AUTHORIZED SIGNATURES

Name of Consulting Firm _____

Please print the name and title and provide a signature of each person authorized to sign for the Retainer Agreement, Work Orders, and Amendments for your firm.

1. _____
Name (Print) Title

_____
Signature

2. _____
Name (Print) Title

_____
Signature

3. _____
Name (Print) Title

_____
Signature

4. _____
Name (Print) Title

_____
Signature

5. _____
Name (Print) Title

_____
Signature