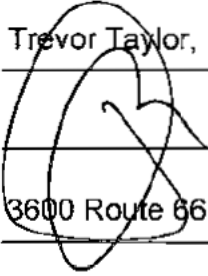


SIGNATURE PAGE

Company Name: Artheon, Inc. _____
(PRINT)
Preparer's Name: Trevor Taylor, PE, PP, CME, CFM _____
(PRINT)
Signature:  _____ August 25, 2026
(DATE)
Address: 3600 Route 66, 3rd Floor, Neptune, NJ 07753 _____
Telephone No.: 732-462-7400 _____
Fax No.: _____
E-Mail Address: trevor.taylor@artheon.com _____
Contact Person: ***** (This should be the email where Contracts would be sent) *****
Trevor Taylor, PE, PP, CME, CFM, Executive Vice President _____
FEIN:  _____
(Federal Employee ID)
BRC: _____
(Business Registration Certificate)

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

(Revised 2/2017)