

**I. Employee Attestation for Code of Conduct and Compliance Plan**

I have received, read, and understand, and I will abide by, the Code of Conduct and Compliance Plan applicable to Central Control, L.L.C. and [NAME OF AFFILIATE]. I have received educational training with regard to the Code of Conduct and Compliance Plan in general and as they affect my role with the Company. I understand the progressive disciplinary action policies with regard to individuals who violate laws, regulations, standards, and operating policies.

I realize that I have an obligation to report actual or suspected misconduct that may violate the Code of Conduct or Compliance Plan. I realize that I am obligated to report suspected violations of laws, regulations, and standards that I may observe at the Company. I recognize that concerns should be forwarded to the Compliance Officer or Compliance Representative, along with any evidence of misconduct that may assist in an internal investigation.

I understand that I may remain anonymous in any report filed with the Compliance Officer, Compliance Representative or Compliance Department. I also recognize that in the event an investigation by federal or state authorities is conducted, those organizations may require me to serve as a witness and that, in this case, I may no longer maintain anonymity. I recognize that the Company will strive to maintain confidentiality of my identity in all cases, but that the Company cannot guarantee such confidentiality in all instances.

I understand that the Company maintains a strict policy of non-retaliation against those who report misconduct.

I understand that if I am directly implicated in a compliance investigation, and if my presence threatens the conduct of an investigation, the Company is obligated to remove me from my position while the investigation is in process.

I understand that if I am personally named by federal or state agencies in a suit pending disposition that the Company is obligated to remove me from my position until the conclusion of that suit.

I understand that if I am named to any list of individuals excluded from participation in federal or state reimbursement programs, my employment will be terminated.

\_\_\_\_\_  
Employee's Printed Name

\_\_\_\_\_  
Employee's Signature

\_\_\_\_\_  
Witness

\_\_\_\_\_  
Date