

May 15, 2020

I _____ acknowledge that I have received the Firm's COVID-19 Workplace Re-entry Plan/Policy for the reopening of Offices. I understand that I am responsible for reading and adhering to every section of this plan but not limited to sections addressing Employee Responsibility, Personal Protective Equipment (PPE), Social Distancing and Exposure Restrictions. I further understand that if I have any questions as it relates to the Firm's COVID-19 Plan/Procedures for Re-Opening Offices that it is my responsibility to reach out to Ian FitzPatrick or Kirby Houle.

Employee Signature

Employee Printed Name

Date