

SECTION 2 - CONTRACTOR'S PROPOSAL

CONTRACTOR'S NAME: PCN3, INC.

THE HONORABLE MAYOR AND CITY COUNCIL
CITY OF GARDEN GROVE
11222 ACACIA PARKWAY
GARDEN GROVE, CALIFORNIA 92842

SUBJECT PROJECT: **CENTRAL CITIES NAVIGATION CENTER PROJECT**
CITY PROJECT NO. CP - 1350000

Ladies and Gentlemen:

The undersigned, having carefully examined the Plans and Specifications for the above subject project and having personally visited the site of the work and been made familiar with the conditions, HEREBY PROPOSE to furnish all labor, materials, equipment and transportation, and do all the work required to complete the said work in accordance with the said Plans and Specifications for the unit prices named in the following bid proposal:

BID PROPOSAL

Bid proposal instructions to bidders are included at the end of this document.

F G H I J
←----- Bidder's Mandatory Response Columns ----->

Item No.	Division No.	Description of Scope of Work Element	Unit of Measure	Quantity	Per Unit Cost		Installed Manhours (MH)	Total Price (\$)	Total Price (\$) Written in Words
					Material (\$)	Labor (\$)			
DIVISION 01 -- GENERAL REQUIREMENTS									
1	01 50 00	Temporary Facilities and Controls	LS	1	27,500.00	27,500.00	183.33	\$ 55,000.00	fifty five thousand dollars
2	01 74 19	Construction Waste Management and Disposal	LS	1	11,000.00	5,500.00	36.67	\$ 16,500.00	sixteen thousand and five hundred dollars
3	01 74 19/1	Storm Water Pollution Prevention Plan / Control	LS	1	9,166.67	18,333.33	122.22	\$ 27,500.00	twenty seven thousand and five hundred dollars
4	01 74 19/2	Surveying	LS	1	0.00	16,500.00	110.00	\$ 16,500.00	sixteen thousand and five hundred dollars
DIVISION 02 -- EXISTING CONDITIONS									
5	02 41 13/19	Site Demolition / Selective Demolition	LS	1	16,280.00	65,120.00	434.13	\$ 81,400.00	eighty one thousand and four hundred dollars
6	03 10 00	Concrete Forming and Accessories	LS	1	57,750.00	57,750.00	385.00	\$ 115,500.00	one hundred fifteen thousand and five hundred dollars
7	03 30 00	Cast-in-Place Concrete	LS	1	57,750.00	57,750.00	385.00	\$ 115,500.00	one hundred fifteen thousand and five hundred dollars
8	03 20 00	Concrete Reinforcing	LS	1	19,250.00	19,250.00	128.33	\$ 38,500.00	thirty eight thousand and five hundred dollars
DIVISION 04 -- MASONRY									
9	04 27 31	Reinforced Unit Masonry	LS	1	43,266.67	86,533.33	576.89	\$ 129,800.00	one hundred twenty nine thousand and eight hundred dollars
DIVISION 05 -- METALS									
10	05 12 00	Structural Steel Framing	LS	1	53,753.33	107,506.67	718.71	\$ 161,260.00	one hundred sixty one thousand two hundred and sixty dollars
11	05 31 00	Steel Decking	LS	1	23,833.33	47,666.67	317.78	\$ 71,500.00	seventy one thousand and five hundred dollars
12	05 51 34	Ladder	LS	1	3,300.00	3,300.00	22.00	\$ 6,600.00	six thousand and six hundred dollars
13	05 52 13	Pipe and Tube Railings	LS	1	16,866.67	33,733.33	224.89	\$ 50,600.00	fifty thousand and six hundred dollars
DIVISION 06 -- WOOD, PLASTICS, AND COMPOSITES									
14	06 10 00	Rough Carpentry	LS	1	27,500.00	27,500.00	183.33	\$ 55,000.00	fifty five thousand dollars
15	06 16 00	Sheathing	LS	1	3,300.00	3,300.00	22.00	\$ 6,600.00	six thousand and six hundred dollars
16	06 20 00	Wood composite siding / Int Millwork	LS	1	14,300.00	14,300.00	95.33	\$ 28,600.00	twenty eight thousand and six hundred dollars
17	06 40 23	Interior Architectural Woodwork	LS	1	34,100.00	34,100.00	227.33	\$ 68,200.00	sixty eight thousand and two hundred dollars
18	06 83 16	Wood Framing for Roof Top Units	LS	1	41,250.00	41,250.00	275.00	\$ 82,500.00	eighty two thousand and five hundred dollars
DIVISION 07 -- THERMAL AND MOISTURE PROTECTION									
19	07 19 10	Concrete Floor Sealer / Floor Prep	LS	1	15,766.67	31,533.33	210.22	\$ 47,300.00	forty seven thousand and three hundred dollars
20	07 21 00	Building Thermal Insulation	LS	1	9,166.67	18,333.33	122.22	\$ 27,500.00	twenty seven thousand and five hundred dollars
21	07 41 13	Metal Roof / Struc	LS	1	13,200.00	13,200.00	88.00	\$ 26,400.00	twenty six thousand and four hundred dollars
22	07 41 13	Patch Roofing	LS	1	16,866.67	33,733.33	224.89	\$ 50,600.00	fifty thousand and six hundred dollars
23	07 84 00	Fire Resistive Assemblies & Firestopping	LS	1	11,000.00	11,000.00	73.33	\$ 22,000.00	twenty two thousand dollars
DIVISION 08 -- OPENINGS									
24	08 11 13	Steel Doors and Frames	LS	1	12,466.67	6,233.33	41.56	\$ 18,700.00	eighteen thousand and seven hundred dollars
25	08 11 16	Aluminum/Storefront/Entry Doors and Frames	LS	1	33,733.33	16,866.67	112.44	\$ 50,600.00	fifty thousand and six hundred dollars
26	08 14 16	Flush Wood Doors	LS	1	46,200.00	23,100.00	154.00	\$ 69,300.00	sixty nine thousand and three hundred dollars
27	08 31 00	Access Doors and Panels	LS	1	6,600.00	3,300.00	22.00	\$ 9,900.00	nine thousand and nine hundred dollars
28	08 43 13	Storefront	LS	1	30,800.00	15,400.00	102.67	\$ 46,200.00	forty six thousand and two hundred dollars
29	08 43 13	Roll Up Door	LS	1	13,200.00	6,600.00	44.00	\$ 19,800.00	nineteen thousand and eight hundred dollars

