

**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: DENTAL SERVICES ORGANIZATION, LLC  
(PRINT)

Preparer's Name: KRIS SCHLECHTWEG  
(PRINT)

Signature: *Kris Schlechtweg* 3/27/23  
(DATE)

Address: 510 THORNALL STREET, SUITE 230  
EDISON, NJ 08837

Telephone No.: 732-634-4810

Fax No.: 732-750-0314

E-Mail Address: kschlechtweg@dso-nj.com  
\*\*\***(This should be the email where Contracts would be sent)**\*\*\*

Contact Person: KRIS SCHLECHTWEG

FEIN: [REDACTED]

(Federal Employee ID)

BRC: [REDACTED]

(Business Registration Certificate)

(Revised 2/2017)