

Before completing this template, be sure to register with the pCODR program. Please visit https://www.cadth.ca/pcodr/registration for information about the registration process.

pCODR Clinician Conflict of Interest Declarations

Note: Each registered clinician must complete their own separate pCODR Clinician Conflict of Interest Declarations Template even if the submission is made jointly.

Name of registered clinician: Click here to enter text. C. TOMKOUROUKUS

Name of drug and indication under review: Glasdegib/AML

Conflict of Interest Declarations

To maintain the objectivity and credibility of the pCODR process, all participants in the pCODR review process must disclose any conflicts of interest. A registered clinician must declare any potential conflicts of interest that may influence or have the appearance of influencing the information submitted. Conflict of interest declaration is requested for transparency — it does not negate or preclude the use of the clinician input.

Examples of conflicts of interest include, but are not limited to:

- financial support from the pharmaceutical industry or other entities e.g., educational or research grants,

	honoral	ria, gifts, and salary;		
•	affiliatio	ns or personal or commercial relationship	s with	drug manufacturers or other interest groups.
Se	ction A	: Payment Received		
1.	organ	you received any payments over the pi ization that may have direct or indirect		
	☐ Yes	⊠ No		
	If no, p	please go to Section B.		
2.	What	form of payment did you receive? (Ch	eck all	that apply.)
		Advisory role (e.g., advisory boards, HTA submission advice)		Program or Operating Funding (e.g., website)
		Conference attendance		Research/educational-grants
		Royalties		Travel grants
		Gifts		Sponsorship of Events
		Honoraria		
		Other, please specify: Click here to enter	er text.	
_	51			
3.		e provide the names of companies and box below.	organ	izations and the amounts of the payments
Cli		to enter text.		

pCODR Clinician Input on a Drug



Before completing this template, be sure to <u>register</u> with the pCODR program.

Please visit https://www.cadth.ca/pcodr/registration for information about the registration process.

Section B: Holdings or Other Interests

Have you received or is it in possession of stocks or options of more than \$10,000 (excluding mutual funds) for organizations that may have a direct or indirect interest in the drug under review? If yes, please list in the table below.

Click here to enter text.

None

Section C: Affiliations, personal or commercial relationships

Do you have personal or commercial relationships either with a drug or health technology manufacturer (including such manufacturer's parent corporation, subsidiaries, affiliates and associated corporations) or other interest groups? If yes, please provide the names of the companies and organizations and outline the nature of these relationships in the table below.

Click here to enter text.

None

I hereby certify that I have disclosed all relevant information with respect to any matter involving a Party that may place me in a real, potential or perceived conflict of interest situation.

C. TOM KOUROUKIS

Date:

Click here to enter text.

Name:

Click here to enter text.

Signature:

Click here to enter text.



Please note: Each registered clinician must complete their own separate pCODR Clinician Conflict of Interest Declarations Template even if the submission is made jointly.

Name of registered clinician: Ar	ndre Schuh (on behalf of CLSG/GCEL)
Name of drug and indication under review:	OAC + Glasdegib for AML
Conflict of Interest Declaration	
conflicts of interest. A registered clinician must declare	R process, all participants in the pCODR review process must disclose any any potential conflicts of interest that may influence or have the appearance terest declaration is requested for transparency — it does not negate or
Examples of conflicts of interest include, but are not lim	nited to:
 financial support from the pharmaceutical industry of gifts, and salary) affiliations, or personal or commercial relationships 	or other entities (e.g., educational or research grants, honoraria, with drug manufacturers or other interest groups.
Section A: Payment Received	
1. Have you received any payments over the previou indirect interest in the drug under review?	s <u>two</u> years from any company or organization that may have a direct or
⊠ Yes □ No	
If no, please go to Section B.	
2. What form of payment did you receive? (Check all	that apply.)
Advisory role (e.g., advisory boards, health technology assessment submission advice)	☐ Program or Operating Funding (e.g., website)
☐ Conference attendance	☐ Research/educational grants
☐ Royalties	☐ Travel grants
☐ Gifts	☐ Sponsorship of events
⊠ Honoraria	☐ Other, please specify:

Company	Nature or description of activities or interests	Check Appropriate Dollar Range			Range
		\$0 to 5,000		\$10,001 to 50,000	In Excess of \$50,000
Pfizer	Member of Pfizer Canadian and Global Acute Leukemia Advisory Boards		\boxtimes		



