

SIGNATURE PAGE

P-29-2023

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: Winston Benefits _____
(PRINT)

Preparer's Name: Katie Soehngen _____
(PRINT)

Signature: _____
(DATE)

Address: 2399 Route 34 Building C Manasquan NJ 08736

Telephone No.: 7329039283

Fax No.: _____

E-Mail Address: ksoehngen@winstonbenefits.com

Contact Person: Katie Soehngen _____

FEIN: [REDACTED]
(Federal Employee ID)

BRC: [REDACTED]
(Business Registration Certificate)

(Revised 2/2017)