

SIGNATURE PAGE

Company Name: CME Associates

(PRINT)

Preparer's Name: Behram Turan, P.E., LSRP, Senior Vice President

(PRINT)

Signature: *Behram Turan* _____ 5/20/2024
(DATE)

Address: 3759 US Highway 1 South, Suite 100

Monmouth Junction, NJ 08852

Telephone No.: 732-951-2101

Fax No.: 732-951-2106

E-Mail Address: bturan@cmeusa1.com

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

Contact Person: Behram Turan, P.E., LSRP, Senior Vice President

FEIN: XXXXXXXXXX

(Federal Employee ID)

BRC: Business Registration Certificate is included

(Business Registration Certificate)

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

(Revised 2/2017)