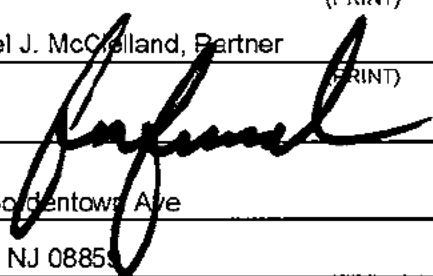


SIGNATURE PAGE

Company Name: CME Associates _____

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

Signature:  _____ (PRINT)
June 29, 2021 _____ (DATE)

Address: 3141 Bordentown Ave _____
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., P.P., C.M.E, Partner _____

FEIN:  _____
(Federal Employee ID)

BRC: 0115495 _____

(Business Registration Certificate)

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

(Revised 2/2017)