Section B: Holdings or	Other Interests				
•	possession of stocks or options of more than \$10,000 t interest in the drug under review? If yes, please list the	`	,	for organizat	ions that
no					
Section C: Affiliations,	Personal or Commercial Relationships				
parent corporation, subsidia	mmercial relationships either with a drug or health tech ries, affiliates, and associated corporations) or other in ations, and outline the nature of these relationships, in	iterest group	s? If yes, plea	•	
no					
By checking this box, I her accurate and complete to t	eby certify that the information that I have presented h the best of my knowledge	ere is		\boxtimes	
July 10, 2020 Date	Andre Schuh Name	_			



Please note: Each registered clinician must complete their own separate pCODR Clinician Conflict of Interest Declarations Template even if the submission is made jointly.

Name of registered clinician:	Yasser Abou Mourad
Name of drug and indication under review:	Glasdegib in AML
Conflict of Interest Declaration	
conflicts of interest. A registered clinician must decl	DDR process, all participants in the pCODR review process must disclose any are any potential conflicts of interest that may influence or have the appearance of interest declaration is requested for transparency — it does not negate or
Examples of conflicts of interest include, but are no	t limited to:
gifts, and salary)	iry or other entities (e.g., educational or research grants, honoraria, ips with drug manufacturers or other interest groups.
• anniations, or personal or commercial relationsh	ips with drug mandiacturers or other interest groups.
Section A: Payment Received	
Have you received any payments over the previndirect interest in the drug under review?	vious two years from any company or organization that may have a direct or
⊠ Yes □ No	
If no, please go to Section B.	
2. What form of payment did you receive? (Check	c all that apply.)
Advisory role (e.g., advisory boards, heatechnology assessment submission advi	
☐ Conference attendance	⊠ Research/educational grants
☐ Royalties	☐ Travel grants
☐ Gifts	☐ Sponsorship of events
⊠ Honoraria	☐ Other, please specify:

Company	Nature or description of activities or interests	Check Appropriate Dollar Range			Range
		\$0 to 5,000		\$10,001 to 50,000	In Excess of \$50,000
Pfizer Canada	Advisory boards, Sponsored lectures with honoraria, Grant for a research project		\boxtimes		



ection B: Holdings or O	ther Interests		1		
	ossession of stocks or options of more than \$10,00 nterest in the drug under review? If yes, please list	` •	,	for organizat	tions that
NO					
Section C: Affiliations, Pe	ersonal or Commercial Relationships				
arent corporation, subsidiarie	mercial relationships either with a drug or health te es, affiliates, and associated corporations) or other ons, and outline the nature of these relationships, i	interest group	s? If yes, ple	_	
NO					
By checking this box, I hereb accurate and complete to the	by certify that the information that I have presented best of my knowledge	here is		\boxtimes	
July 16, 2020	Yasser Abou Mourad				
Date	Name				



Please note: Each registered clinician must complete their own separate pCODR Clinician Conflict of Interest Declarations Template even if the submission is made jointly.

	Name of registered clinician:	Joseph Brandwein
	Name of drug and indication under review:	Glasdegib
C	onflict of Interest Declaration	
of	onflicts of interest. A registered clinician must dec	ODR process, all participants in the pCODR review process must disclose any lare any potential conflicts of interest that may influence or have the appearance of interest declaration is requested for transparency — it does not negate or
E	xamples of conflicts of interest include, but are no	t limited to:
	gifts, and salary)	try or other entities (e.g., educational or research grants, honoraria,
	The second of th	mps with drug manufacturers of other interest groups.
S	ection A: Payment Received	
1.	Have you received any payments over the pre- indirect interest in the drug under review?	vious two years from any company or organization that may have a direct or
	⊠ Yes □ No	
	If no, please go to Section B.	
2.	What form of payment did you receive? (Check	c all that apply.)
	Advisory role (e.g., advisory boards, hea technology assessment submission advi	
	☐ Conference attendance	☐ Research/educational grants
	☐ Royalties	☐ Travel grants
	☐ Gifts	☐ Sponsorship of events
	⊠ Honoraria	☐ Other, please specify:

Company	Nature or description of activities or interests		Check Appropriate Dollar Range				
			\$5,001 to 10,000	\$10,001 to 50,000	In Excess of \$50,000		
Pfizer	Advisory board with honoraria	×					
Celgene	Advisory board with honoraria	×					
Roche	Advisory board with honoraria	\boxtimes					



