

SIGNATURE PAGE

P-25-2023

To the Monmouth County Board of County Commissioners:

**THE UNDERSIGNED HEREBY DECLARES THAT
I (WE) HAVE CAREFULLY EXAMINED THE SPECIFICATIONS.
I (WE) HEREBY CERTIFY PRICES QUOTED ARE IN ACCORDANCE
WITH YOUR REQUIREMENTS.**

Company Name: Delta Dental of New Jersey, Inc.
(PRINT)

Preparer's Name: Lena Kristoff
(PRINT)

Signature: *Lena Kristoff* March 13, 2023
(DATE)

Address: 1639 Route 10/Delta Dental Plaza
Parsippany, New Jersey 07054

Telephone No.: 973-285-4121

Fax No.: _____

E-Mail Address: kbuckman@deltadentalnj.com

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

Contact Person: Kevin Buckman

FEIN: [REDACTED]
(Federal Employee ID)

BRC: [REDACTED]
(Business Registration Certificate)

(Revised 2/2017)