

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

STATE OF NEW JERSEY/ State of Virginia  
Specify, of Other

COUNTY OF Fairfax

I, Jillian Szczepanek, of the (City, Town, Borough) of  
City of Reston State of Virginia, of full age, being  
duly sworn according to law on my oath depose and say that:

I am Jillian Szczepanek of the firm of Carahsoft Technology Corp., the  
Respondent(s) making the Proposal for the above named Project, and that I executed the said  
Proposal with full authority to do so; that said Respondent(s) 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>15<sup>th</sup></u> day of <u>July</u>, 20<u>16</u></p> <p>(Notary Public) My Commission expires: <u>6/30/2018</u></p>	<p><u>[Signature]</u> (Affiant)</p> <p><u>Jillian Szczepanek Controller</u> (Print name &amp; title of affiant)</p> <p><u>Carahsoft Technology Corp</u> (Name of business) (Corporate Seal)</p>
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LEIGH ANNE GRADY  
Notary Public  
**THIS FORM SHALL BE COMPLETED, SIGNED, AND NOTARIZED**  
Commonwealth of Virginia  
7582441  
My Commission Expires Jun 30, 2018