

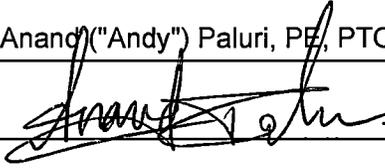
SIGNATURE PAGE

Company Name: CME Associates _____

(PRINT)

Preparer's Name: Anand ("Andy") Paluri, PE, PTOE _____

(PRINT)

Signature:  _____

(DATE)

Address: 1460 Route 9 South _____

Howell, New Jersey 07731 _____

Telephone No.: 732-462-7400 _____

Fax No.: 732-409-0756 _____

E-Mail Address: apaluri@cmeusa1.com _____

***** (This should be the email where Contracts would be sent) *****

Contact Person: Anand ("Andy") Paluri, PE, PTOE, Principal In Charge/President-CEO _____

FEIN:

(Federal Employee ID)

_____5

BRC:

(Business Registration Certificate)

*****PLEASE COMPLETE AND SUBMIT WITH YOUR RFPQ RESPONSE*****

(Revised 2/2017)