## **SIGNATURE PAGE**

| Company Name:              | CME Associates   |
|----------------------------|--|
|                            | (PRINT)  |
| Preparer's Name:           | Michael J. McClelland, PE, PP, CME, Partner                    |
| Signature:                 | April 18, 2023 (DATE)  |
| Address:                   | 314 Bordentown Avenue  |
|                            | Parlin, New Jersey 08859                                       |
| Telephone No.:             | 732-727-8000   |
| Fax No.:                   | 732-727-3989   |
| E-Mail Address:            | mmcclelland@cmeusa1.com  |
|                            | ***(This should be the email where Contracts would be sent)*** |
| Contact Person:            | Michael J. McClelland, PE, PP, CME, Partner                    |
| FEIN:                      |  |
| (Federal Employee ID)      |  |
| BRC:                       |  |
| (Business Registration Cer | tificate)  |

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

(Revised 2/2017)