BID PROPOSAL

Item No	Division No.	Description of Scope of Work Element	Unit of Measure	Quantity	Per Unit Cost		Installed Manhours (MH)	Total Price (\$)		Total Price (\$) Written In Words
					Material (\$)	Labor (\$)				
30	08 43 13	Kitchen Windows	LS	1	3,666.67	1,833.33	12.22	\$	5,500.00	five thousand and five hundred dollars
31	08 43 13	Card Readers	LS	1	22,000.00	22,000.00	146.67	\$	44,000.00	forty four thousand dollars
32	08 71 00	Door Hardware	LS	1	23,468.67	11,733.33	78.22	\$	35,200.00	thirty five thousand and two hundred dollars
33	08 62 10	Tubular Skylights Modification	LS	1	27,866.67	13,933.33	92.89	\$	41,800.00	forty one thousand and eight hundred dollars
34	08 62 10	TPO Roof Repair, Roof Insulation	LS	1	11,000.00	5,500.00	36.67	\$	16,500.00	sixteen thousand and five hundred dollars
35	08 62 10	Roof screen / Mechanical screen	LS	1	80,300.00	80,300.00	535.33	\$	160,600.00	one hundred sixty thousand and six hundred dollars
36	08 80 00	Glazing	LS	1	5,500.00	5,500.00	36.67	\$	11,000.00	eleven thousand dollars
DIVISION 09 -- FINISHES										
37	09 21 16	Gypsum Board Assemblies	LS	1	69,575.00	208,725.00	1,391.50	\$	278,300.00	two hundred seventy eight thousand and three hundred dollars
38	09 22 16	Gypsum Board Assemblies	LS	1	47,025.00	141,075.00	940.50	\$	188,100.00	one hundred eighty eight thousand and one hundred dollars
39	9 22 16	Load bearing steel framing	LS	1	5,500.00	16,500.00	110.00	\$	22,000.00	twenty two thousand dollars
40	09 30 00	Tiling & Finishes	LS	1	232,617.65	162,832.35	1,085.55	\$	395,450.00	three hundred ninety five thousand four hundred and fifty dollars
41	09 91 00	Paintings	LS	1	17,875.00	53,625.00	357.50	\$	71,500.00	seventy one thousand and five hundred dollars
DIVISION 10 -- SPECIALTIES										
42	10 14 00	Signage	LS	1	3,850.00	3,850.00	25.67	\$	7,700.00	seven thousand and seven hundred dollars
43	10 21 13	Toilet and Shower Compartments	LS	1	35,933.33	17,966.67	119.78	\$	53,900.00	fifty three thousand and nine hundred dollars
44	10 28 00	Toilet & Bath Accessories	LS	1	19,800.00	9,900.00	66.00	\$	29,700.00	twenty nine thousand and seven hundred dollars
DIVISION 11 -- EQUIPMENT										
45	11 40 00	Commercial Kitchen Equipment	LS	1	271,040.00	67,760.00	451.73	\$	338,800.00	three hundred thirty eight thousand and eight hundred dollars
DIVISION 12 -- FURNISHINGS										
46	12 21 14	Bicycle Racks	LS	1	5,500.00	5,500.00	36.67	\$	11,000.00	eleven thousand dollars
47	12 24 00	Window Shades	LS	1	1,100.00	1,100.00	7.33	\$	2,200.00	two thousand and two hundred dollars
48	12 36 00	Countertops	LS	1	5,500.00	5,500.00	36.67	\$	11,000.00	eleven thousand dollars
DIVISION 21 -- FIRE SUPPRESSION										
49	23 00 00	Fire Life Safety / Smoke Detectors, Fire Alarm/Plans	LS	1	61,050.00	61,050.00	407.00	\$	122,100.00	one hundred twenty two thousand and one hundred dollars
DIVISION 22 -- PLUMBING										
50	22 11 16	Domestic Water Piping	LS	1	89,833.33	179,666.67	1,197.78	\$	269,500.00	two hundred sixty nine thousand and five hundred dollars
51	22 34 00	Domestic water heater	LS	1	20,533.33	10,266.67	68.44	\$	30,800.00	thirty thousand and eight hundred dollars
52	22 40 00	Plumbing Fixtures	LS	1	76,266.67	38,133.33	254.22	\$	114,400.00	one hundred fourteen thousand and four hundred dollars
DIVISION 23 -- HEATING, VENTILATING, AND AIR-CONDITIONING (HVAC)										
53	23 05 93	Testing, adjusting, and balancing for HVAC	LS	1	0.00	14,300.00	95.33	\$	14,300.00	fourteen thousand and three hundred dollars
54	23 37 13	Diffusers, Registers, and Grilles, Dampers	LS	1	74,250.00	74,250.00	495.00	\$	148,500.00	one hundred forty eight thousand and five hundred dollars
55	23 74 13	Packaged, Outdoor, Air Handling units	LS	1	67,466.67	33,733.33	224.89	\$	101,200.00	one hundred one thousand and two hundred dollars
DIVISION 26 -- ELECTRICAL										
56	26 08 00	Electrical Systems Commissioning	LS	1	0.00	6,600.00	44.00	\$	6,600.00	six thousand and six hundred dollars
57	26 09 23	Lighting control devices, Panels & Transformers	LS	1	16,500.00	16,500.00	110.00	\$	33,000.00	thirty three thousand dollars
58	26 24 13	Switchboards, Panels	LS	1	49,866.67	24,933.33	165.22	\$	74,800.00	seventy four thousand and eight hundred dollars
59	26 24 16	Panelboards and Signal Terminal Cabinets	LS	1	8,800.00	4,400.00	29.33	\$	13,200.00	thirteen thousand and two hundred dollars
60	26 24 16	Manual Transfer / Gen Dock Station	LS	1	49,133.33	24,566.67	163.78	\$	73,700.00	seventy three thousand and seven hundred dollars
61	26 24 16	Phone / Data Rough-In	LS	1	20,625.00	61,875.00	412.50	\$	82,500.00	eighty two thousand and five hundred dollars
62	26 24 16	Security System Rough-In	LS	1	550.00	1,650.00	11.00	\$	2,200.00	two thousand and two hundred dollars
63	26.52.00	Safety Lighting	LS	1	24,200.00	12,100.00	80.67	\$	36,300.00	thirty three thousand and three hundred dollars
64	265119	Interior Lighting	LS	1	99,733.33	49,866.67	332.44	\$	149,600.00	one hundred forty nine thousand and six hundred dollars
65	265119	Exterior Lighting	LS	1	15,400.00	7,700.00	51.33	\$	23,100.00	twenty three thousand and one hundred dollars
DIVISION 31 -- EARTHWORK										
66	31 10 00	Site clearing	LS	1	2,200.00	8,800.00	58.67	\$	11,000.00	eleven thousand dollars
67	31 20 00	Earthwork/grading	LS	1	4,557.14	27,342.86	182.29	\$	31,900.00	thirty one thousand and nine hundred dollars
68	31 23 02	Excavation and Fill for Utilities	LS	1	0.00	22,000.00	146.67	\$	22,000.00	twenty two thousand dollars
69	31 23 04	Excavation and Fill for Structures, Walls	LS	1	0.00	22,000.00	146.67	\$	22,000.00	twenty two thousand dollars

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BID PROPOSAL

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Item No	Division No.	Description of Scope of Work Element	Unit of Measure	Quantity	Per Unit Cost		Installed Manhours (MH)	Total Price (\$)	Total Price (\$) Written In Words
					Material (\$)	Labor (\$)			
DIVISION 32 -- EXTERIOR IMPROVEMENTS									
70	32 12 16	Asphalt Paving / Detectable Warnings	LS	1	51,150.00	51,150.00	341.00	\$ 102,300.00	one hundred two thousand and three hundred dollars
71	32 13 13	Concrete Paving	LS	1	27,500.00	27,500.00	183.33	\$ 55,000.00	fifty five thousand dollars
72	32 17 00	Pavement Markings, Bumpers, etc	LS	1	2,750.00	2,750.00	18.33	\$ 5,500.00	five thousand and five hundred dollars
73	32 31 13	Chain Link Fence and Gates	LS	1	8,800.00	8,800.00	58.67	\$ 17,600.00	seventeen thousand and six hundred dollars
74	32 31 19	Decorative Metal Fences, Rolling Gate & Motor	LS	1	39,600.00	39,600.00	264.00	\$ 79,200.00	seventy nine thousand and two hundred dollars
DIVISION 33 -- UTILITIES									
75	33 05 28	Underground Utilities Marking / GPR	LS	1	19,250.00	19,250.00	128.33	\$ 38,500.00	thirty eight thousand and five hundred dollars
76	33 10 00	Site Water Distribution System & Meter	LS	1	31,350.00	31,350.00	209.00	\$ 62,700.00	sixty two thousand and seven hundred dollars
77	33 30 00	Sanitary Sewage System	LS	1	5,500.00	5,500.00	36.67	\$ 11,000.00	eleven thousand dollars
78	33 30 00	Fire Suppression Water Underground	LS	1	17,050.00	17,050.00	113.67	\$ 34,100.00	thirty four thousand and one hundred dollars
Subtotal of Direct Costs :								5,028,210.00	

Indirect Costs

Item No.	Description of Scope of Work Element	Unit of measure	Quantity	Per Unit Cost			Total Price (\$)	Total Price (\$) Written In <u>Words</u>		
				Material (\$)	Labor (\$)	Labor (MH)				
79	001	Consumables	LS	1	9,166.67	18,333.33	122.22	\$	27,500.00	twenty seven thousand and five hundred dollars
80	002	Project Management staff (Note 6)	LS	1	0.00	118,800.00	792.00	\$	118,800.00	one hundred eighteen thousand and eight hundred dollars
81	003	Shop Drawings and Material Submittals	LS	1	11,880.00	47,520.00	316.80	\$	59,400.00	fifty nine thousand and four hundred dollars
82	004	Environmental Compliance	LS	1	4,125.00	12,375.00	82.50	\$	16,500.00	sixteen thousand and five hundred dollars
83	005	Safety Compliance/officer	LS	1	0.00	59,400.00	396.00	\$	59,400.00	fifty nine thousand and four hundred dollars
84	006	Construction As-Built Records	LS	1	2,750.00	13,750.00	91.67	\$	16,500.00	sixteen thousand and five hundred dollars
		Fees, Insurance, O&P, Bond, etc	LS	1	0.00		0.00	0.00 \$	338,947.00	three hundred thirty eight thousand nine hundred and forty seven dollars
Subtotal of Indirect Costs :								\$	637,947.00	

TOTAL LUMP SUM PRICE IN FIGURES:	\$ 5,665,257.00
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WRITE THE TOTAL LUMP SUM PRICE WRITTEN IN WORDS BELOW:

