

### Drug-Free Workplace Program Acknowledgement

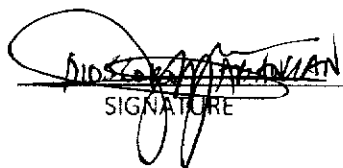
I hereby acknowledge that I have received and read Iploy Inc. Drug-Free Workplace Policy and Program, a summary of the drugs which may alter or affect a drug test and a list of local Employee Assistance Program providers or local drug and alcohol treatment programs. I have had an opportunity to have all aspects of this material fully explained. I also understand that I must abide by the Program as a condition of initial and/or continued employment, and any violation may result in disciplinary action up to and including termination.

I also understand that during my employment I may be required to submit to testing for the presence of drugs or alcohol in my body. I understand that submission to such testing is a condition of employment with [Company], and disciplinary action up to and including termination may result if:

- 1) I refuse to consent to testing.
- 2) I refuse to execute all forms of consent and release of liability that are usually and reasonably associated with such examinations.
- 3) I refuse to authorize release of the test results to the company.
- 4) The tests establish a violation of [Company]'s Drug-Free Workplace Policy.
- 5) I otherwise violate the policy.

I also recognize that the Drug-Free Workplace Policy and related documents are not intended to constitute a contract between Iploy Inc. and me.

The undersigned further states that he/she has read and understands the above acknowledgement and signs below of his/her own free will.

  
SIGNATURE

10/22/18  
DATE

WITNESS

DATE