Employee Stock Option Equity Award Statement

PARTICIPANT INFORMATION

Employee Name: _____

Employee ID: _____

Address: _____

GRANT DETAILS

Grant Date: _____ **Grant Number:** _____

Option Type: _____ **Number of Shares:** _____

Exercise Price per Share: _____ **Expiration Date:** _____

VESTING SCHEDULE DETAILS

Vesting Start Date: _____

Vesting Date	Percent Vesting (%)	Shares Vesting

This Equity Award Statement is for informational purposes only and is subject to the terms and conditions of the Stock Option Plan and the associated Stock Option Agreement. In the event of any conflict between this statement and the Plan or Agreement, the provisions of the Plan and Agreement shall govern.

_____

Authorized Company Representative Signature

Date: _____

_____

Participant Signature

Date: _____