



This Form Must Accompany RFP Submission
Exhibit E
Statement of Suspension or Debarment

State of New Jersey/ CALIFORNIA
Specify, of other

County of Los ANGELES

I, GABRIEL LOEB of the (City, Town, Borough)

of LOS ANGELES State of CA of full age,

being duly sworn according to law on my oath depose and say that:

I am CHIEF FINANCIAL OFFICER of the firm

of PLAY VERSUS INC. the RFP order

Making the RFP for the above named projects, and that I executed the said RFP with full authority to do so; that said RFP order is not at the time of the making of this RFP included on the New Jersey State Treasurer's or the Federal Government's List of Debarred, Suspended or Disqualified RFP orders as a result of action taken by any State or Federal Agency.

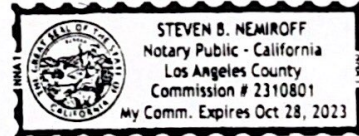
Name of Vendor: PLAY VERSUS INC.
Company Name

By: [Signature]
Signature of Authorized Representative

Subscribed and sworn to before me

This 6th day of August, 2028

[Signature]
(Seal) Notary Public of New Jersey
Specify other State CALIFORNIA
Los Angeles county
My Commission expires 10-28 2023



CALIFORNIA JURAT WITH AFFIANT STATEMENT

GOVERNMENT CODE § 8202

- See Attached Document (Notary to cross out lines 1-6 below)
- See Statement Below (Lines 1-6 to be completed only by document signer[s], not Notary)

Signature of Document Signer No. 1

Signature of Document Signer No. 2 (if any)

A notary public or other officer completing this certificate verifies only the identity of the individual who signed the document to which this certificate is attached, and not the truthfulness, accuracy, or validity of that document.

State of California
County of Los Angeles

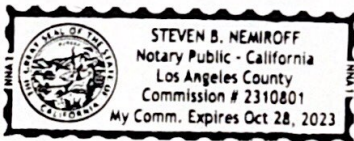
Subscribed and sworn to (or affirmed) before me
on this 6th day of August, 2020
by Date Month Year

(1) GABRIEL LOEB

(and (2) _____),
Name(s) of Signer(s)

proved to me on the basis of satisfactory evidence
to be the person(s) who appeared before me.

Signature Steven B. Nemiroff
Signature of Notary Public



Seal
Place Notary Seal Above

OPTIONAL

Though this section is optional, completing this information can deter alteration of the document or fraudulent reattachment of this form to an unintended document.

Description of Attached Document

Title or Type of Document: _____ Document Date: _____

Number of Pages: _____ Signer(s) Other Than Named Above: _____