

**ACKNOWLEDGEMENT**

I acknowledge that I have received and read a copy of the Modern Medical Modalities Corporation Code of Conduct (the “Code”). I understand that I am responsible for knowing and complying with the policies set forth in the Code during my employment with the Company.

I also acknowledge my responsibility to report any violation of this Code or any of the Company’s other policies and practices to my supervisor, the Chief Financial Officer or the Board of Directors. I understand that violations of this Code or of any other Company policy or practice may be reported anonymously.

I further understand that the policies contained in the Code are not intended to create any contractual rights or obligations, express or implied. I also understand that, consistent with applicable law, the Company has the right to amend, interpret, modify or withdraw any of the provisions of the Code at any time in its sole discretion, with or without notice.

I understand and agree that my relationship with the Company is “at-will,” which means that my employment is for no definite period and may be terminated by me or by the Company at any time and for any reason, with or without cause or advance notice. I also understand that the Company may demote or discipline me, or otherwise alter the terms of my employment, at any time with or without cause or advance notice.

Finally, I understand and agree that the terms of this Acknowledgement, and my at-will relationship with the Company, may not be modified or superseded except by a written agreement signed by the President of the Company; that no other employee or representative of the Company has the authority to enter into any such agreement; and that any agreement inconsistent with this Acknowledgement or agreeing to employ me for a specified term will be unenforceable unless in writing and signed by the Company President.

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

*(please print)*

\_\_\_\_\_  
Signature Date

Title: \_\_\_\_\_ Dept.: \_\_\_\_\_

*Please return this completed form to \_\_\_\_\_ within one week from the date of your review of these documents. Thank you!*