Brainfuse, Inc.	
Respondent Entity Name	
Signature.	
Printed Name: Troy Weiman	
Title: Director of Accounts	
Email Address: tweiman@brainfuse.com	
(NOTE: If proposal is submitted by Co-Respondents representative of each Co-Respondent is required. Add addit	an authorized signature from a ional signature blocks as required.)
N/A	
N/A Co-Respondent Entity Name	
Signature: N/A	
Printed Name: N/A	
Title: N/A	
Email Address: N/A	
If submitting your proposal electronically, through City's por using Co-Respondent's log-on ID and password, and s Respondent is a party to Respondent's proposal and agrees made in Respondent's proposal. While Co-Respondent d Respondent's proposal, Co-Respondent should answer any directed specifically to Co-Respondent.	submit a letter indicating that Cost to these representations and those oes not have to submit a copy of
N/A	
Co-Respondent Entity Name	
Signature: N/A	
Printed Name: N/A	
Title: N/A	
Email Address: N/A	