Taiho	Advisory board with honoraria	x	
Novartis	Advisory board with honoraria	x	

July 21, 2020

Date

Have you received or are in possession of stocks or options of more than \$10,000 (excluding mutual funds) for	or organizations that
may have a direct or indirect interest in the drug under review? If yes, please list them in the following box.	0

None.	W W W W W W W W W W W W W W W W W W W	

Section C: Affiliations, Personal or Commercial Relationships

Do you have personal or commercial relationships either with a drug or health technology manufacturer (including the manufacturer's parent corporation, subsidiaries, affiliates, and associated corporations) or other interest groups? If yes, please provide the names of the companies and organizations, and outline the nature of these relationships, in the following box.

None.			
***************************************	The state of the s		

By checking this box, I hereby certify that the information that I have presented here is accurate and complete to the best of my knowledge



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Please note: Each registered clinician must complete their own separate pCODR Clinician Conflict of Interest Declarations Template even if the submission is made jointly.

Na	ame of registered clinician:	Dr. Charles Kristjan Paulson				
Na	ame of drug and indication under review:	Glasdegib				
Со	onflict of Interest Declaration					
con of i	iflicts of interest. A registered clinician must dec	ODR process, all participants in the pCODR review process must disclose any lare any potential conflicts of interest that may influence or have the appearance of interest declaration is requested for transparency — it does not negate or				
Exa	amples of conflicts of interest include, but are no	ot limited to:				
	gifts, and salary)	etry or other entities (e.g., educational or research grants, honoraria, hips with drug manufacturers or other interest groups.				
•	annations, or personal or commercial relations	inpo with drug manufacturers of other interest groups.				
Se	ction A: Payment Received					
1.	Have you received any payments over the pre indirect interest in the drug under review?	vious two years from any company or organization that may have a direct or				
	⊠ Yes □ No					
	If no, please go to Section B.					
2.	What form of payment did you receive? (Chec	k all that apply.)				
	Advisory role (e.g., advisory boards, heal technology assessment submission advice					
	☐ Conference attendance	☐ Research/educational grants				
	☐ Royalties	☐ Travel grants				
	□ Gifts	☐ Sponsorship of events				
	□ Honoraria	□ Other, please specify:				

Company	Nature or description of activities or interests	Check Appropriate Dollar Range			lange
				In Excess of \$50,000	
Pfizer	Advisory Board	\boxtimes			



Have you received or are in possession of stocks or options of more than \$10,000 (excluding mutual funds) may have a direct or indirect interest in the drug under review? If yes, please list them in the following box.) for organizations that
No	
Section C: Affiliations, Personal or Commercial Relationships	
Do you have personal or commercial relationships either with a drug or health technology manufacturer (incorporation, subsidiaries, affiliates, and associated corporations) or other interest groups? If yes, ple the companies and organizations, and outline the nature of these relationships, in the following box.	
No	
By checking this box, I hereby certify that the information that I have presented here is accurate and complete to the best of my knowledge THY 1712020 Name	



Please note: Each registered clinician must complete their own separate pCODR Clinician Conflict of Interest Declarations Template even if the submission is made jointly.

Name of registered clinician:	Clasdegib+LDAC				
Name of drug and indication under review:					
Conflict of Interest Declaration					
conflicts of interest. A registered clinician must declar	DDR process, all participants in the pCODR review process must disclose any are any potential conflicts of interest that may influence or have the appearance of interest declaration is requested for transparency — it does not negate or				
Examples of conflicts of interest include, but are not	t limited to:				
 financial support from the pharmaceutical indust gifts, and salary) 	ry or other entities (e.g., educational or research grants, honoraria,				
•	ips with drug manufacturers or other interest groups.				
Section A: Payment Received					
Have you received any payments over the previndirect interest in the drug under review?	vious two years from any company or organization that may have a direct or				
⊠ Yes □ No					
If no, please go to Section B.					
2. What form of payment did you receive? (Check	all that apply.)				
Advisory role (e.g., advisory boards, hea technology assessment submission advi-					
☐ Conference attendance	☐ Research/educational grants				
☐ Royalties	☐ Travel grants				
☐ Gifts	☐ Sponsorship of events				
☐ Honoraria	☐ Other, please specify:				