Five Million six hundred sixty five thousand two hundred and fifty seven dollars

Add Alternates (see note #7 below):

85. Add Alternate #1: Sanitary Sewer Design - Refer to Dwg CS-1, bid alternate #1.	Write Dollar amount \$ in figures
86. Add Alternate #2: Landscape - Refer to DWG SP-1, landscape allowance note.	Forty thousand dollars
87. Add Alternate #3: Mold Remediation. See note #9 below.	Ten thousand dollars
88. Add Alternate #4: Lead abatement. See note #8 below.	one hundred thousand dollars
	one hundred thousand dollars

NOTES & INSTRUCTIONS TO BIDDERS:

- (1) For a bid to be considered responsive, the bidder shall thoroughly fill out columns F, G, I, J.
- (2) For a bid to be considered responsive, the bidders shall thoroughly fill out item No **1 through 88**. The bidders shall write 0 if a value of an item is determined to be \$0.
- (3) The bidders are solely responsible for filling out the bid proposal properly, including checking all mathematics & formulas in this spreadsheet.
- (4) The bidders are solely responsible for examining the plan set, specifications & contract document to ensure complete delivery of all project requirements.
- (5) In case of discrepancy between the words and figures, the words shall prevail.
- (6) Project management staff includes all employees of the Contractor such as managers, superintendents, schedulers, timekeepers, clerks, etc., acting in a non-manual capacity.
- (7) The City would like to request all bidders to provide pricing on four (4) add alternate items. The City may/may not include the add alternate(S) in the selected contractor's scope, therefore, price for items 85, 86, 87, 88 are not considered a part of IFB proposal price.
- (8) Included in IFB bid package is environmental testing reports showing existence of lead paint. The bidders shall include pricing for lead abatement as an add alternate No. 88.
- (9) Although not confirmed, given the heavy rains in 2023 & current condition of the building roof, there is a possibility of existence of mold in the buildings. The bidders to provide pricing for mold testings, mold remediations & environmental clearance to be performed by contractor before start of work, should there be any mold in the building.
- (10) The bidders understand that the foregoing units of measures, divisions and division itemized breakdowns are approximate only, being given as a basis for the comparison of bids, and the City of Garden Grove does not expressly or by implication, agree that the actual amount of work will correspond therewith, but reserves the right to increase or decrease the amount of any class or portion of the work as may be deemed necessary or expedient by the Engineer.

It is understood and agreed that:

- (a) Pursuant to Section 1773.2 of the Labor Code, general prevailing wage rates set forth in the Department of Transportation publication entitled General Prevailing Wage Rates, which is a part of the contract shall be posted by the Contractor at a prominent place at the site of the work.

If there is a difference in the minimum wage rate predetermined by the Secretary of Labor and the prevailing wage rates determined by the Director of Industrial Relations, for similar classifications of labor, the Contractor and its subcontractors shall pay not less than the highest wage rate.

(b) No verbal agreement or conversation with any officer, agent or employee of CITY, either before or after the execution of the Agreement shall affect or modify any of the terms or obligations of this Proposal.

(c) CITY will not be responsible for any errors or omissions on the part of the undersigned in making up their bid, nor will bidders be released because of errors.

(d) The undersigned is licensed in accordance with the laws of the State of California.

(e) The undersigned hereby certifies that this Proposal is genuine and is not sham or collusive, or made in the interest or in behalf of any person not herein named, and that the undersigned has not directly or indirectly induced or solicited any other bidder to put in a sham bid; or any other person, firm or corporation to refrain from bidding, that the undersigned has not in any manner sought, by collusion, to secure for itself an advantage over any other bidder and that the unit prices proposed herein shall remain fully in effect for 180 calendar days from bid opening.

I declare under penalty of perjury that all statements or representations made herein are true and correct.

PCN3, INC.

BIDDER'S NAME

AUTHORIZED SIGNATURE

DATE:

4/18/2023

Corporation

TYPE OF ORGANIZATION: INDIVIDUAL,
PARTNERSHIP OR CORPORATION

11082 Winners Circle, Unit B,
Los Alamitos, CA 90720

ADDRESS

(562) 493-4124 ext. 402

TELEPHONE

(562) 493-4129

FAX

10/31/2024

Expiration Date

786518

STATE OF CALIFORNIA LICENSE NUMBER

INSURANCE REQUIREMENTS

REVIEW AND SAMPLE DOCUMENTS

Please review these documents carefully, as you will be required to submit the appropriate certificates of insurance as called out in the agreement. Work shall not commence without a fully executed agreement, which shall include the certificates of insurance signed off by the City's Risk Management Division.

Bidder's Statement

This document shall be included in your submitted proposal or you will be disqualified. A contract will not be issued to the Contractor until the City acknowledges receipt of this signed document!

INSURANCES:

30-Day Notice

Workers Compensation

Commercial General Liability

Automobile Liability

Excess Liability - If underlying policies cannot meet limits.

ENDORSEMENTS:

Waiver of Subrogation Auto Liability

On-going Operations Completed Operations

IF UNDERLYING POLICIES CANNOT
MEET CONTRACTUAL LIMITS

- Excess Liability
- Schedule of Underlying Policies
- "Follows Form" on Certificate

MUST BE PROVIDED WITH EVERY CONTRACT/AGREEMENT

- Primary/Non – Contributory Endorsement
- Claims Made and Modified Occurrence policies are NOT acceptable, and all insurance carriers must have an AM Best's Guide Rating of A-, Class VII or Better.
- 30-Day Notice Prior to Termination/Modification Endorsement.

SAMPLE INSURANCE REQUIREMENTS FOUND IN APPENDIX A

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 PCN3, 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	DIR Reg. No. and Description of items of Work to be Performed	Local Agency Use Only (Certified DBE?)
Name <u>Quality Rebar, Inc - 818593</u> Address <u>P.O. Box 501877 San Diego</u> City State ZIP <u>CA, 92150-1877</u>	Phone <u>858-679-3934</u> Fax <u>858-679-3939</u>	<input type="checkbox"/> < \$1 million <input type="checkbox"/> < \$5 million <input checked="" type="checkbox"/> < \$10 million <input type="checkbox"/> < \$15 million <input type="checkbox"/> > \$15 million	<u>100000745</u> <u>Rebar</u>	<input type="checkbox"/> YES <input type="checkbox"/> NO If YES list DBE #: Age of Firm (Yrs.):
Name <u>MasonVx Solutions - 648103</u> Address <u>10704 Valley Dr.</u> City State ZIP <u>Riverside, CA 92505</u>	Phone <u>951-536-3211</u> Fax <u>N/A</u>	<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	<u>1000548424</u> <u>MasonVx</u>	<input type="checkbox"/> YES <input type="checkbox"/> NO If YES list DBE #: Age of Firm (Yrs.):
Name <u>T-Rex Demolition Inc - 989006</u> Address <u>14044 Clark St</u> City State ZIP <u>Baldwin Park, CA 91706</u>	Phone <u>626-257-3861</u> Fax <u>626-848-1652</u>	<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	<u>B-A</u> 1000027497 <u>Demo</u>	<input type="checkbox"/> YES <input type="checkbox"/> NO If YES list DBE #: Age of Firm (Yrs.):
Name <u>Mayanatha sheet Metal, Inc</u> Address <u>4111 N Sullivan St - 915024</u> City State ZIP <u>SanTa Ana, CA 92703</u>	Phone <u>714-602-7764</u> Fax <u>866-483-4614</u>	<input type="checkbox"/> < \$1 million <input type="checkbox"/> < \$5 million <input checked="" type="checkbox"/> < \$10 million <input type="checkbox"/> < \$15 million <input type="checkbox"/> > \$15 million	<u>1000030456</u> <u>sheet Metal</u>	<input type="checkbox"/> YES <input type="checkbox"/> NO If YES list DBE #: Age of Firm (Yrs.):

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 PCN3, INC

Attached Copy of all subcontractor's DIR Certificate

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Firm Name/LICENSE NUMBER Address/ City, State, ZIP	Phone/ Fax	Annual Gross Receipts	DIR Reg. No. and Description of items of Work to be Performed	Local Agency Use Only (Certified DBE?)
Name MACK P & S Construction, Inc. Address 32020 Colyton Rd 995324 City State ZIP Wildomar, CA 92525	Phone 951-674-1261 Fax 951-245-6226	<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	1000004137 Site Utilities	<input type="checkbox"/> YES <input type="checkbox"/> NO If YES list DBE # Age of Firm (Yrs.)
Name Harris Steel Fence Co., Inc. Address 8722 S. San Pedro St 319155 City State ZIP Los Angeles - CA 90003	Phone 323-751-4104 Fax 323-751-8312	<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	1000002287 Fence + Gate	<input type="checkbox"/> YES <input type="checkbox"/> NO If YES list DBE # Age of Firm (Yrs.)
Name El Camino Asphalt Paving Corp. Address 704 North Lemon St 799983 City State ZIP Granada CA 92867	Phone 714-997-9357 Fax 714-997-4857	<input type="checkbox"/> < \$1 million <input type="checkbox"/> < \$5 million <input checked="" type="checkbox"/> < \$10 million <input type="checkbox"/> < \$15 million <input type="checkbox"/> > \$15 million	1000026445 Paving, Striping + Sealcoat	<input type="checkbox"/> YES <input type="checkbox"/> NO If YES list DBE # Age of Firm (Yrs.)
Name FW Brady Development, Inc. Address 16782 Intrepid Lane - Huntington City State ZIP Beech - CA 92649	Phone 562-592-2138 Fax 562-592-2929	<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	1000009603 Grading	<input type="checkbox"/> YES <input type="checkbox"/> NO If YES list DBE # Age of Firm (Yrs.)

