## DISCLOSURE OF INVESTMENT ACTIVITIES IN IRAN

| Project Name:                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Bidder Name:                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |
| PART 1: CERTIFICATION BIDDERS <u>MUST COMPLETE</u> PART 1 BY CHECKING <u>EITHER BOX</u> FAILURE TO CHECK ONE OF THE BOXES WILL RENDER THE PROPOSAL NON-RESPONSIVE                                                                                                                                                                                                                                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |
|                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |
| PLEASE CHECK THE APPROPRIATE BOX:                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |
| parents, subsidiaries, or affiliates listed of<br>to be engaged in prohibited activities in Ira<br>that I am the person listed above, or I am                                                                                                                                                                                                                                                             | 25, that neither the bidder listed above nor any of the bidder's on the N.J. Department of the Treasury's list of entities determined in pursuant to P.L. 2012, c.25 ("Chapter 25 List"). I further certify an officer or representative of the entity listed above and am its behalf. I will skip Part 2 and sign and complete the                                                                                                                                                                                                                                                                                                                                           |
| is listed on the Department's Chapter description of the activities in Part 2 be                                                                                                                                                                                                                                                                                                                          | he bidder and/or one of its parents, subsidiaries, or affiliates 25 List. I will provide a detailed, accurate and precise low and sign and complete the Certification below. Failure to ing rendered as non-responsive and appropriate penalties, finesed by law.                                                                                                                                                                                                                                                                                                                                                                                                             |
| You must provide a detailed, accurate and precise                                                                                                                                                                                                                                                                                                                                                         | TION RELATED TO INVESTMENT ACTIVITIES IN IRAN. description of the activities of the bidding person/entity, or one of he investment activities in Iran outlined above by completing the                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |
| PLEASE PROVIDE THOROUGH ANSWERS TO ADDITIONAL PAGES.                                                                                                                                                                                                                                                                                                                                                      | EACH QUESTION. IF YOU NEED ADDITIONAL ROOM, ADD                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |
| Name                                                                                                                                                                                                                                                                                                                                                                                                      | Relationship to Bidder/Owner                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |
| Description of Activities                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |
|                                                                                                                                                                                                                                                                                                                                                                                                           | Anticipated Cessation Date                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |
| Bidder/Offeror Contact Name                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |
| best of my knowledge are true and complete. I attest that I am a<br>entity. I acknowledge that the State of New Jersey and the Or<br>acknowledge that I am under a continuing obligation from the<br>New Jersey and the Owner to notify the State of New Jersey a<br>herein. I acknowledge that I am aware of that it is a criminal of<br>do so, I recognize that I am subject to criminal prosecution un | sent and state that the foregoing information and any attachments thereto to the authorized to execute this certification on behalf of the above-referenced person of where of the project are relying on the information contained herein and thereby date of this certification through the completion of any contracts with the State of the Owner in writing of any changes to the answers of information contained ffense to make a false statement or misrepresentation in this certification, and if the law and that it will also constitute a material breach of my agreement(s) attended to the Owner at its option may declare any contract(s) resulting from this |
|                                                                                                                                                                                                                                                                                                                                                                                                           | Signature:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |
| Title:                                                                                                                                                                                                                                                                                                                                                                                                    | Date                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |