

EMPLOYMENT AGREEMENT

BETWEEN:

NISHNAWBE-ASKI LEGAL SERVICES CORPORATION
hereinafter called "NALSC"

- and -

Sophia Lazarus

1. Employment

You will hold the position of **Restorative Justice Worker**, operating out of **Kashechewan** and will report to the manager the Restorative Justice Program. A brief job description for this position, which may be amended by the Company from time to time, will be forwarded to you. Your title, duties and responsibilities may be changed at the discretion of the Company, consistent with your role, and shall not constitute a constructive dismissal.

For the period that you are employed, the expectation is that you shall devote the whole of your working time, attention, and ability to the business of NALSC and you shall truly and faithfully serve NALSC and shall use your best efforts to promote the interests of NALSC. To that end, you shall not engage in any activities which would result in your interests coming into conflict with the interests of NALSC.

2. Term

You will commence employment on **Feb 20, 2023**. This Agreement will continue for an indefinite duration, subject to the termination provisions contained herein. This position is based on the annual approved funding this position under the **Restorative Justice Program**.

3. Probationary Period :

Your employment shall be subject to a three (3) month probationary period, during which time NALSC will determine your suitability. NALSC reserves the right to terminate this Agreement at any time during the probationary period for any reason so long as you are provided with minimum notice of such termination, or pay in lieu of notice, if any, in accordance with the Ontario *Employment Standards Act, 2000* (the "ESA"). This probationary period in no way acts as a guarantee of employment for this three-month period.

4. Compensation and Benefits

You will receive the following compensation and benefits:

- (a) **Salary**. You will be paid **\$50,000** annually. Our payroll is administered biweekly.

(b) **Benefits.** You will be entitled to participate in the benefit plan offered by NALSC to its employees during the term of this Agreement. The benefit plan is available to you following the completion of your probationary period, described above. NALSC reserves the right to vary the benefit plan at any time at its sole discretion.

(c) **Pension.** You will be entitled to participate in the pension plan offered by NALSC to its employees during the term of this Agreement. The pension plan is available to you following the completion of your probationary period, described above. NALSC reserves the right to vary the pension plan at any time at its sole discretion.

You agree and acknowledge that all benefit coverage and enrolment in NALSC's pension plan shall cease upon the last day of employment in the event of your resignation or your termination for just cause, or, if you are terminated without cause, shall cease at the end of the notice period outlined in section eight (8) below or as prescribed by section 57 of the ESA.

5. Vacation

You will be entitled to schedule **3 weeks'** paid vacation on your annual hire date. Vacation entitlement is earned at **1.25 vacation days per month**. For your first year of employment, your vacation must be earned prior taking vacation days. Please note that vacation entitlement is per your annual hire date, with entitlement increases in accordance with NALSC HR Policies. Although every effort will be made to provide you with vacation time requested, you acknowledge that there may be times when certain vacation time is denied due to the specific needs of NALSC's business. Vacation requests must be made in writing to program manager at least one (1) month prior to the requested vacation period. Should the foregoing amount be less than the minimum entitlement to vacation required in the ESA, then the minimum amount required by that statute shall apply.

Vacation time must be pre-approved and will be scheduled at mutually convenient times recognizing that, in a small office such as ours, we must always be conscious of having coverage.

6. Hours of Work

Your regular hours of work are from **9am to 5pm**, Monday through Friday, with a one (1) hour unpaid lunch break, for a total of thirty-five (35) hours per week but may be changed based on NALSC's needs. You may also be required to work evenings, Saturdays, and Sundays.

If you are required or work, or request to work, more hours than provided for in this Agreement you must first obtain the written direction or written approval of your program manager within 24 hours of working such hours. Also, as agreed upon during your interview, **you are required to provide a copy of your criminal records check for this position**. This will be required as soon as possible and before the end of your probationary period. Should you fail to provide this document, your probationary period may be extended, or your employment may be suspended or terminated.

7. Personnel Policies, Procedures and Rules

You will be bound by any personnel policies, procedures and rules established by NALSC. By signing this Agreement, the Employee confirms that you have been provided with, has read, and agrees to abide by all policies, procedures and rules established by NALSC.

8. Termination

While it is difficult to discuss the conclusion of a relationship at the outset, we believe it is helpful to address these issues so that both parties have clarity moving forward.

(a) Just Cause. If you engage in any act or omission which constitutes just cause at law, this Agreement will terminate immediately, and you shall receive no payments other than accrued wages and vacation entitlements to the date of termination.