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 PCN3, 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	DIR Reg. No. and Description of items of Work to be Performed	Local Agency Use Only (Certified DBE?)
Name <u>Shaw electric - 357596</u>	Phone <u>714-990-5025</u>	<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	<u>1000060278</u>	<input type="checkbox"/> YES <input type="checkbox"/> NO If YES list DBE #:
Address <u>1522 W Embassy ST</u>	Fax <u>N/A</u>		<u>Electrical</u>	
City State ZIP <u>Anaheim, CA 92802</u>				Age of Firm (Yrs.)
Name <u>APS Construction, Inc - 895795</u>	Phone <u>818-641-9221</u>	<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	<u>1000034072</u>	<input type="checkbox"/> YES <input type="checkbox"/> NO If YES list DBE #:
Address <u>4221 Kingsbury Pl</u>	Fax <u>N/A</u>		<u>HVAC</u>	
City State ZIP <u>Riverside, CA 92503</u>				Age of Firm (Yrs.)
Name <u>APS Construction, Inc - 895795</u>	Phone <u>818-641-9221</u>	<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	<u>1000034072</u>	<input type="checkbox"/> YES <input type="checkbox"/> NO If YES list DBE #:
Address <u>4221 Kingsbury Pl</u>	Fax <u>N/A</u>		<u>Plumbing</u>	
City State ZIP <u>Riverside, CA 92503</u>				Age of Firm (Yrs.)
Name <u>RT Shelton, Inc - 869383</u>	Phone <u>714-630-0950</u>	<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	<u>1000033178</u>	<input type="checkbox"/> YES <input type="checkbox"/> NO If YES list DBE #:
Address <u>4065 E La Paloma Ave, # A</u>	Fax <u>714-630-0922</u>		<u>Fire Sprinkler</u>	
City State ZIP <u>Anaheim, CA 92807</u>				Age of Firm (Yrs.)

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 PCN3, 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	DIR Reg. No. and Description of items of Work to be Performed	Local Agency Use Only (Certified DBE?)
Name <u>Competitive Painting - 1062093</u>	Phone <u>951-204-0610</u>	<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	<u>1000671962</u>	<input type="checkbox"/> YES <input type="checkbox"/> NO If YES list DBE #
Address <u>2550 San Thomas ST</u>	Fax <u>N/A</u>		<u>Painting</u>	
City State ZIP <u>Morano Valley, CA 92551</u>				Age of Firm (Yrs.)
Name <u>Caustic - 916 - 585006</u>	Phone <u>805-306-8000</u>	<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	<u>1000004348</u>	<input type="checkbox"/> YES <input type="checkbox"/> NO If YES list DBE #
Address <u>950 Enchanted way #109</u>	Fax		<u>A Coosical Panels</u>	
City State ZIP <u>Simi Valley, CA 93065</u>	<u>805-306-8000</u>			Age of Firm (Yrs.)
Name <u>JN1 Tile Co. INC - 665139</u>	Phone <u>562-942-0519</u>	<input type="checkbox"/> < \$1 million <input type="checkbox"/> < \$5 million <input checked="" type="checkbox"/> < \$10 million <input type="checkbox"/> < \$15 million <input type="checkbox"/> > \$15 million	<u>1000006128</u>	<input type="checkbox"/> YES <input type="checkbox"/> NO If YES list DBE #
Address <u>9713 Orange Tex</u>	Fax		<u>Tile</u>	
City State ZIP <u>Pico Rivera, CA 90660</u>	<u>562-949-1976</u>			Age of Firm (Yrs.)
Name <u>KITCOV</u>	Phone <u>818-767-4800</u>	<input type="checkbox"/> < \$1 million <input type="checkbox"/> < \$5 million <input type="checkbox"/> < \$10 million <input checked="" type="checkbox"/> < \$15 million <input type="checkbox"/> > \$15 million	<u>1000005654</u>	<input type="checkbox"/> YES <input type="checkbox"/> NO If YES list DBE #
Address <u>9959 Glenoaks Blvd</u>	Fax		<u>Kitchen Equipment</u>	
City State ZIP <u>San Valley, CA 91352</u>	<u>818-767-4638</u>			Age of Firm (Yrs.)

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 PCN3, 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	DIR Reg. No. and Description of items of Work to be Performed	Local Agency Use Only (Certified DBE?)
Name <u>Lic: 707596</u> <u>Preferred Construction Specialties</u> Address <u>714-528-4300</u> City State ZIP <u>714-528-4300</u> <u>Brea, CA 92821</u>	Phone 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	<u>100001530</u> <u>Toilet Partitions +</u> <u>Toilet Accessories</u>	<input type="checkbox"/> YES <input type="checkbox"/> NO If YES list DBE #: Age of Firm (Yrs.)
Name <u>Lic: 463467</u> <u>Church and Larsen, Inc.</u> Address <u>1603 Avenida Padilla</u> City State ZIP <u>626-303-8741</u> <u>Wilmington, CA 91702</u>	Phone Fax	<input type="checkbox"/> < \$1 million <input type="checkbox"/> < \$5 million <input type="checkbox"/> < \$10 million <input checked="" type="checkbox"/> < \$15 million <input type="checkbox"/> > \$15 million	<u>1000003770</u> <u>Drywall + Metal Stud + Plaster</u>	<input type="checkbox"/> YES <input type="checkbox"/> NO If YES list DBE #: Age of Firm (Yrs.)
Name <u>Lic: 774981</u> <u>Miller Paneling Specialties</u> Address <u>450 Douglas Lane,</u> City State ZIP <u>1000918076</u> <u>Woodland, CA 95776</u>	Phone 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	<u>Fiber Reinforced Plastic Panels</u> <u>+ wall and Door Protection</u>	<input type="checkbox"/> YES <input type="checkbox"/> NO If YES list DBE #: Age of Firm (Yrs.)
Name <u>Lic: 921302</u> <u>ICI Architectural Millwork</u> Address <u>323-646-1744</u> City State ZIP <u>323-759-4194</u> <u>Paramount, CA 90723</u>	Phone 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	<u>1000004542</u> <u>Interior Architectural</u> <u>woodwork</u>	<input type="checkbox"/> YES <input type="checkbox"/> NO If YES list DBE #: Age of Firm (Yrs.)

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 PCN3, INC

Attached Copy of all subcontractor's DIR Certificate

PART I

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Firm Name/LICENSE NUMBER Address/ City, State, ZIP	Phone/ Fax	Annual Gross Receipts	DIR Reg. No. and Description of items of Work to be Performed	Local Agency Use Only (Certified DBE?)
Name <u>Pacific Single Ply Roofing, Inc</u> Address <u>P.O. Box 217 La Habra,</u> City State ZIP <u>CA 90633</u>	Phone <u>562-691-3999</u> Fax <u>562-691-5852</u>	<input type="checkbox"/> < \$1 million <input type="checkbox"/> < \$5 million <input checked="" type="checkbox"/> < \$10 million <input type="checkbox"/> < \$15 million <input type="checkbox"/> > \$15 million	<u>1000007564</u> <u>B.A. Roofing Roofing</u>	<input type="checkbox"/> YES <input type="checkbox"/> NO If YES list DBE #: Age of Firm (Yrs.)
Name <u>West Coast Fire & Integration</u> Address <u>2265 La Palma Ave</u> City State ZIP <u>Yorba Linda, CA 92837</u>	Phone <u>888-884-5222</u> Fax <u>N/A</u>	<input type="checkbox"/> < \$1 million <input type="checkbox"/> < \$5 million <input checked="" type="checkbox"/> < \$10 million <input type="checkbox"/> < \$15 million <input type="checkbox"/> > \$15 million	<u>10000 6723</u> <u>Fire Alarm</u>	<input type="checkbox"/> YES <input type="checkbox"/> NO If YES list DBE #: Age of Firm (Yrs.)
Name <u>American Awnings and Blind</u> Address <u>7332 Laurel Canyon Blvd</u> City State ZIP <u>North Hollywood, CA 91605</u>	Phone <u>323-222-7500</u> Fax <u>323-222-0713</u>	<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	<u>1000592892</u> <u>Aluminum Canopy</u>	<input type="checkbox"/> YES <input type="checkbox"/> NO If YES list DBE #: Age of Firm (Yrs.)
Name <u>Integrated Demolition and Remediation</u> Address <u>4938 E. LA Palma Ave</u> City State ZIP <u>Annheim, CA, 92807</u>	Phone <u>714-340-3333</u> Fax <u>714-709-4729</u>	<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	<u>1000023608</u> <u>Abatement</u>	<input type="checkbox"/> YES <input type="checkbox"/> NO If YES list DBE #: Age of Firm (Yrs.)