3. Please provide the names of companies and organizations, and the amounts of the payments, in the following table.

Company	Nature or description of activities or interests	Check Appropriate Dollar Range			
		\$0 to 5,000	\$5,001 to 10,000	\$10,001 to 50,000	In Excess of \$50,000
Pfizer	Advisory Board	\boxtimes			



may have a direct or indirect interest in the drug under review? If yes, please list the	III III IIIO IOIIOWIIIG BOX.
NO	
Section C: Affiliations, Personal or Commercial Relationships	
Do you have personal or commercial relationships either with a drug or health technic parent corporation, subsidiaries, affiliates, and associated corporations) or other inte the companies and organizations, and outline the nature of these relationships, in the	erest groups? If yes, please provide the names of
NO	
By checking this box, I hereby certify that the information that I have presented here accurate and complete to the best of my knowledge	e is
May 20, 2020 Date Name	

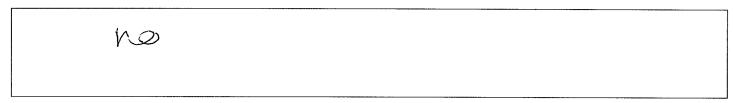


Please note: Each registered clinician must complete their own separate pCODR Clinician Conflict of Interest Declarations Template even if the submission is made jointly.

Na	ame of registered clinician:	Julie Bergerm
Na	ame of drug and indication under review:	Greaters
	_	0
Co	nflict of Interest Declaration	
on of ir	flicts of interest. A registered clinician must decla	DR process, all participants in the pCODR review process must disclose any reany potential conflicts of interest that may influence or have the appearance interest declaration is requested for transparency — it does not negate or
Ξха	imples of conflicts of interest include, but are not	limited to:
	financial support from the pharmaceutical industr gifts, and salary)	y or other entities (e.g., educational or research grants, honoraria,
• ;	affiliations, or personal or commercial relationshi	os with drug manufacturers or other interest groups.
Sec	ction A: Payment Received	
۱.	Have you received any payments over the previ indirect interest in the drug under review?	ous two years from any company or organization that may have a direct or
	i⊒Yes □ No	
	If no, please go to Section B.	
2.	What form of payment did you receive? (Check	all that apply.)
	Advisory role (e.g., advisory boards, health technology assessment submission advice	☐ Program or Operating Funding) (e.g., website)
	☐ Conference attendance	☐ Research/educational grants
	☐ Royalties	☐ Travel grants
	☐ Gifts	☐ Sponsorship of events
	14 Honoraria	☐ Other, please specify:

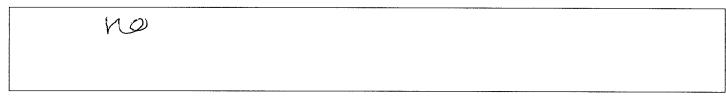
Company	Nature or description of activities or interests	Check Appropriate Dollar Range			Range
		\$0 to 5,000	\$5,001 to 10,000	\$10,001 to 50,000	In Excess of \$50,000
Ofizer	ad board	10			
11	presentation	1			

Have you received or are in possession of stocks or options of more than \$10,000 (excluding mutual funds) for organizations that may have a direct or indirect interest in the drug under review? If yes, please list them in the following box.



Section C: Affiliations, Personal or Commercial Relationships

Do you have personal or commercial relationships either with a drug or health technology manufacturer (including the manufacturer's parent corporation, subsidiaries, affiliates, and associated corporations) or other interest groups? If yes, please provide the names of the companies and organizations, and outline the nature of these relationships, in the following box.



By checking this box, I hereby certify that the information that I have presented here is accurate and complete to the best of my knowledge



10- +-

Date



Please note: Each registered clinician must complete their own separate pCODR Clinician Conflict of Interest Declarations Template even if the submission is made jointly.

Name of registered clinician:	Brian Leber glasedegib				
Name of drug and indication under review:					
Conflict of Interest Declaration					
conflicts of interest. A registered clinician must decl	ODR process, all participants in the pCODR review process must disclose any lare any potential conflicts of interest that may influence or have the appearance of interest declaration is requested for transparency — it does not negate or				
Examples of conflicts of interest include, but are no	t limited to:				
gifts, and salary)	try or other entities (e.g., educational or research grants, honoraria, hips with drug manufacturers or other interest groups.				
Section A: Payment Received					
 Have you received any payments over the pre- indirect interest in the drug under review? 	vious two years from any company or organization that may have a direct or				
⊠ Yes □ No					
If no, please go to Section B.					
2. What form of payment did you receive? (Check	k all that apply.)				
Advisory role (e.g., advisory boards, heatechnology assessment submission adv					
☐ Conference attendance	☐ Research/educational grants				
☐ Royalties	⊠ Travel grants				
☐ Gifts	☐ Sponsorship of events				
⊠ Honoraria	☐ Other, please specify:				

