

SIGNATURE PAGE

Company Name: T&M Associates _____

(PRINT)

Preparer's Name: Scott Cortese _____

(PRINT)

May 6, 2024

(DATE)

11 Tindall Road, Middletown, NJ 07748

Telephone No.: 732.671.6400 _____

Fax No.: 732.671.7365 _____

E-Mail Address: SCortese@tandmassociates.com _____

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


Contact Person: Michael Heumiller, LSRP _____

FEIN: [REDACTED] _____

BRC: [REDACTED] _____

(Business Registration Certificate)

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

STATE OF NEW JERSEY BUSINESS REGISTRATION CERTIFICATE FOR STATE AGENCY AND CASINO SERVICE CONTRACTORS		DEPARTMENT OF TREASURY DIVISION OF REVENUE PO BOX 352 TRENTON, NJ 08646-0352
TAXPAYER NAME: T & M ASSOCIATES	TRADE NAME:	
TAXPAYER IDENTIFICATION#: [REDACTED]	CONTRACTOR CERTIFICATION#: [REDACTED]	
ADDRESS: ELEVEN TINDALL RD MIDDLETOWN NJ 07748	ISSUANCE DATE: 09/13/01	
EFFECTIVE DATE: 03/21/68	 Patricia A. Chacchis Director, Division of Revenue	
FORM-BRC(08-01)	<small>This Certificate is NOT assignable or transferable. It must be conspicuously displayed at above address.</small>	