DESIGNATION OF SUBCONTRACTORS / REFERENCES

- 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 PCN3, INC

Attached Copy of all subcontractor's DIR Certificate

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Firm Name/LICENSE NUMBER Address/ City, State, ZIP	Phone/ Fax	Annual Gross Receipts	DIR Reg. No. and Description of items of Work to be Performed	Local Agency Use Only (Certified DBE?)
Name	Phone	<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 type="checkbox"/> NO If YES list DBE #:
Address	Fax			Age of Firm (Yrs.)
City State ZIP				
Name	Phone	<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 type="checkbox"/> NO If YES list DBE #:
Address	Fax			Age of Firm (Yrs.)
City State ZIP				
Name	Phone	<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 type="checkbox"/> NO If YES list DBE #:
Address	Fax			Age of Firm (Yrs.)
City State ZIP				
Name	Phone	<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 type="checkbox"/> NO If YES list DBE #:
Address	Fax			Age of Firm (Yrs.)
City State ZIP				
Name	Phone	<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 type="checkbox"/> NO If YES list DBE #:
Address	Fax			Age of Firm (Yrs.)
City State ZIP				

AFFIDAVIT TO ACCOMPANY PROPOSAL

USE THIS FORM WHEN BIDDER IS AN INDIVIDUAL

State of California)
County of Orange) ss.

(Name) N/A, Affiant,
being first duly sworn, deposes and says:

That it is the bidder who makes the accompanying proposal; that such proposal is genuine, and not sham or collusive, nor made in the interest or in behalf of any person not herein named, and that the bidder has not directly or indirectly induced or solicited any other bidder to put in a sham bid, or any other person, firm or corporation to refrain from bidding, and that the bidder has not in any manner sought by collusion to secure for itself an advantage over any other bidder.

Subscribed and sworn to before me N/A

This _____ day of _____, 20____.

Signature: N/A

Notary Public in and for the County of _____, State of _____

USE THIS FORM WHEN BIDDER IS A CORPORATION

State of California)
County of Orange) ss.

Brian Abghari affiant, the President
of PCN3, INC. *Pres., Sec., or Mgr. Ofcr*
Name of Corporation

The corporation who makes the accompanying proposal, having first been duly sworn, deposes and says: That such proposal is genuine and not sham or collusive, nor made in the interest or in behalf of any person not herein named, and that the bidder has not directly or indirectly induced or solicited any other bidder to put in a sham bid, or any other person, firm or corporation to refrain from bidding, and that the bidder has not in any manner sought by collusion to secure for itself an advantage over any other bidder.

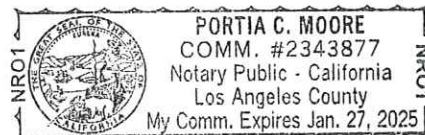
[Signature]
Signature
President, Secretary or Managing Officer

Subscribed and sworn to before me

This 17th day of April, 2023.

Notary Public in and for the County of Orange, State of California

Signature: [Signature]



CALIFORNIA ACKNOWLEDGMENT

CIVIL CODE § 1189

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 Orange

On April 17, 2023 before me, Portia C. Moore, notary public
Date Here Insert Name and Title of the Officer

personally appeared Brian Abghari
Name(s) of Signer(s)

who proved to me on the basis of satisfactory evidence to be the person(s) whose name(s) is/are subscribed to the within instrument and acknowledged to me that he/she/they executed the same in his/her/their authorized capacity(ies), and that by his/her/their signature(s) on the instrument the person(s), or the entity upon behalf of which the person(s) acted, executed the instrument.



I certify under PENALTY OF PERJURY under the laws of the State of California that the foregoing paragraph is true and correct.

WITNESS my hand and official seal.

Signature [Signature]
Signature of Notary Public

Place Notary Seal and/or Stamp Above

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: Affidavit to Accompany Proposal

Document Date: April 17, 2023 Number of Pages: _____

Signer(s) Other Than Named Above: _____

Capacity(ies) Claimed by Signer(s)

Signer's Name: Brian Abghari

☒ Corporate Officer – Title(s): President

☐ Partner – ☐ Limited ☐ General

☐ Individual ☐ Attorney in Fact

☐ Trustee ☐ Guardian or Conservator

☐ Other: _____

Signer is Representing: _____

Signer's Name: _____

☐ Corporate Officer – Title(s): _____

☐ Partner – ☐ Limited ☐ General

☐ Individual ☐ Attorney in Fact

☐ Trustee ☐ Guardian or Conservator

☐ Other: _____

Signer is Representing: _____

AFFIDAVIT TO ACCOMPANY PROPOSAL (Continued)

USE THIS FORM WHEN BIDDER IS A CO-PARTNERSHIP

State of California)
County of Orange) ss.

N/A

_____, Affiant(s),
Being first duly sworn, each for itself deposes and says:

That N/A
(Names of all Partners)

are partners, doing business under the firm name and style of

N/A and that said co-partnership
(Name of Firm)

makes the accompanying proposal; that such proposal is genuine, and not sham or collusive, nor made in the interest or in behalf of any person not herein named, and that the bidder has not directly or indirectly induced or solicited any other bidder to put in a sham bid, or any other person, firm or corporation to refrain from bidding, and that the bidder has not in any manner sought by collusion to secure for itself an advantage over any other bidder.

Subscribed and sworn to before me _____

This _____ day of _____, 20_____.

Notary Public in and for the County of

_____, State of _____

Signature: _____

AFFIDAVIT TO ACCOMPANY PROPOSAL (Continued)

CERTIFICATION WITH REGARD TO THE PERFORMANCE OF PREVIOUS CONTRACTS OR SUBCONTRACTS SUBJECT TO THE EQUAL EMPLOYMENT OPPORTUNITY CLAUSE AND THE FILING OF REQUIRED REPORTS

The bidder X , proposed subcontractor X , hereby certifies that he has X , has not , participated in a previous contract or subcontract subject to the equal opportunity clause, as required by Executive Orders 10925, 11114, or 11246, and that he has X , has not , filed with the Joint Reporting Committee, the Director of the Office of Federal Contract Compliance, a Federal Government contracting or administering agency, or the former President's Committee on Equal Employment Opportunity, all reports due under the applicable filing requirements.

By: Brian Abghari

President

(Title)

Date: April 19, 2023

Note: The above certification is required by the Equal Employment Opportunity Regulations of the Secretary of Labor (41 CFR 60-1.7 (b) (1)), and must be submitted by bidders and proposed subcontractors only in connection with contracts and subcontracts, which are subject to the equal opportunity clause. Contracts and subcontracts which are exempt from the equal opportunity clause are set forth in 41 CFR 60-1.5. (Generally, only contracts or subcontracts of \$10,000 or under are exempt.)

Currently, Standard Form 100 (EEO-1) is the only report required by the Executive Orders or their implementing regulations.

Proposed prime contractors and subcontractors who have participated in a previous contract or subcontract subject to the Executive Orders and have not filed the required reports should note that 41 CFR 60-1.7 (b) (1) prevents the award of contracts and subcontracts unless such contractor submits a report covering the delinquent period or such other period specified by the Federal Highway Administration or by the Director, Office of Federal Contract Compliance, U.S. Department of Labor.