3. Please provide the names of companies and organizations, and the amounts of the payments, in the following table.

Company	Nature or description of activities or interests	Check Appropriate Dollar Range			
		\$0 to 5,000	\$5,001 to 10,000	\$10,001 to 50,000	In Excess of \$50,000
Pfizer	Honoraria for Medical Advisory Boards, and as independent consultant for Health Canada submission; travel grant to European hematology Association Annual meeting		×		



Section B: Holdings or Other Interests Have you received or are in possession of stock may have a direct or indirect interest in the drug	·	,	,	for organizat	tions that
no					
Section C: Affiliations, Personal or Comp Do you have personal or commercial relationship parent corporation, subsidiaries, affiliates, and a the companies and organizations, and outline th	ps either with a drug or health tecl ssociated corporations) or other in	nterest group	s? If yes, plea	•	
no					
By checking this box, I hereby certify that the ir accurate and complete to the best of my knowl		nere is		\boxtimes	
July 20, 2020 Brian Date Name	Leber	_			



Please note: Each registered clinician must complete their own separate pCODR Clinician Conflict of Interest Declarations Template even if the submission is made jointly.

Name of registered clinician:		Waleed Sabry Ismail				
N	ame of drug and indication under review:	Glasdegib. Acute Myeloid Leukemia. First line in combination with Cytarabine				
Сс	onflict of Interest Declaration					
cor of i	nflicts of interest. A registered clinician must decl	ODR process, all participants in the pCODR review process must disclose any lare any potential conflicts of interest that may influence or have the appearance of interest declaration is requested for transparency — it does not negate or				
Ξxa	amples of conflicts of interest include, but are no	t limited to:				
	gifts, and salary)	try or other entities (e.g., educational or research grants, honoraria, lips with drug manufacturers or other interest groups.				
Se	ction A: Payment Received					
1.	Have you received any payments over the previous indirect interest in the drug under review?	vious two years from any company or organization that may have a direct or				
	⊠ Yes □ No					
	If no, please go to Section B.					
2.	What form of payment did you receive? (Check	c all that apply.)				
	Advisory role (e.g., advisory boards, healt technology assessment submission advice					
	☐ Conference attendance	☐ Research/educational grants				
	☐ Royalties	☐ Travel grants				
	☐ Gifts	☐ Sponsorship of events				
	☐ Honoraria	☐ Other, please specify:				

Company	Nature or description of activities or interests	Check Appropriate Dollar Range			
		\$0 to 5,000	\$5,001 to 10,000	\$10,001 to 50,000	In Excess of \$50,000
Pfizer	Advisory board meeting	\boxtimes			
Novartis	Advisory board meeting	\boxtimes			



Janssen	Advisory board meeting	\boxtimes			
Section B: Holdings or	Other Interests		•		
	possession of stocks or options of more than \$10,0 t interest in the drug under review? If yes, please lis				ations that IO
	Personal or Commercial Relationships				
parent corporation, subsidia	mmercial relationships either with a drug or health to ries, affiliates, and associated corporations) or othe ations, and outline the nature of these relationships,	r interest grou	ips? If yes, pl	ease provide	nanufacturer's the names of IO
By checking this box, I here accurate and complete to the	by certify that the information that I have presented	here is		\boxtimes	
accurate and complete to th	e best of my knowledge				
July 47, 2020	Wolcod Sahry				
July 17, 2020 Date	Waleed Sabry Name				
	on transferences				



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Appendix A: pCODR Clinician Conflict of Interest Declarations

Please note: Each registered clinician must complete their own separate pCODR Clinician Conflict of Interest Declarations Template even if the submission is made jointly.

