

**SIGNATURE PAGE**

**P-28-2023**

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: EyeMed Vision Care, LLC  
(PRINT)

Preparer's Name: Zac Wisler  
(PRINT)

Signature: *Zac Wisler* 3/24/23  
(DATE)

Address: 4000 Luxottica Place  
Mason, OH 45040

Telephone No.: 302.442.2338

Fax No.: 866.293.7373

E-Mail Address: zwisler@eyemed.com  
**\*\*\* (This should be the email where Contracts would be sent) \*\*\***

Contact Person: Zac Wisler

FEIN: [REDACTED]  
(Federal Employee ID)

BRC: [REDACTED]  
(Business Registration Certificate)

(Revised 2/2017)