(THE BIDDER'S EXECUTION ON THE SIGNATURE PORTION OF THIS PROPOSAL
SHALL ALSO CONSTITUTE AN ENDORSEMENT AND EXECUTION OF THOSE
CERTIFICATIONS WHICH ARE A PART OF THIS PROPOSAL)

EQUAL EMPLOYMENT OPPORTUNITY CERTIFICATION

The bidder PCN3, INC.

all listed subcontractors

[proposed subcontractor,] hereby
certifies that he/she/it has, has not, participated in a previous contract or subcontract subject to the
Equal Opportunity clauses, as required by Executive Orders 10925, 11114, or 11246, and that,
where required, he/she/it has filed with the Joint

Reporting Committee, the Director of the Office of Federal Contract Compliance, a Federal
Government contracting or administering agency, or the former President's Committee on Equal
Employment Opportunity, all reports due under the applicable filing requirements.

Note: The above certification is required by the Equal Employment Opportunity Regulations of the
Secretary of Labor (41 CFR 60-1.7(b) (1)), and must be submitted by bidders and proposed
subcontractors only in connection with contracts and subcontracts which are subject to the equal
opportunity clause. Contracts and subcontracts which are exempt from the equal opportunity clause
are set forth in 41 CFR 60-1.5. (Generally only contracts or subcontracts of \$ 10,000 or under are
exempt.)

Currently, Standard Form 100 (EEO-I) is the only report required by the Executive Orders or their
implementing regulations. (eeoc.gov/employers/eeol survey/index.cfm)

Proposed prime contractors and subcontractors who have participated in a previous contract or
subcontract subject to the Executive Orders and have not filed the required reports should note that
41 CFR 60-1.7(b) (1) prevents the award of contracts and subcontracts unless such contractor
submits a report covering the delinquent period or such other period specified by the Federal
Highway Administration or by the Director, Office of Federal Contract Compliance, U.S. Department
of Labor.

Signature: _____

Date: _____

4/18/23

Print Name: Brian Abghari

Title: President

Equal Employment Opportunity Clause

During the performance of this contract, the Contractor agrees as follows:

- (a) The Contractor shall not discriminate against any employee or applicant for employment because of race, color, religion, sex, national origin, or handicap.
- (b) The Contractor shall take affirmative action to ensure that applicants are employed, and that employees are treated during employment without regard to their race, color, religion, sex, national origin, or handicap. Such action shall include, but not be limited to, (1) employment, (2) upgrading, (3) demotion, (4) transfer, (5) recruitment or recruitment advertising, (6) layoff or termination, (7) rates of pay or other forms of compensation, and (8) selection for training, including apprenticeship.
- (c) The Contractor shall post in conspicuous places available to employees and applicants for employment the notices to be provided by the Contracting Officer that explain this clause.
- (d) The Contractor shall, in all solicitations or advertisements for employees placed by or on behalf of the Contractor, state that all qualified applicants will receive consideration for employment without regard to race, color, religion, sex, national origin, or handicap.
- (e) The Contractor shall send, to each labor union or representative of workers with which it has a collective bargaining agreement or other contract or understanding, the notice to be provided by the Contracting Officer advising the labor union or workers' representative of the Contractor's commitments under this clause, and post copies of the notice in conspicuous places available to employees and applicants for employment.
- (f) The Contractor shall comply with Executive Order 11246, as amended, and the rules, regulations, and orders of the Secretary of Labor.
- (g) The Contractor shall furnish all information and reports required by Executive Order 11246, as amended, Section 503 of the Rehabilitation Act of 2073, as amended, and by rules, regulations, and orders of the Secretary of Labor, or pursuant thereto. The Contractor shall permit access to its books, records, and accounts by the Secretary of Labor for purposes of investigation to ascertain compliance with such rules, regulations, and orders.
- (h) In the event of a determination that the Contractor is not in compliance with this clause or any rule, regulation, or order of the Secretary of Labor, this contract may be canceled, terminated, or suspended in whole or in part, and the Contractor may be declared ineligible for further Government contracts, or Federally assisted construction contracts under the procedures authorized in Executive Order 11246, as amended. In addition, sanctions may be imposed and remedies invoked against the Contractor as provided in Executive Order 11246, as amended, the rules, regulations, and orders of the Secretary of Labor, or as otherwise provided by law.
- (i) The Contractor shall include the terms and conditions of this clause in every subcontract or purchase order unless exempted by the rules, regulations, or orders of the Secretary of Labor issued under Executive Order 11246, as amended, so that these terms and conditions will be binding upon each subcontractor or vendor. The Contractor shall take such action with respect to any subcontract or purchase order as the Secretary of Housing and Urban Development or the Secretary of Labor may direct as a means of enforcing such provisions, including sanctions for noncompliance; provided that if the Contractor becomes involved in, or is threatened with, litigation with a subcontractor or vendor as a result of such direction, the Contractor may request the United States to enter into the litigation to protect the interests of the United States.
- (j) Compliance with the requirements of this clause shall be to the maximum extent consistent with, but not in derogation of, compliance with section 7(b) of the Indian Self-Determination and Education Assistance Act and the Indian Preference clause of this contract.

PUBLIC CONTRACT CODE

Public Contract Code Section 10285.1 Statement

In conformance with Public Contract Code Section 10285.1 (Chapter 376, Stats. 2085), the bidder hereby declares

Under penalty of perjury under the laws of the State of California that the bidder has _____, has not **X** been convicted within the preceding three years of any offenses referred to in that section, including any charge of fraud, bribery, collusion, conspiracy, or any other act in violation of any state or Federal antitrust law in connection with the bidding upon, award of, or performance of, any public works contract, as defined in Public Contract Code Section 1101, with any public entity, as defined in Public Contract Code Section 1100, including the Regents of the University of California or the Trustees of the California State University. The term "bidder" is understood to include any partner, member, officer, director, responsible managing officer, or responsible managing employee thereof, as referred to in Section 10285.1.

Note: The bidder must place a checkmark after "has" or "has not" in one of the blank spaces provided. The above Statement is part of the Proposal. Signing this Proposal on the signature portion thereof shall also constitute signature of this Statement. Bidders are cautioned that making a false certification may subject the certifier to criminal prosecution.

Public Contract Code Section 10162 Questionnaire

In conformance with Public Contract Code Section 10162, the Bidder shall complete, under penalty of perjury, the following questionnaire:

Has the bidder, any officer of the bidder, or any employee of the bidder who has a proprietary interest in the bidder, ever been disqualified, removed, or otherwise prevented from bidding on, or completing a federal, state, or local government project because of a violation of law or a safety regulation?

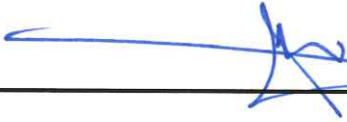
Yes _____ No **X**

If the answer is yes, explain the circumstances in the following space.

Public Contract Code 10232 Statement

In conformance with Public Contract Code Section 10232, the Contractor, hereby states under penalty of perjury, that no more than one final unappealable finding of contempt of court by a federal court has been issued against the Contractor within the immediately preceding two-year period because of the Contractor's failure to comply with an order of a federal court which orders the Contractor to comply with an order of the National Labor Relations Board.

Note: The above Statement and Questionnaire are part of the Proposal. Signing this Proposal on the signature portion thereof shall also constitute signature of this Statement and Questionnaire.
Bidders are cautioned that making a false certification may subject the certifier to criminal prosecution.



Brian Abgheji
4/18/23

NONCOLLUSION AFFIDAVIT

(Title 23 United States Code Section 112 and
Public Contract Code Section 7106)

[NAME OF CONTRACT] PCN3, INC

To the City of Garden Grove

COMMUNITY AND ECONOMIC DEVELOPMENT DEPARTMENT

In conformance with Title 23 United States Code Section 112 and California Public Contract Code 7106 the bidder declares that the bid is not made in the interest of, or on behalf of, any undisclosed person, partnership, company, association, organization, or corporation; that the bid is genuine and not collusive or sham; that the bidder has not directly or indirectly induced or solicited any other bidder to put in a false or sham bid, and has not directly or indirectly colluded, conspired, connived, or agreed with any bidder or anyone else to put in a sham bid, or that anyone shall refrain from bidding; that the bidder has not in any manner, directly or indirectly, sought by agreement, communication, or conference with anyone to fix the bid price of the bidder or any other bidder, or to fix any overhead, profit, or cost element of the bid price, or of that of any other bidder, or to secure any advantage against the public body awarding the contract of anyone interested in the proposed contract; that all statements contained in the bid are true; and, further, that the bidder has not, directly or indirectly, submitted his or her bid price or any breakdown thereof, or the contents thereof, or divulged information or data relative thereto, or paid, and will not pay, any fee to any corporation, partnership, company association, organization, bid depository, or to any member or agent thereof to effectuate a collusive or sham bid.