(b) Without Cause. In the absence of just cause, NALSC may terminate this Agreement for any reason and at any other time upon providing you with your entitlements pursuant to the ESA. This notice or pay in lieu of notice shall be calculated based on your base salary only and shall be in full satisfaction of any obligations owing to you by NALSC, statutory, common law or otherwise.

(c) By the Employee. If you elect to terminate this Agreement, you shall provide NALSC with four weeks' written notice. This notice may be waived by NALSC at its sole discretion, without any further payment or obligation to you.

9. Confidentiality

During the term of this Agreement, you will have access to information that NALSC considers to be confidential. Such confidential information includes, but is not limited to, any information concerning clients, billing rates, employees, methods of procurement, financial, purchasing, marketing, logistical and or sales strategies and techniques of NALSC and other secret information and that such information constitutes valuable, special, and unique property of NALSC.

Accordingly, you agree that you will not, at any time, (either during employment or at any time thereafter) directly or indirectly, disclose to or for the benefit of any person, firm, corporation, association, business entity or agency, governmental or private, of any nature whatsoever and whosoever situate, any confidential information of NALSC, except in connection with the performance of your duties on behalf of NALSC or as publicly available other than as a consequence of the breach by you of your confidentiality obligations hereunder.

10. Return of Company Property and Documents

At the conclusion of employment, or earlier if requested by NALSC, you shall promptly surrender to NALSC, without retaining copies, all tangible items which are or contain confidential information pertaining to NALSC. You shall also return all electronic devices, files, memory keys, correspondence, memoranda, documents, training materials, manuals, computer software, hardware, and printouts, working papers,

client lists, telephone/address books, business cards, appointment books, calendars and other tangible items which NALSC gave to you, or which you created in whole or in part within the scope of your employment, even if these items do not contain confidential information.

11. Authorization

By signing this letter, you authorize NALSC to deduct from any outstanding payment, including wages, owed to you by NALSC at any time, any monies which you owe to NALSC.

12. Entire Agreement

This Agreement constitutes the entire agreement between the parties with respect to the subject matter hereof and cancels and supersedes any and all prior and contemporaneous agreements, discussions and understandings. There are no representations, warranties, forms, conditions, undertakings, or collateral agreements, express, implied, or statutory between the parties other than as expressly set forth in this Agreement. No waiver, modification, or termination of any term of this Agreement shall be effective unless in writing and signed by all parties.

13. Severability

The provisions, paragraphs and sub-paragraphs of this Agreement are and shall be deemed to be severable the one from the other. If any one or more of the provisions, paragraphs or sub-paragraphs contained herein shall be invalid, illegal, or unenforceable in any respect, the validity, legality and enforceability of the remaining provisions, paragraphs and subparagraphs contained herein shall not in any way be affected or impaired.

14. Headings

The headings contained in this Agreement are for reference purposes only and shall not in any way affect the meaning interpretation of this Agreement.

15. Governing Law

This Agreement shall be governed in all respects by the laws of the Province of Ontario and the laws of Canada applicable therein.

16. Assignment

Except as otherwise provided herein, no assignment of any rights or delegation of any obligations provided for herein may be made by any party without the express written consent of all other parties hereto. Notwithstanding the foregoing, NALSC may, upon two (2) days written notice to you, assign its rights, together with its obligations hereunder, to any associate or affiliate of NALSC.

18. Independent Legal Advice

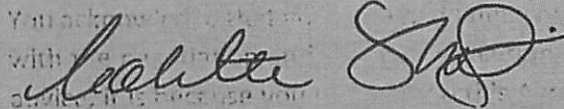
You acknowledge that you have had ample opportunity to obtain independent legal advice in connection with the negotiation and ultimate execution of this Agreement. If you did not obtain independent legal advice, it is because you understood this Agreement, and did not feel that you needed legal advice. You therefore confirm that you are executing this Agreement freely, voluntarily and without duress.

19. Copy of the Agreement

You hereby acknowledge receipt of a copy of this Agreement duly signed by NALSC.


Sophia, I extend a very warm welcome to you. I hope you find your employment with the organization challenging and rewarding and look forward to a mutually successful future together.

Yours truly,



Colette Shwetz
HR Manager

I hereby accept the position I have been offered and agree to abide to all the terms and conditions outlined in the letter of employment.



Employee Signature

Feb. 15 / 23
Date



NISHNAWBE - ASKI Legal Services Corporation

Employee Information

1. Personal Information

Full Given Name: Lazarus Sophia W
Last First M Initial.

