

SIGNATURE PAGE

Company Name: Artheon, Inc. _____
 (PRINT)
 Preparer's Name: Trevor Taylor, PE, PP, CME, CFM _____
 (PRINT)
 Signature: _____ August 11, 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 _____
 *****(This should be the email where Contracts would be sent)*****
 Contact Person: Trevor Taylor, PE, PP, CME, CFM, Executive Vice President _____
 FEIN: [REDACTED] _____
 (Federal Employee ID)
 BRC: [REDACTED] _____
 (Business Registration Certificate)

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

(Revised 2/2017)