Name of registered clinician:	Lynn Savoie
Name of drug and indication under review:	Glasedegib, Acute Myeloid Leukemia
Conflict of Interest Declaration	
conflicts of interest. A registered clinician must declar	DDR process, all participants in the pCODR review process must disclose any are any potential conflicts of interest that may influence or have the appearance of interest declaration is requested for transparency — it does not negate or
Examples of conflicts of interest include, but are not	t limited to:
gifts, and salary)	ry or other entities (e.g., educational or research grants, honoraria, ips with drug manufacturers or other interest groups.
Section A: Payment Received	
Have you received any payments over the previndirect interest in the drug under review?	rious two years from any company or organization that may have a direct or
⊠ Yes □ No	
If no, please go to Section B.	
2. What form of payment did you receive? (Check	c all that apply.)
Advisory role (e.g., advisory boards, hea technology assessment submission advi	
☐ Conference attendance	☐ Research/educational grants
☐ Royalties	☐ Travel grants
☐ Gifts	☐ Sponsorship of events
⊠ Honoraria	☐ Other, please specify:

Please provide the names of companies and organizations, and the amounts of the payments, in the following table.

Company	Nature or description of activities or interests	Check Appropriate Dollar Range			
		\$0 to 5,000	\$5,001 to 10,000	\$10,001 to 50,000	In Excess of \$50,000
Pfizer	Advisory boards including chairing	\boxtimes			



 \boxtimes

Section B: Holdings or Other Interests

ave you received or are in possession of stocks or options of more than \$10,000 (excluding mutual funds) for organizations that ay have a direct or indirect interest in the drug under review? If yes, please list them in the following box.
No

S	Section C: Affiliations, Personal or Commercial Relationships
)	Do you have personal or commercial relationships either with a drug or health technology manufacturer (including the manufacturer's parent corporation, subsidiaries, affiliates, and associated corporations) or other interest groups? If yes, please provide the names of the companies and organizations, and outline the nature of these relationships, in the following box.
	No

By checking this box, I hereby certify that the information that I have presented here is accurate and complete to the best of my knowledge

July 16 2020	Lynn Savoie
Date	Name



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Appendix A: pCODR Clinician Conflict of Interest Declarations

Please note: Each registered clinician must complete their own separate pCODR Clinician Conflict of Interest Declarations Template even if the submission is made jointly.

Name of registered clinician:	John Storring
Name of drug and indication under review:	Glasdegib, Acute Myeloid Leukemia
Conflict of Interest Declaration	
conflicts of interest. A registered clinician must declar	DDR process, all participants in the pCODR review process must disclose any are any potential conflicts of interest that may influence or have the appearance of interest declaration is requested for transparency — it does not negate or
Examples of conflicts of interest include, but are not	t limited to:
 financial support from the pharmaceutical indust gifts, and salary) 	ry or other entities (e.g., educational or research grants, honoraria,
affiliations, or personal or commercial relationsh	ips with drug manufacturers or other interest groups.
Section A: Payment Received	
Have you received any payments over the previndirect interest in the drug under review?	vious two years from any company or organization that may have a direct or
⊠ Yes □ No	
If no, please go to Section B.	
What form of payment did you receive? (Check	all that apply.)
Advisory role (e.g., advisory boards, hea technology assessment submission advi	·
☐ Conference attendance	☐ Research/educational grants
☐ Royalties	☐ Travel grants
☐ Gifts	☐ Sponsorship of events
⊠ Honoraria	☐ Other, please specify:

3. Please provide the names of companies and organizations, and the amounts of the payments, in the following table.

Company	Nature or description of activities or interests	Check Appropriate Dollar Range			
		\$0 to 5,000	\$5,001 to 10,000	\$10,001 to 50,000	In Excess of \$50,000
Pfizer	Advisory Board		\boxtimes		
Abbvie	Honoraria	\boxtimes			
Celgene/BMS	Advisory Board, Honoraria			\boxtimes	



	Astellas	Advisory Board		Х		
Sa ation				^		
	•	or Other Interests				
•		in possession of stocks or options of more than \$10,00	` •	,	for organiza	tions that
nay have	a direct or indir	ect interest in the drug under review? If yes, please list	them in the fol	llowing box.		
NA						
' ' '						
Section	C: Affiliations	s, Personal or Commercial Relationships				
			hnology mone	ıfaatıırar (ina	luding the m	anufaaturar'a
•	•	commercial relationships either with a drug or health ted diaries, affiliates, and associated corporations) or other i	• • • • • • • • • • • • • • • • • • • •	•	•	
	•	izations, and outline the nature of these relationships, ir			ase provide	ile harnes of
NA						
1473						
		nereby certify that the information that I have presented	nere is		\boxtimes	
accurate	and complete t	to the best of my knowledge				
July 17	7, 2020	John Storring				
Date	•	Name				