Address: 10 Muskeg Road 256
Street Address Box #

Kashechewan ON POL-150
City/Town Province Postal Code

Home Phone: (705) 275-1555 Alternate Phone: (705) 288-7684 (cell)

Primary Email: s-lazarus92@hotmail.com DOB 11 / 22 / 1972
M/D/Y

SSN #: 495-886-533 Status #: 1420215901

2. Job Information

Title: Restorative Justice worker Employee ID: _____

Supervisor: chantelle Johnson Department: Restorative Justice

Work Location: Kashechewan Work Email: slazarus@nanlegal.on.ca

Work Phone: (705) 275-1555 Cell Phone: (705) 288-7684

Start Date: February 21/23 Benefits _____ Pension: Y / N Y

Term Date: _____ Salary: \$ 68,000

3. Emergency Contact Information

Full Name: Koosees Bernice M.
Last First M Initial.

Address: 800 Norman Avenue _____
Street Address Box #

North Bay ON PIB-8C5
City/Town Province Postal Code

Primary Phone: (705) 477-5412 Alternate Phone: ()

Relationship: sister



Account Information

Set up your direct deposits and pre-authorized payments easily and conveniently.

Print, sign and submit this form as follows:

Direct Deposit: receive your payroll or other deposits into your account. Complete and submit this form to your employer or the company depositing the payment into your account.

Pre-authorized Payment: automatically pay your bills from your account. Complete and submit this form to your billing company to allow them to take the payment from your account.

Your Information

Name: SOPHIA LAZARUS

Address: KASHECHEWAN ON
POL 1S0

Direct Deposit Information

Transit: 08992

Institution Number: 010

Account Number: 7013434

Void Cheque

KASHECHEWAN ON
POL 1S0

DATE

PAY TO THE ORDER OF **VOID** \$

08992-010-7013434 **CIBC**

Signature: _____

Date: _____



Ontario

Driver's Licence
Permis de conduire

ON
CANADA



1,2 NAME/ NOM

LAZARUS,
SOPHIA, WINNIFRED

3 10 MUSKEY RD PO BOX 256
KASHECHEWAN, ON, P0L 1S0

4a NUMBER/
NUMERO

L0976 - 71997 - 26122

4b ISS/DEL

2019/04/01

4b EXP/EXP.

2024/03/29

5 DD/REF

GJ0231249

16 HGT/HAUT.

180 cm

15 SEX/SEXE

F

8 CLASS/
CATEG.

G1

L0976-71997-26122
1972/11/22

12 REST/
COND.

X

3 DOB/ODN

1972/11/22

Sophia Lazarus

Sophia Lazarus





Indian and Northern
Affairs Canada

Affaires indiennes
et du Nord Canada

CERTIFICATE OF INDIAN STATUS
CERTIFICAT DE STATUT INDIEN



Sophia

Registration no./Numéro d'inscription

1420215901

Family Name/Nom de famille

LAZARUS

Given Names/Prénoms

SOPHIA WINNIFRED

Alias/Nom d'emprunt

Date of Birth/Date de naissance

1972/11/22

Sex/Sexe

F

Date of Issue/Date de délivrance

2018/06/14

Renew Before/Renouveler avant

2028/11/22

Registry Group no. and Name/No du groupe de registre et nom

142 - ALBANY

...SOPHIAWINNIFRED...





Employment and
Immigration Canada

Emploi et
Immigration Canada

SOCIAL
INSURANCE
NUMBER

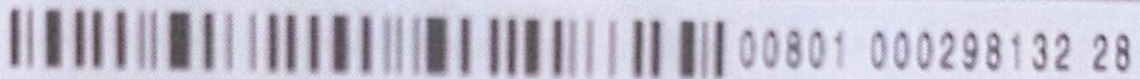
NUMÉRO
D'ASSURANCE
SOCIALE

495 886 533

SOPHIA WINNIFRED LAZARUS

SIGNATURE

Sophia Lazarus



This is to certify that the holder is an Indian within the meaning of the Indian Act, chapter 27, Statutes of Canada (1985).
La présente carte atteste que son titulaire est un Indien au sens de la Loi sur les Indiens, chapitre 27, Lois du Canada (1985).

Property of INAC / Appartient à AINC.
Must be returned on request / Doit lui être retournée sur demande
Return postage free to: / Retourner en franchise postale à:

INAC/AINC, Ottawa, Ontario Canada K1A 0H4

To validate, call: **1-877-VALIDES**
Pour valider la carte, faites le: **1-877-825-4338**

INAC serial no. **216761139**
AINC N° de série



Canada



2023 Ontario Personal Tax Credits Return

Protected B when completed
TD1ON

Read page 2 before filling out this form. Your employer or payer will use this form to determine the amount of your provincial tax deductions.

Fill out this form based on the best estimate of your circumstances.

Last name Lazarus	First name and initial(s) Sophia . W	Date of birth (YYYY/MM/DD) 1972/11/22	Employee number
Address Box 256, Kashechewan ONT.	Postal code P10 2L1S10	For non-residents only Country of permanent residence	Social insurance number 4195886533

<p>1. Basic personal amount – Every person employed in Ontario and every pensioner residing in Ontario can claim this amount. If you will have more than one employer or payer at the same time in 2023, see "More than one employer or payer at the same time" on page 2.</p> <p>2. Age amount – If you will be 65 or older on December 31, 2023, and your net income will be \$43,127 or less, enter \$5,793. You may enter a partial amount if your net income for the year will be between \$43,127 and \$81,747. To calculate a partial amount, fill out the line 2 section of Form TD1ON-WS, Worksheet for the 2023 Ontario Personal Tax Credits Return.</p> <p>3. Pension income amount – If you will receive regular pension payments from a pension plan or fund (not including Canada Pension Plan, Quebec Pension Plan, Old Age Security, or Guaranteed Income Supplement payments), enter whichever is less: \$1,641 or your estimated annual pension.</p> <p>4. Disability amount – If you will claim the disability amount on your income tax and benefit return by using Form T2201, Disability Tax Credit Certificate, enter \$9,586.</p> <p>5. Spouse or common-law partner amount – Enter \$10,075 if you are supporting your spouse or common-law partner and both of the following conditions apply:</p> <ul style="list-style-type: none"> • Your spouse or common-law partner lives with you • Your spouse or common-law partner's net income for the year will be \$1,007 or less <p>You may enter a partial amount if your spouse's or common-law partner's net income for the year will be between \$1,007 and \$11,082. To calculate a partial amount, fill out the line 5 section of Form TD1ON-WS.</p> <p>6. Amount for an eligible dependant – Enter \$10,075 if you are supporting an eligible dependant and all of the following conditions apply:</p> <ul style="list-style-type: none"> • You do not have a spouse or common-law partner, or you have a spouse or common-law partner who does not live with you and who you are not supporting or being supported by • The dependant is related to you and lives with you • The dependant's net income for the year will be \$1,007 or less <p>You may enter a partial amount if the eligible dependant's net income for the year will be between \$1,007 and \$11,082. To calculate a partial amount, fill out the line 6 section of Form TD1ON-WS.</p> <p>7. Ontario caregiver amount – You may claim this amount if you are supporting an eligible infirm dependant aged 18 or older who is your or your spouse's or common-law partner's:</p> <ul style="list-style-type: none"> • child or grandchild • parent, grandparent, brother, sister, aunt, uncle, niece or nephew who is resident in Canada <p>To calculate this amount, fill out the line 7 section of Form TD1ON-WS.</p> <p>8. Amounts transferred from your spouse or common-law partner – If your spouse or common-law partner will not use all of their age amount, pension income amount, or disability amount on their income tax and benefit return, enter the unused amount.</p> <p>9. Amounts transferred from a dependant – If your dependant will not use all of their disability amount on their income tax and benefit return, enter the unused amount.</p> <p>10. TOTAL CLAIM AMOUNT – Add lines 1 to 9. Your employer or payer will use this amount to determine the amount of your provincial tax deductions.</p>	<p>11,865</p> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/>
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Filling out Form TD1ON

Fill out this form only if you are an employee working in Ontario or a pensioner residing in Ontario and any of the following apply:

- you have a new employer or payer, and you will receive salary, wages, commissions, pensions, employment insurance benefits, or any other remuneration
- you want to change the amounts you previously claimed (for example, the number of your eligible dependants has changed)
- you want to increase the amount of tax deducted at source

Sign and date it, and give it to your employer or payer.

If you do not fill out Form TD1ON, your employer or payer will deduct taxes after allowing the basic personal amount **only**.

More than one employer or payer at the same time

If you have more than one employer or payer at the same time and you have already claimed personal tax credit amounts on another Form TD1ON for 2023, you **cannot** claim them again. If your total income from all sources will be more than the personal tax credits you claimed on another Form TD1ON, check this box, enter "0" on line 10 and do not fill in lines 2 to 9.

Total income is less than the total claim amount

Tick this box if your total income for the year from all employers and payers will be **less** than your total claim amount on line 10. Your employer or payer will not deduct tax from your earnings.

Additional tax to be deducted

If you want to have more tax deducted at source, fill out section "Additional tax to be deducted" on the federal Form TD.

Reduction in tax deductions

You may ask to have less tax deducted at source if you are eligible for deductions or non-refundable tax credits that are not listed on this form (for example, periodic contributions to a registered retirement savings plan (RRSP), child care or employment expenses, charitable donations, and tuition and education amounts carried forward from the previous year). To make this request, fill out Form T1213, Request to Reduce Tax Deductions at Source, to get a letter of authority from your tax services office. Give the letter of authority to your employer or payer. You do not need a letter of authority if your employer deducts RRSP contributions from your salary.

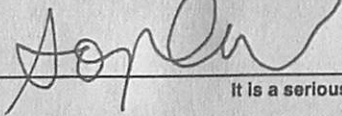
Forms and publications

To get our forms and publications, go to canada.ca/cra-forms-publications or call 1-800-959-5525.

Personal information (including the SIN) is collected for the purposes of the administration or enforcement of the Income Tax Act and related programs and activities including administering tax, benefits, audit, compliance, and collection. The information collected may be used or disclosed for purposes of other federal acts that provide for the imposition and collection of a tax or duty. It may also be disclosed to other federal, provincial, territorial, or foreign government institutions to the extent authorized by law. Failure to provide this information may result in interest payable, penalties, or other actions. Under the Privacy Act, individuals have a right of protection, access to and correction of their personal information, or to file a complaint with the Privacy Commissioner of Canada regarding the handling of their personal information. Refer to Personal Information Bank CRA PPU 120 on Info Source at canada.ca/cra-info-source.

Certification

I certify that the information given on this form is correct and complete.

Signature 

Date 2023-03-08
~~2022-12-19~~

It is a serious offence to make a false return.



Determination of Exemption of an Indian's Employment Income

To make sure correct information is entered, we suggest that this form be filled out by the employer, in the presence of the employee.

As an employer, you can use this form to help determine if an employee's employment income is exempt from income tax. The term "employee" on this form refers only to an employee who is an Indian as defined in the Indian Act.

Read the instructions on the next page for more information on how to fill out this form.

Employee identification

Last name (please print) Lazarus	Usual first name and initials Sophia W.	Social insurance number 495886533
Residential address including postal code 10 Muskeg road, Box 256 Kashechewan, Ontario P0L-1S0		
Is the employee's residence located on a reserve?		Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>

Indian status

Is the employee an Indian as defined in the Indian Act? Yes No

If yes, was the employee an Indian as defined in the Indian Act:

prior to 2011?

because of Bill C-3 (also known as the Gender Equity in Indian Registration Act)? Only income earned on or after January 31, 2011, may be exempt from tax.

because of the creation of the Qalipu Mi'kmaq First Nation Band? Only income earned on or after September 22, 2011, may be exempt from tax.

Type of exemption *1

The employee performs employment duties:

1. entirely on a reserve 2. entirely off a reserve 3. partially on and partially off a reserve

If you chose 3, indicate the percentage of the employment duties the employee performs on a reserve: _____ %

All of the employee's employment income is exempt from income tax if any one of the following situations applies. Check the appropriate box.

the employee performs **at least 90%*2** of the employment duties on a reserve (guideline 1);

the employee and the employer reside on a reserve (guideline 2);

the employee performs **more than 50%** of the employment duties on a reserve, and the employee or the employer resides on a reserve (guideline 3); or

the employee's employment duties are connected to the employer's non-commercial activities carried on exclusively for the benefit of Indians who, for the most part, reside on reserves and the employer resides on a reserve; **and** the employer is:

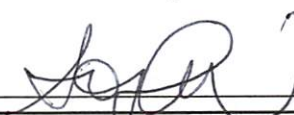
- an Indian band that has a reserve or a tribal council representing one or more Indian bands that have reserves; **or**
- an Indian organization controlled by one or more such bands or tribal councils and is dedicated exclusively to the social, cultural, educational, or economic development of Indians who, for the most part, reside on reserves (guideline 4).

