SIGNATURE PAGE

| Company Name: | CME Associates |
|---------------------------|--|
| | (PRINT) |
| Preparer's Name: | Behram Turan, P.E., LSRP, Principal |
| Signature: | Pachan anna 3/22/202 |
| Address: | 3759 US Hwy 1 South, Suite 100 |
| | Monmouth Junction, NJ 08852 |
| Telephone No.: | 732-951-2101 |
| Fax No.: | 732-951-2106 |
| E-Mail Address: | bturan@cmeusa1.com |
| | ***(This should be the email where Contracts would be sent)*** |
| Contact Person: | Behram Turan, P.E., LSRP, Principal |
| FEIN: | |
| (Federal Employee ID) | |
| BRC: | Business Registration Certificate is included. |
| (Business Registration Ca | rtificate) |

PLEASE COMPLETE AND SUBMIT WITH YOUR RFPQ RESPONSE

(Revised 2/2017)