



DISCLOSURE OF INVESTMENT
ACTIVITIES IN IRAN

Quote Number: _____

Offeror: Blackboard Inc. _____

PART 1: CERTIFICATION

RESPONDENTS MUST COMPLETE PART 1 BY CHECKING EITHER BOX.

FAILURE TO CHECK ONE OF THE BOXES WILL RENDER THE PROPOSAL NON-RESPONSIVE.

Pursuant to Public Law 2012, c. 25, any person or entity that submits a RFP or proposal or otherwise proposes to enter into or renew a contract must complete the certification below to attest, under penalty of perjury, that neither the person or entity, nor any of its parents, subsidiaries, or affiliates, is identified on the Department of Treasury's Chapter 25 list as a person or entity engaging in investment activities in Iran.

PLEASE CHECK THE APPROPRIATE BOX:

X I certify, pursuant to Public Law 2012, c. 25, that neither the RFPder listed above nor any of the RFPder's parents, subsidiaries, or affiliates is listed on the N.J. Department of the Treasury's list of entities determined to be engaged in prohibited activities in Iran pursuant to P.L. 2012, c. 25 ("Chapter 25 List").

OR

I am unable to certify as above because the RFPder and/or one or more of its parents, subsidiaries, or affiliates is listed on the Department's Chapter 25 list. I will provide a detailed, accurate and precise description of the activities in Part 2 below and sign and complete the Certification below.

PART 2: PLEASE PROVIDE FURTHER INFORMATION RELATED TO INVESTMENT ACTIVITIES IN IRAN You must provide a detailed, accurate and precise description of the activities of the RFPing person/entity, or one of its parents, subsidiaries or affiliates, engaging in the investment activities in Iran outlined above by completing the boxes below.

EACH BOX WILL PROMPT YOU TO PROVIDE INFORMATION RELATIVE TO THE ABOVE QUESTIONS. PLEASE PROVIDE THOROUGH ANSWERS TO EACH QUESTION. IF YOU NEED TO MAKE ADDITIONAL ENTRIES, ATTACH ADDITIONAL PAGE.

Name _____ Relationship to Respondent _____

Description of Activities _____

Duration of Engagement Anticipated Cessation Date

Respondent Contact Name _____ Contact Phone Number _____

Certification: I, being duly sworn upon my oath, hereby represent that the foregoing information and any attachments thereto to the best of my knowledge are true and complete. I acknowledge: that I am authorized to execute this certification on behalf of the RFPder; that the CCESC is relying on the information contained herein and that I am under a continuing obligation from the date of this certification through the completion of any contracts with the CCESC to notify the CCESC in writing of any changes to the information contained herein;

Full Name (Print): Bill Jones Signature: [Handwritten Signature]

Title: Deputy General Counsel Date: 7/13/2020