

SECTION 3 - DESIGNATION OF SUBCONTRACTORS/REFERENCES

1. The undersigned certifies that the sub-bids of the following listed subcontractors have been used in making up this bid, and that the subcontractors listed will be used for the work for which they bid, subject to the approval of the Engineer, and in accordance with the applicable provisions of the Specifications.

Bidder's Name Cedra Construction Inc

Attached Copy of all subcontractor's DIR Certificate

PART I

The bidder shall list all subcontractors (both DBE and non-DBE) in accordance with Title 49, Section 26.11 of the Code of Federal Regulations. This listing is required in addition to listing DBE Subcontractors elsewhere in the proposal. Photocopy this form for additional firms.

| Firm Name/LICENSE NUMBER Address/ City, State, ZIP | Phone/ Fax | Annual Gross Receipts | Description of items of Work to be Performed | Local Agency Use Only (Certified DBE?) <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO If YES list DBE #: Age of Firm (Yrs.) |
|--|--|--|--|--|
| Name Lopez Structures Address 15801 Rockfield Blvd City State ZIP Irvine CA | Phone 949 973-0077 Fax | <input type="checkbox"/> < \$1 million <input checked="" type="checkbox"/> < \$5 million <input type="checkbox"/> < \$10 million <input type="checkbox"/> < \$15 million <input type="checkbox"/> > \$15 million | Concrete Structure | <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO If YES list DBE #: Age of Firm (Yrs.) |
| Name Lamarck Security Address 7231 Boulder Ave City State ZIP Highland, Ca 92346 9437 | Phone 909-663-9041 Fax 909-663-9437 | <input type="checkbox"/> < \$1 million <input checked="" type="checkbox"/> < \$5 million <input type="checkbox"/> < \$10 million <input type="checkbox"/> < \$15 million <input type="checkbox"/> > \$15 million | Security | <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO If YES list DBE #: Age of Firm (Yrs.) |
| Name Address City State ZIP | Phone Fax | <input type="checkbox"/> < \$1 million <input type="checkbox"/> < \$5 million <input type="checkbox"/> < \$10 million <input type="checkbox"/> < \$15 million <input type="checkbox"/> > \$15 million | | <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO If YES list DBE #: Age of Firm (Yrs.) |
| Name Address City State ZIP | Phone Fax | <input type="checkbox"/> < \$1 million <input type="checkbox"/> < \$5 million <input type="checkbox"/> < \$10 million <input type="checkbox"/> < \$15 million <input type="checkbox"/> > \$15 million | | <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO If YES list DBE #: Age of Firm (Yrs.) |