



**PROPOSAL REQUIREMENT # 3  
AFFIDAVIT REGARDING LIST OF DEBARRED,  
SUSPENDED OR DISQUALIFIED RESPONDENTS**

STATE OF NEW JERSEY/ \_\_\_\_\_  
Specify, if Other

COUNTY OF Somerset

I, Cassie Skelton, of the (City, Town, Borough) of  
Somerset State of New Jersey, of full age, being

duly sworn according to law on my oath depose and say that:

I am Sr. Contracts Specialist of the firm of SHI International Corp., the Respondent making the Proposal for the above named Project, and that I executed the said Proposal with full authority to do so; that said Respondent is not at the time of the making this proposal included on the State of New Jersey Consolidated Debarment Report as a result of action taken by any New Jersey state or local agency.

<p>Subscribed and sworn before me this <u>12</u> day of June <u>2</u>, 2<u>021</u>.</p> <p>(Notary Public) <i>Marc A. Poole</i></p> <p>My Commission expires: <u>5-25-21</u></p> <p><b>MARC A. POOLE</b> NOTARY PUBLIC OF NEW JERSEY I.D. # 2408905 My Commission Expires 5/25/2021</p>	<p><i>Cassie Skelton</i> (Affiant)</p> <p>Cassie Skelton, Sr. Contracts Specialist (Print name &amp; title of affiant)</p> <p>SHI International Corp. (Name of business) (Corporate Seal)</p>
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THIS FORM SHALL BE COMPLETED, SIGNED, AND NOTARIZED