*1 The type of exemption is based on the Indian Act Exemption for Employment Income Guidelines. For a full description of the Guidelines including examples of exempt income and term definitions, go to canada.ca/en/revenue-agency/services/aboriginal-peoples/indian-act-exemption-employment-income-guidelines.

*2 **Proration rule may apply:** When less than 90% of the duties of an employment are performed on a reserve and the employment income is not exempted by another guideline, the exemption is to be prorated. The exemption will apply to the portion of the income related to the duties performed on the reserve.

Employee certification

I certify that the information given on this form is correct and complete.

Signature  Date Feb. 27/23

Personal information (including the SIN) is collected for the purposes of the administration or enforcement of the Income Tax Act and related programs and activities including administering tax, benefits, audit, compliance, and collection. The information collected may be used or disclosed for purposes of other federal acts that provide for the imposition and collection of a tax or duty. It may also be disclosed to other federal, provincial, territorial or foreign government institutions to the extent authorized by law. Failure to provide this information may result in interest payable, penalties or other actions. Under the Privacy Act, individuals have the right to access their personal information, request correction, or file a complaint to the Privacy Commissioner of Canada regarding the handling of the individual's personal information. Refer to Personal Information Bank CRA PPU 120 on Info Source at canada.ca/cra-info-source.

Instructions

- The employment income from a particular employment will not be exempt from income tax where one of the main reasons for that employment relationship is to establish a connecting factor to a reserve. A connecting factor is a fact which connects income to a reserve. For example, the fact that the employer is resident on a reserve is a connecting factor.
- If the employee's circumstances change, the employee will be required to fill out a new form.
- Keep a completed form on file for each employee. We may ask to review the form to verify that the income earned qualifies to be exempt from income tax based on the circumstances of the employment.
- For information on the requirements to deduct Canada Pension Plan contributions and employment insurance premiums, and for instructions on reporting requirements, see Guide T4001, Employers' Guide – Payroll Deductions and Remittances, and Guide RC4120, Employers' Guide – Filing the T4 Slip and Summary.

Employment-related income

Employment insurance benefits, retiring allowances, Canada Pension Plan benefits, Quebec Pension Plan benefits, registered pension plan benefits, and wage-loss replacement plan benefits will be exempt from income tax when they are received as a result of employment income that was exempt from tax. If a portion of the employment income was exempt, a similar portion of these amounts will be exempt.

Nishnawbe-Aski Legal Services Corporation
Acknowledgement

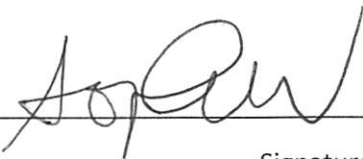


I hereby acknowledge that I have received a copy of the Nishnawbe-Aski Legal Services Corporation, Employee Manual containing the Personnel and Harassment Policies of the Corporation.

I hereby acknowledge that I have read and understood the Employee Manual.

Sophia Lazarus

Print Name



Signature

Dated this 27 day of February, 2023



**NISHNAWBE-ASKI LEGAL SERVICES CORPORATION
OATH OF CONFIDENTIALITY**

As a person working at Nishnawbe-Aski Legal Services Corporation (“NALSC”) you are privy to confidential material. Confidentiality of client and NALSC information is essential. While at NALSC, you shall not disclose to any member of the public any confidential information obtained during his/her position with NALSC.

All NALSC files are to be treated as confidential material and may not be disclosed except in accordance with the provisions of NALSC’s policies and Service Agreements. No one is to read files except in so far as the position requires it. Files are not to be discussed at any time with anyone within NALSC, except for NALSC related business.

Confidentiality also applies to information about financial and personnel matters or any other confidential information that is attained during your position with NALSC. We are entrusted with the confidential records of clients and of personnel throughout the Corporation and are always expected to comply with NALSC’s Oath of Confidentiality Agreement.

EMPLOYEE STATEMENT OF NON-DISCLOSURE

I have read and understand this statement. I agree to abide by NALSC’s Oath of Confidentiality Agreement as a condition of my position at Nishnawbe-Aski Legal Services Corporation. Unauthorized disclosure of any confidential material may result in my immediate discharge from my position and may result in further legal action.

I acknowledge that I am bound by the terms of this agreement and further, that these confidentiality requirements continue after my position with NALSC has ceased.

[Signature]
SIGNATURE

Feb. 21 / 23
DATE

Sophia Lazarus
PRINT FULL NAME

[Signature]
SIGNATURE OF WITNESS

Feb 21 / 23
DATE

Marcy Kataquapit
PRINT FULL NAME OF WITNESS