

SIGNATURE PAGE

Company Name: CME Associates _____
(PRINT)

Preparer's Name: Michael J. McClelland, Partner _____
(PRINT)

Signature: _____ February 14, 2023
(DATE)

Address: 3741 Bordentown Avenue _____
Parlin, NJ 08859 _____

Telephone No.: 732-727-8000 _____

Fax No.: 732-727-3989 _____

E-Mail Address: MMcClelland@cmeusa1.com _____

***** (This should be the email where Contracts would be sent) *****

Contact Person: Michael J. McClelland _____

FEIN: _____
(Federal Employer ID)

BRC: _____
(Business Registration Certificate)

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

(Revised 2/2017)