Note: The above Noncollusion Affidavit is part of the Bidder's Proposal. By signing the Proposal, the Bidder has also signed this Noncollusion Affidavit.

Bidders are cautioned that making a false Certification may subject the Bidder to criminal prosecution.

Signature: _____

Date: _____

4/18/23

Print Name: Brian Abghari

Title: _____

President

DEBARMENT AND SUSPENSION CERTIFICATION

TITLE 49, CODE OF FEDERAL REGULATIONS, PART 29

The bidder, under penalty of perjury, certifies that, except as noted below, he/she or any other person associated therewith in the capacity of owner, partner, director, officer, manager:

- is not currently under suspension, debarment, voluntary exclusion, or determination of ineligibility by any Federal agency;
- has not been suspended, debarred, voluntarily excluded or determined ineligible by any Federal agency within the past 3 years;
- does not have a proposed debarment pending; and
- has not been indicted, convicted, or had a civil judgment rendered against it by a court of competent jurisdiction in any matter involving fraud or official misconduct within the past 3 years.

If there are any exceptions to this certification, insert the exceptions in the following space.

Exceptions will not necessarily result in denial of award, but will be considered in determining bidder responsibility. For any exception noted above, indicate below to whom it applies, initiating agency, and dates of action.

Notes: Providing false information may result in criminal prosecution or administrative sanctions.

The above certification is part of the Proposal. Signing this Proposal on the signature portion thereof shall also constitute signature of this Certification.

Signature: _____



Date: _____

4/18/23

Print Name: Brian Abghari

Title: President

NONLOBBYING CERTIFICATION

FOR FEDERAL-AID CONTRACTS

The prospective participant certifies, by signing and submitting this bid or proposal, to the best of his or her knowledge and belief, that:

- 1) No Federal appropriated funds have been paid or will be paid, by or on behalf of the undersigned, to any person for influencing or attempting to influence an officer or employee of any Federal agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with the awarding of any Federal contract, the making of any Federal grant, the making of any Federal loan, the entering into of any cooperative agreement, and the extension, continuation, renewal, amendment, or modification of any Federal contract, grant, loan, or cooperative agreement
- 2) If any funds other than Federal appropriated funds have been paid or will be paid to any person for influencing or attempting to influence an officer or employee of any Federal agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with this Federal contract, grant, loan, or cooperative agreement, the undersigned shall complete and submit Standard Form-LLL, "Disclosure of Lobbying Activities," in conformance with its instructions.

This certification is a material representation of fact upon which reliance was placed when this transaction was made or entered into. Submission of this certification is a prerequisite for making or entering into this transaction imposed by Section 1352, Title 31, U.S. Code. Any person who fails to file the required certification shall be subject to a civil penalty of not less than \$10,000 and not more than \$100,000 for each such failure. The prospective participant also agrees by submitting his or her bid or proposal that he or she shall require that the language of this certification be included in all lower tier subcontracts, which exceed \$100,000 and that all such subrecipients shall certify and disclose accordingly.

Signature: _____

Date: _____

4/18/23

Print Name: Brian Abghari

Title: President

DISCLOSURE OF LOBBYING ACTIVITIES

COMPLETE THIS FORM TO DISCLOSE LOBBYING ACTIVITIES PURSUANT TO 31 U.S.C. 1352

1. Type of Federal Action: <input checked="" type="checkbox"/> a. contract b. grant c. cooperative agreement d. loan e. loan guarantee f. loan insurance	2. Status of Federal Action: <input checked="" type="checkbox"/> a. bid/offer/application b. initial award c. post-award	3. Report Type: <input checked="" type="checkbox"/> a. initial b. material change For Material Change Only: year _____ quarter _____ date of last report _____
4. Name and Address of Reporting Entity <input checked="" type="checkbox"/> Prime <input type="checkbox"/> Subawardee Tier _____, if known PCN3, INC. 11082 Winners Circle, Unit B Los Alamitos, CA 90720 Congressional District, if known	5. If Reporting Entity in No. 4 is Subawardee, Enter Name and Address of Prime: N/A	
6. Federal Department/Agency: N/A	7. Federal Program Name/Description: N/A CFDA Number, if applicable: N/A	
8. Federal Action Number, if known: N/A	9. Award Amount, if known:	
10. a. Name and Address of Lobby Entity (If individual, last name, first name, MI) N/A	b. Individuals Performing Services (including address if different from No. 10a) (last name, first name, MI)	
(attach Continuation Sheet(s) if necessary)		
11. Amount of Payment (check all that apply) \$ Zero <input type="checkbox"/> actual <input type="checkbox"/> planned	13. Type of Payment (check all that apply) <input type="checkbox"/> a. retainer <input type="checkbox"/> b. one-time fee <input type="checkbox"/> c. commission <input type="checkbox"/> d. contingent fee <input type="checkbox"/> e. deferred <input type="checkbox"/> f. other, specify: N/A	
12. Form of Payment (check all that apply): <input type="checkbox"/> a. cash <input type="checkbox"/> b. in-kind; specify: nature _____ value: N/A		
14. Brief Description of Services Performed or to be performed and Date(s) of Service, including officer(s), employee(s), or member(s) contacted, for Payment Indicated in Item 11: (attach Continuation Sheet(s) if necessary)		
15. Continuation Sheet(s) attached: Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		
16. Information requested through this form is authorized by Title 31 U.S.C. Section 1352. This disclosure of lobbying reliance was placed by the tier above when his transaction was made or entered into. This disclosure is required pursuant to 31 U.S.C. 1352. This information will be reported to Congress semiannually and will be available for public inspection. Any person who fails to file the required disclosure shall be subject to a civil penalty of not less than \$10,000 and not more than \$100,000 for each such failure. Federal Use Only:		
Signature: _____ Print Name: <u>Brian Abghari</u> Title: <u>President</u> Telephone No.: (562) 493-4124 ext. 402 Date: <u>4/18/23</u>		Authorized for Local Reproduction

**INSTRUCTIONS FOR COMPLETION OF SF-LLL,
DISCLOSURE OF LOBBYING ACTIVITIES**

This disclosure form shall be completed by the reporting entity, whether subawardee or prime Federal recipient, at the initiation or receipt of covered Federal action or a material change to previous filing pursuant to title 31 U.S.C. section 1352. The filing of a form is required for such payment or agreement to make payment to lobbying entity for influencing or attempting to influence an officer or employee of any agency, a Member of Congress an officer or employee of Congress or an employee of a Member of Congress in connection with a covered Federal action. Attach a continuation sheet for additional information if the space on the form is inadequate. Complete all items that apply for both the initial filing and material change report. Refer to the implementing guidance published by the Office of Management and Budget for additional information.

1. Identify the type of covered Federal action for which lobbying activity is and/or has been secured to influence, the outcome of a covered Federal action.
2. Identify the status of the covered Federal action.
3. Identify the appropriate classification of this report. If this is a follow-up report caused by a material change to the information previously reported, enter the year and quarter in which the change occurred. Enter the date of the last, previously submitted report by this reporting entity for this covered Federal action.
4. Enter the full name, address, city, state and zip code of the reporting entity. Include Congressional District if known. Check the appropriate classification of the reporting entity that designates if it is or expects to be a prime or subaward recipient. Identify the tier of the subawardee, e.g., the first subawardee of the prime is the first tier. Subawards include but are not limited to subcontracts, subgrants and contract awards under grants.
5. If the organization filing the report in Item 4 checks "Subawardee" then enter the full name, address, city, state and zip code of the prime Federal recipient. Include Congressional District, if known.
6. Enter the name of the Federal agency making the award or loan commitment. Include at least one organization level below agency name, if known. For example, Department of Transportation, United States Coast Guard.
7. Enter the Federal program name or description for the covered Federal action (item 1). If known, enter the full Catalog of Federal Domestic Assistance (CFDA) number for grants, cooperative agreements, loans and loan commitments.
8. Enter the most appropriate Federal identifying number available for the Federal action identification in item 1 (e.g., Request for Proposal (RFP) number, Invitation for Bid (IFB) number, grant announcement number, the contract grant, or loan award number, the application/proposal control number assigned by the Federal agency). Include prefixes, e.g., "RFP-DE-90-001."
9. For a covered Federal action where there has been an award or loan commitment by the Federal agency, enter the Federal amount of the award/loan commitments for the prime entity identified in item 4 or 5.
10. (a) Enter the full name, address, city, state and zip code of the lobbying entity engaged by the reporting entity identified in item 4 to influence the covered Federal action.
(b) Enter the full names of the individual(s) performing services and include full address if different from 10 (a). Enter Last Name, First Name and Middle Initial (MI).
11. Enter the amount of compensation paid or reasonably expected to be paid by the reporting entity (item 4) to the lobbying entity (item 10). Indicate whether the payment has been made (actual) or will be made (planned). Check all boxes that apply. If this is a material change report, enter the cumulative amount of payment made or planned to be made.
12. Check the appropriate box. Check all boxes that apply. If payment is made through an in-kind contribution, specify the nature and value of the in-kind payment.
13. Check the appropriate box. Check all boxes that apply. If other, specify nature.
14. Provide a specific and detailed description of the services that the lobbyist has performed or will be expected to perform and the date(s) of any services rendered. Include all preparatory and related activity not just time spent in actual contact with Federal officials. Identify the Federal officer(s) or employee(s) contacted or the officer(s) employee(s) or Member(s) of Congress that were contacted.
15. Check whether or not a continuation sheet(s) is attached.
16. The certifying official shall sign and date the form, print his/her name title and telephone number.

