

Certification

I declare to the best of my knowledge and belief that the attached document(s) are true electronic copies of the executed collective negotiations agreement(s) and the included summary is an accurate assessment of the collective bargaining agreement for the term beginning 01/01/2020 thru 12/31/2022

Employer: Brick Top Nua

County: Ocean

Date: 3/18/21

Name: Kri Price

Print Name

Title: Human Resource Supervisor

[Signature]

Signature