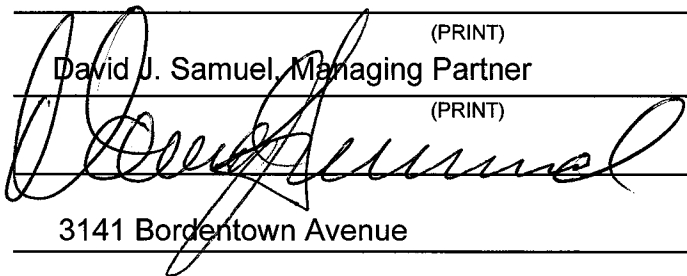



**SIGNATURE PAGE**

Company Name: CME Associates \_\_\_\_\_  
Preparer's Name: David J. Samuel, Managing Partner \_\_\_\_\_ (PRINT)  
Signature:  \_\_\_\_\_ (PRINT)  
Address: 3141 Bordertown Avenue \_\_\_\_\_ (DATE)  
Parlin, New Jersey 08859 \_\_\_\_\_  
Telephone No.: 732-727-8000 \_\_\_\_\_  
Fax No.: 732-727-3989 \_\_\_\_\_  
E-Mail Address: dsamuel@cmeusa1.com \_\_\_\_\_  
**\*\*\* (This should be the email where Contracts would be sent) \*\*\***  
Contact Person: James Coyle, PE \_\_\_\_\_  
FEIN:  \_\_\_\_\_  
(Federal Employee ID)  
BRC: ATTACHED \_\_\_\_\_  
(Business Registration Certificate)

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

(Revised 2/2017)