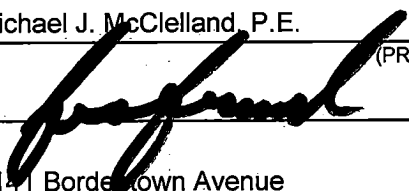


SIGNATURE PAGE

Company Name: CME Associates _____
(PRINT)

Preparer's Name: Michael J. McClelland, P.E. _____
(PRINT)

Signature:  _____
(DATE)


Address: 3141 Bordertown 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, P.E. _____

FEIN:  _____
(Federal Employee ID)

BRC:  _____
(Business Registration Certificate)

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

(Revised 2/2017)