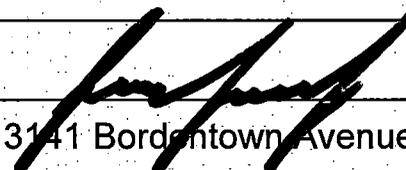


**SIGNATURE PAGE**

Company Name: CME Associates

Preparer's Name: Michael J. McClelland, PE, PP, CME, Partner (PRINT)

Signature:  (PRINT) December 12, 2023 (DATE)

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E-Mail Address: mmcclelland@cmeusa1.com

Contact Person: **\*\*\* (This should be the email where Contracts would be sent) \*\*\***  
Michael J. McClelland, PE, PP, CME, Partner

FEIN:   
(Federal Employee ID)

BRC: 

(Business Registration Certificate)

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

(Revised 2/2017)