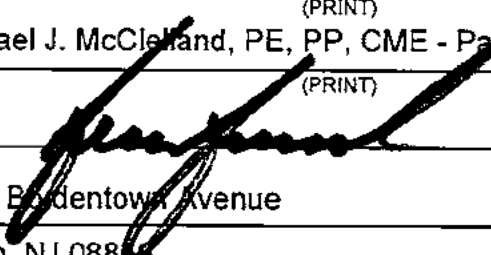


**SIGNATURE PAGE**

Company Name: CME Associates  
\_\_\_\_\_  
(PRINT)

Preparer's Name: Michael J. McClelland, PE, PP, CME - Partner  
\_\_\_\_\_  
(PRINT)

Signature:  May 18, 2021  
\_\_\_\_\_  
(DATE)

Address: 3141 B. Denton Avenue  
\_\_\_\_\_  
Parlin, NJ 08859  
\_\_\_\_\_


Telephone No.: 732-727-8000  
\_\_\_\_\_

Fax No.: 732-727-3989  
\_\_\_\_\_

E-Mail Address: MMcClelland@cmeusa1.com  
\_\_\_\_\_

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

Contact Person: Michael J. McClelland, PE, PP, CME - Partner  
\_\_\_\_\_

FEIN:   
\_\_\_\_\_  
(Federal Employee ID)

BRC: See attached.  
\_\_\_\_\_

(Business Registration Certificate)

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

(Revised 2/2017)