HOWELL TOWN CORPORATION

Annual Conflict of Interest Disclosure Form

The following disclosures are required to be made annually by all officers of Howell Town pursuant to Utah Code 20A-11-1604(6). If additional space is needed, please use a separate sheet of paper.

Candidate/Officeholder: Bradly Hawkes
Office: Mayor
1A: The name(s) and address(es) of each of the individual's current employer(s) and name(s) and address(es) of each of the individual's employers during the preceding year.
Current Employer(s):
- Rebired -
Previous Employer(s):
1B: For each employer described in Item 1A, a brief description of the employment, including the individual's occupation, and, as applicable, job title.
□ Current Employment:
- Retired -
□ Previous Employment:
2A: The name of any entity in which the individual is an owner or officer or was an owner or officer during the preceding year.
Haukes Ranch LLC

described in Item 2A.

Cabble Ranch

2B: A brief description of the type of business or activity conducted by the entity(ies)

2C: Individual's position in the entity(ies) described in Item 2A

President

3A: The name of each individual from whom, or entity from which, the individual has received \$5,000 or more in income during the preceding year.

AIN

3B: A brief description of the type of business or activity conducted by the individual or entity described in Item 3A.

AJH

4A: The name of each entity in which the individual 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 (excluding funds that are managed by a third party, including blind trusts, managed investment accounts, and mutual funds).

N/A

4B: A brief description of the type of business or activity conducted by the entity(ies) described in Item 4A.

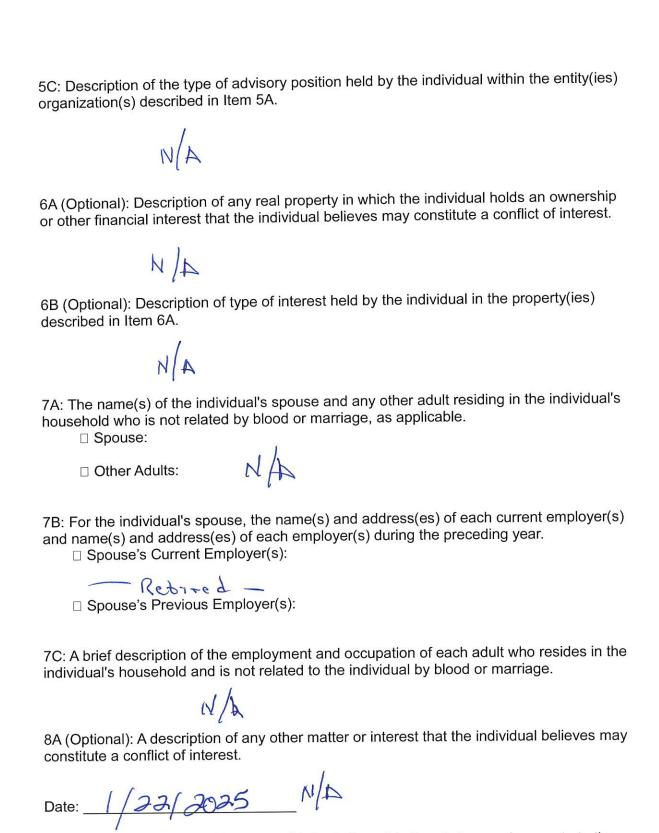
AM

5A: The name of each entity or organization not described in Items 2A through 4B of this form in which the individual currently serves, or served in the preceding year, on the board of directors or in any other type of paid leadership capacity.

NA

5B: A brief description of the type of business or activity conducted by the entity(ies) or organization(s) described in Item 5A

N/A



I, the regulated officeholder or candidate, believe this form is true and accurate to the best of my knowledge. (Check box)

Candidate/Officeholder's Signature