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| EXHIBIT**REPORT OF CONSULTANT/SUBCONSULTANT INFORMATION** |   |
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 |
| Provide the following information for each contracting party including the Consultant and each Subconsultant. Attach additional sheets if necessary. |
| 1 | 2A | 2B | 3 | 4 | 5 | 6 | 7 | 8 |
| Full Name of Business  | Discipline | /Percentage of total contract amount | Street AddressCity, State & ZIP | Tel No/  | Contact Name | Type of Owner- ship | License Info\*\*  | Business categories(Check all that apply) |
| License Classification\*\* | License No.\*\* |  |
| SBE\* | DVBE\* | N/A |
| (Consultant) |  |  |  |  |  |  |  |  |  |  |  |
| (Subconsultant 1) |  |  |  |  |  |  |  |  |  |  |  |
| (Subconsultant 2) |  |  |  |  |  |  |  |  |  |  |  |
| (Subconsultant 3) |  |  |  |  |  |  |  |  |  |  |  |
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|  | Column 6 – Type of Ownership | Column 8- Business Categories |
|  | SP =P =C =JV =O = | Sole ProprietorshipPartnershipCorporationJoint VentureOther | SBE = DVBE = | Small Business Enterprise Disable Veteran Business Enterprise  |

\*Regardless of tier, a completed Confirmation of Certification must be submitted for each firm indicated on this Exhibit.