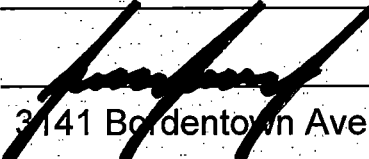


SIGNATURE PAGE

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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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 Certif

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

(Revised 2/2017)