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Sincerely,

Greg Douglass

ACCEPTED BY:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Print name and title of authorized signatory

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature and date of authorized signatory

Return completed and signed document to:

Greg Douglass

University of Maryland

Suite 0103

1117 Pontiac St

College Park, MD 20742