

CENTRAL UTAH COUNSELING CENTER

Conflict of Interest Disclosure Form

The following disclosures are required to be made annually by all officers and Board Members of Central Utah Counseling Center pursuant to the Utah Code. If additional space is needed, please use a separate sheet of paper. Per statute, the information provided shall be posted and kept on file with the Central Utah Counseling Center.

1. Officeholder Name: RALPH BROWN
2. Position: SEIVER CO. COMMISSION
3. Current Employer(s) (past year):
 - a. Name: SELF
 - b. Address: 204 EAST LANDSLIDE RD. CENTRAL VALLEY
 - c. Occupation: CONTRACTOR
 - d. Job Title: PRES.
 - e. Brief Description of Employment: SELF
4. Entities where the officeholder is an owner or officer (preceding year):
 - a. Name of entity: RALPH BROWN CONSTRUCTION
 - b. Brief description of the type of business: RES. CONTRACTING
 - c. Officeholders position: PRES.
5. The name of the individual/entity from which you received \$5000.00 or more in income during the preceding year:
 - a. Name of individual/entity: SAME
 - b. Brief description of business/activity: N/A
6. Each entity in which the regulated officeholder holds any stocks or bonds having a fair market value of \$5,000 or more as of the date of the disclosure form or during the preceding year, but excluding funds that are managed by a third party, including blind trusts, managed investment accounts, and mutual funds:
 - a. Name of individual/entity: N/A
 - b. Brief description of business/activity: N/A
7. Each entity that you currently serve or served in the preceding year, in a paid leadership capacity or in a paid or unpaid position on a board of directors:
 - a. the name of the entity or organization: CENTRAL UTAH Health
 - b. a brief description of the type of business or activity conducted by the entity: BOARD MEMBER
 - c. the type of position held by the regulated officeholder: BOARD MEMBER

8. at the option of the regulated officeholder, a description of any real property in which the regulated officeholder holds an ownership or other financial interest that the regulated officeholder believes may constitute a conflict of interest, including a description of the type of interest held by the regulated officeholder in the property: N/A
9. the name of the regulated officeholder's spouse and any other adult residing in the regulated officeholder's household who is not related by blood or marriage, as applicable: NONE
10. Spouses Current Employer(s) (past year):
- a. Name: N/A
 - b. Address: ✓
 - c. Occupation: ✓
 - d. Job Title: ✓
 - e. Brief Description of Employment: ✓
11. A brief description of the employment and occupation of each adult who resides in the regulated officeholder's household; and is not related to the regulated officeholder by blood or marriage:
- a. Name: N/A
 - b. Address: ✓
 - c. Occupation: ✓
 - d. Job Title: ✓
 - e. Brief Description of Employment: ✓
12. at the option of the regulated officeholder, a description of any other matter or interest that the regulated officeholder believes may constitute a conflict of interest: NONE

I believe that the information in this form is complete and accurate to the best of my knowledge.

Signature: Ralph Brown

Date: Aug. 14. 24