

## CONFLICT OF INTEREST POLICY AND CODE OF ETHICAL CONDUCT

### SCHEDULE 1: CONFLICT OF INTEREST DISCLOSURE FORM

**Notice to RESNET directors, officers and employees.**

This form is to initially be submitted upon your acceptance of election/appointment as a member or officer of the Board of Directors or as an employee of Residential Energy Service Network, Inc. (the "Company"). You are further required to re-submit this form each year thereafter that you serve as a director, officer or employee of the Company as well as each time you or an immediate family member receives a personal financial benefit or has any other interest in a transaction resulting from your position as a member or officer of the Board of Directors or as an employee of the Company. Further, by signing this Disclosure Form, you are warranting and representing that you have received and have read, reviewed and understood the Bylaws and policies of the Company, including but not limited to the Conflict of Interest Policy of the Company.

Name:

DAVID BEAM

Name of Employer:

INSULATE AMERICA

Title with Employer:

PRESIDENT & CEO

Address:

222 N. LAFAYETTE ST SUITE 22 SHELBY NC

Telephone Number:

Home

(circle primary)

Work:

704-487-4900

Cell:

Email Address:

david@insulateamerica.com

AT THIS TIME, I HAVE NOTHING TO DISCLOSE



OR

I am disclosing the following significant financial interests related to my position as a member or officer of the Board of Directors or as an employee of Residential Energy Service Network, Inc. (Responses should include interests of the individual, his/her spouse, and/or any dependent children.) **USE ADDITIONAL SHEETS FOR EACH ENTITY IN WHICH YOU HAVE A DISCLOSABLE INTEREST**

Name of Entity or transaction in which you have an interest ("Entity"):

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Description of transaction in which you have an interest:

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Address of Entity:

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Principal Type of Business:

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Are you a director, officer, partner, trustee, or employee of the Entity? \_\_\_\_\_ Yes ☐ No ☐

Do you have an investment of \$1,000 or more in the Entity? If so, how much? \_\_\_\_\_ Yes ☐ No ☐

Do you hold an equity position of 5% in the Entity? If so, what percentage? \_\_\_\_\_ Yes ☐ No ☐

Do you receive contingent compensation from the Entity? If so, please describe: \_\_\_\_\_ Yes ☐ No ☐

Have you received a loan from the Entity for which the outstanding? \_\_\_\_\_ Yes ☐ No ☐

Do you have an interest in any intellectual property rights? \_\_\_\_\_ Yes ☐ No ☐

Certification:

- I agree to update this disclosure either on an annual basis, or as new reportable significant financial interests are obtained.
- I agree to cooperate in the development of a plan to address any actual or potential conflict of interest identified via this Disclosure Form.
- I agree to comply with any conditions or restrictions imposed by the Company to manage, reduce, or eliminate actual or potential conflicts of interest or forfeit the award. I further understand and agree that my violation of the Conflict of Interest Policy of the Company is grounds for disciplinary and corrective action.
- I declare under the penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Signed: \_\_\_\_\_

Date: \_\_\_\_\_

Name: \_\_\_\_\_