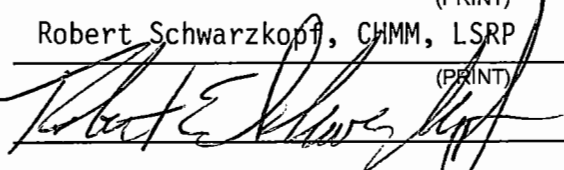


**SIGNATURE PAGE**

**SIGNED  
ORIGINAL**

Company Name: Najarian Associates

Preparer's Name: Robert Schwarzkopf, CHMM, LSRP (PRINT)

Signature:  (PRINT) 5/13/2024 (DATE)

Address: 1 Industrial Way West, Building D, Suite H  
Eatontown, NJ 07724


Telephone No.: 732-389-0220

Fax No.: 732-389-8546


E-Mail Address: robert@najarian.com

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

Contact Person: Robert Schwarzkopf, CHMM, LSRP

FEIN: 

(Federal Employee ID)

BRC: 

(Business Registration Certificate)

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

(Revised 2/2017)