Pre-Proposal Conference Sign-in Sheet – K23-0011-29 – April 26, 2022 2:00 PM

| Name: | Bria | rian Wolf | | | | | | | | | |
|--------------|-------------------------|--------------------------------------|-------|------|-----------------|--|------------|-----|------|--|--|
| Compa | ompany: GUNTRY Maryland | | | | | | | | | | |
| Address | .ddress: | | | | | | | | | | |
| City: | | State: Zip Code: | | | | | | | | | |
| Phone: | 443 | 443-973-4867 Email: bwolf@guntry.com | | | | | | | | | |
| Certified MB | | E: | □ Yes | 🖾 No | Certified VSBE: | | □ <i>\</i> | les | 🖾 No | | |

| Name: | Adan | Adam Doolittle | | | | | | | | | |
|-------------------------|--------------------------------------|----------------|----------|---------|--------------------------------------|----|------|--|--|--|--|
| Compa | Company: ACADEMI Training Center LLC | | | | | | | | | | |
| Address | Address: | | | | | | | | | | |
| City: | City: State: Zip Code: | | | | | | | | | | |
| Phone: | 301- | 18-8957 | | Email: | Email: Adam.doolittle@constellis.com | | | | | | |
| Certified MBE: Yes No | | 🖾 No | Certifie | d VSBE: | | es | 🖾 No | | | | |

| Name: | | | | | | | | | | | |
|----------------|------------------------|------|-----------|---------|-----------|--|------|--|--|--|--|
| Company: | | | | | | | | | | | |
| Address: | Address: | | | | | | | | | | |
| City: | City: State: Zip Code: | | | | | | | | | | |
| Phone: | ne: Email: | | | | | | | | | | |
| Certified MBE: | □ Yes | □ No | Certified | l VSBE: | VSBE: Ses | | □ No | | | | |

| Name: | | | | | | | | | | | |
|----------------|-----------------------|------|----------|---------|--|----|------|--|--|--|--|
| Company: | | | | | | | | | | | |
| Address: | Address: | | | | | | | | | | |
| City: | ity: State: Zip Code: | | | | | | | | | | |
| Phone: | ne: Email: | | | | | | | | | | |
| Certified MBE: | | □ No | Certifie | d VSBE: | | es | □ No | | | | |

| Name: | Name: | | | | | | | | | | | |
|----------------|------------------------|------|----------|---------|--|----|------|--|--|--|--|--|
| Company: | | | | | | | | | | | | |
| Address: | | | | | | | | | | | | |
| City: | City: State: Zip Code: | | | | | | | | | | | |
| Phone: | hone: Email: | | | | | | | | | | | |
| Certified MBE: | □ Yes | □ No | Certifie | d VSBE: | | es | □ No | | | | | |