SIGNATURE PAGE

P-28-2023

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:	Vision Benefits of America II, Inc.
	(PRINT)
Preparer's Name:	Matthew Cuomo
Signature:	Molly $\frac{(PRINT)}{3/a3/a3}$
Address:	400 Lydia Street, Suite 300
	Carnegie, PA 15106
Telephone No.:	412-881-7608
Fax No.:	412-881-7319
E-Mail Address:	mcuomo@vbaplans.com
	(This should be the email where Contracts would be sent)
Contact Person:	Matthew Cuomo
FEIN:	
(Federal Employee ID)	The landon
BRC: (Business Registration C	ertificate)

(Revised 2/2017)