SIGNATURE PAGE

| Company Name: | CME Associates | |
|--------------------------------|--------------------------------------|-----------------------------|
| Preparer's Name: | Michael J. McClelland | |
| Signature: | (PRINT) | January 25, 2022 |
| Address: | 141 Perdentown Avenue | (DATE) |
| | Parlin, New Jersey 08859 | |
| Telephone No.: | 732-727-8000 | <u> </u> |
| Fax No.: | 732-727-3989 | <u> </u> |
| E-Mail Address: | mmcclelland@cmeusa1.com | |
| | ***(This should be the email where C | contracts would be sent)*** |
| Contact Person: | Michael J. McClelland | |
| FEIN: (Federal Employee ID) | | |
| BRC: | | |
| (Business Registration Ce | ertificate) | |

PLEASE COMPLETE AND SUBMIT WITH YOUR RFPQ RESPONSE

(Revised 2/2017)