the Policy, I shall disclose to the appropriate person any potential conflict of interest I may have from time to time, including the identification of (a) the actual or potential receipt, by me or a member of my immediate family, of compensation from any organization offering or proposing to offer products or services to PHTA; (b) any actual or potential ownership, investment or other beneficial interest held by me and/or by a member of my immediate family in any organization offering or proposing to offer products or services to PHTA; (c) any other relationship between me or a member of my immediate family and any organization offering or proposing to offer products or services to PHTA; or (d) my service as an officer or director of another nonprofit or for-profit organization in the general areas of interest to PHTA. I shall also disclose to the appropriate person any transaction with PHTA which would result in any benefit to me, my immediate family, or any organization in which I have a financial or other beneficial interest or involvement, and I shall refrain from participation in any action on such matters, except to the extent permitted by the PHTA Conflict of Interest Policy.

I. The following organizations, which compensate or desire to compensate me or a member of my immediate family, offer or propose to offer products or services to PHTA:

A. Name:______________________________________________________________

B. Name:______________________________________________________________

II. I have, or a member of my immediate family has, an actual or potential ownership, investment or other interest or involvement in the following organizations, which organizations offer or propose to offer products or services to PHTA:

A. Name:______________________________________________________________

Interest or Involvement:__________________________________________________
B. Name: _________________________________________________________
Interest or Involvement: ___________________________________________

III. I have an interest in the following potential transactions involving PHTA.

A. Name: _________________________________________________________
Interest or Involvement: ___________________________________________

B. Name: _________________________________________________________
Interest or Involvement: ___________________________________________

IV. I serve as an officer or director of the following organizations, which organizations are engaged in business in the general areas of interest of PHTA:

A. Name: _________________________________________________________
Interest or Involvement: ___________________________________________

B. Name: _________________________________________________________
Interest or Involvement: ___________________________________________

Upon submission of this Disclosure Statement and Form, I will have disclosed to the best of my knowledge any potential conflict within the scope of the Policy. I assume the duty of promptly submitting a further Disclosure Statement and Form in the event of any changes in or additions to the information disclosed herein.

Date: ____________________  _______________________________________
(signature)
_____________________________________________________________
(type or print name)