

SIGNATURE PAGE

P-26-2023

To the Monmouth County Board of County Commissioners:

**THE UNDERSIGNED HEREBY DECLARES THAT
I (WE) HAVE CAREFULLY EXAMINED THE SPECIFICATIONS.
I (WE) HEREBY CERTIFY PRICES QUOTED ARE IN ACCORDANCE
WITH YOUR REQUIREMENTS.**

Company Name: WEX Health, Inc.
(PRINT)

Preparer's Name: Andy Doeden
(PRINT)

Signature: Andy Doeden March 21, 2023
(DATE)

Address: 700 26th Ave E, West Fargo, ND 58078

Telephone No.: RFP Contact (Spencer Gladis): (605) 633-1710

Fax No.: N/A

E-Mail Address: RFP Contact (Spencer Gladis): spencer.gladis@wexhealthinc.com
** email where contracts will be sent; will be provided upon award of business*
***** (This should be the email where Contracts would be sent) *****

Contact Person: Spencer Gladis

FEIN: [REDACTED]
(Federal Employee ID)

BRC: [REDACTED]
(Business Registration Certificate)

(Revised 2/2017)