Public reporting burden for this collection of information is estimated to average 30 minutes per response, including time for reviewing instruction, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding the burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to the Office of Management and Budget, Paperwork Reduction Project (0348-0046), Washington, D.C. 20503.

FEDERAL LOBBYING RESTRICTIONS

Section 1352, Title 31, United States Code prohibits Federal funds from being expended by the recipient or any lower tier subrecipient of a Federal-aid contract to pay for any person for influencing or attempting to influence a Federal agency or Congress in connection with the awarding of any Federal-aid contract, the making of any Federal grant or loan, or the entering into of any cooperative agreement.

If any funds other than Federal funds have been paid for the same purposes in connection with this Federal-aid contract, the recipient shall submit an executed certification and, if required, submit a completed disclosure form as part of the bid documents.

A certification for Federal-aid contracts regarding payment of funds to lobby Congress or a Federal agency is included in the Proposal. Standard Form - LLL, "Disclosure of Lobbying Activities," with instructions for completion of the Standard Form is also included in the Proposal. Signing the Proposal shall constitute signature of the Certification.

The above referenced certification and disclosure of lobbying activities shall be included in each subcontract and any lower-tier contracts exceeding \$100,000. All disclosure forms, but not certifications, shall be forwarded from tier to tier until received by the Engineer.

The Contractor, subcontractors and any lower-tier contractors shall file a disclosure form at the end of each calendar quarter in which there occurs any event that requires disclosure or that materially affects the accuracy of the information contained in any disclosure form previously filed by the Contractor, subcontractors and any lower-tier contractors. An event that materially affects the accuracy of the information reported includes:

- 1) A cumulative increase of \$25,000 or more in the amount paid or expected to be paid for influencing or attempting to influence a covered Federal action; or
- 2) A change in the person(s) or individual(s) influencing or attempting to influence a covered Federal action; or
- 3) A change in the officer(s), employee(s), or Member(s) contacted to influence or attempt to influence a covered Federal Action.

SECTION 3 CLAUSE

- A. The work to be performed under this contract is subject to the requirements of Section 3 of the Housing and Urban Development Act of 1968, as amended, 12, U.S.C. 170u (Section 3). The purpose of Section 3 is to ensure that employment and other economic opportunities generated by HUD assistance or HUD-assisted projects covered by Section 3, shall, to the greatest extent feasible, be directed to low- and very low-income persons, particularly persons who are recipients of HUD assistance for housing.
- B. The parties to this contract agree to comply with HUD's regulations in 24 CFR part 135, which implement Section 3. As evidenced by their execution of this contract, the parties to this contract certify that they are under no contractual or other impediment that would prevent them from complying with the part 135 regulations.
- C. The contractor agrees to send to each Labor organization or representative of workers with which the contractor has a collective bargaining agreement or other understanding, if any, a notice advising the labor organization or workers' representative of the contractor's commitments under this Section 3 clause, and will post copies of notices in conspicuous places at the work site where both employees and applicants for training and employment positions can see the notice. The notice shall describe the Section 3 preference, shall set forth minimum number and job titles subject to hire, availability of apprenticeship and training positions, the qualifications for each; and the name and location of person(s) taking applications for each of the positions; and the anticipated date the work shall begin.
- D. The contractor agrees to include this Section 3 clause in every subcontract subject to compliance with regulations in 24 CFR part 135, and agrees to take appropriate action, as provided in an applicable provision of the subcontract or in this Section 3 clause, upon finding that the subcontractor is in violation of the regulations in 24 CFR part 135. The contractor will not subcontract with any subcontractor where the contractor has notice or knowledge that the subcontractor has been found in violation of the regulations in 24 CFR part 135.
- E. The contractor will certify that any vacant employment positions, including training positions, that are filled (1) after the contractor is selected but before the contract is executed, and (2) with persons other than those to whom the regulations of 24 CFR part 135 require employment opportunities to be directed, were not filled to circumvent the contractor's obligations under 24 CFR part 135.
- F. Noncompliance with HUD's regulations in 24 CFR part 135 may result in sanctions, termination of this contract for default, and debarment or suspension from future HUD-assisted contracts.
- G. With respect to work performed in connection with Section 3 covered Indian Housing assistance, Section 7(b) of the Indian self-determination and Education Assistance Act (25 U.S.C. 450e) also applies to the work to be performed under this contract. Section 7(b) requires that to the greatest extent feasible (i) preferences and opportunities for training and employment shall be given to Indians, and (ii) preference in the award of contracts and subcontracts shall be given to Indian organizations and Indian-owned Economic Enterprises. Parties to this contract who are subject to the provisions of Section 3 and Section 7(b) agree to comply with Section 3 to the maximum extent feasible, but not in derogation of compliance with Section 7(b).
- H. "Training and Employment Opportunities for Residents in the Project Area (Section 3, HUD Act of 1968; 24 CFR 135)
 - (a) The work to be performed under this contract is subject to the requirements of section 3 of the Housing and Urban Development Act of 1968, as amended, 12 U.S.C. 1701u (section

3). The purpose of section 3 is to ensure that employment and other economic opportunities generated by HUD assistance or HUD-assisted projects covered by section 3, shall, to the greatest extent feasible, be directed to low- and very low-income persons, particularly persons who are recipients of HUD assistance for housing.

(b) The parties to this contract agree to comply with HUD's regulations in 24 CFR Part 135, which implement section 3. As evidenced by their execution of this contract, the parties to this contract certify that they are under no contractual or other impediment that would prevent them from complying with the Part 135 regulations.

(c) The contractor agrees to send to each labor organization or representative of workers with which the contractor has a collective bargaining agreement or other understanding, if any, a notice advising the labor organization or workers' representative of the contractor's commitments under this section 3 clause, and will post copies of the notice in conspicuous places at the work site where both employees and applicants for training and employment positions can see the notice. The notice shall describe the section 3 preference, shall set forth minimum number and job titles subject to hire, availability of apprenticeship and training positions, the qualifications for each; and the name and location of the person(s) taking applications for each of the positions; and the anticipated date the work shall begin.

(d) The contractor agrees to include this section 3 clause in every subcontract subject to compliance with regulations in 24 CFR Part 135, and agrees to take appropriate action, as provided in an applicable provision of the subcontract or in this section 3 clause, upon a finding that the subcontractor is in violation of the regulations in 24 CFR Part 135. The contractor will not subcontract with any subcontractor where the contractor has notice or knowledge that the subcontractor has been found in violation of the regulations in 24 CFR Part 135.


(e) The contractor will certify that any vacant employment positions, including training positions, that are filled (1) after the contractor is selected but before the contract is executed, and (2) with persons other than those to whom the regulations of 24 CFR Part 135 require employment opportunities to be directed, were not filled to circumvent the contractor's obligations under 24 CFR Part 135.

(f) Noncompliance with HUD's regulations in 24 CFR Part 135 may result in sanctions, termination of this contract for default, and debarment or suspension from future HUD assisted contracts."

Also attached two (2) additional forms that documents eligibility of new hires of the general contractor and subcontractors or Section 3 eligibility of the contractors.

The contractor/subcontractor provider by this signature affixed hereto declares under penalty of perjury: contractor/subcontractor has read the requirements of this section and accepts all its requirements contained therein for all of his/her operations related to this contract.

Signature



Brian Abghari
Print Name and Title

/ President / secretary

Signature

N/A

N/A
Print Name and Title

Date

4/18/23

Exhibit 15-G Construction Contract DBE Commitment

1. Local Agency: City of Garden Grove 2. Contract DBE Goal: 12%
 3. Project Description: CENTRAL CITIES NAVIGATION CENTER PROJECT
 4. Project Location: 13871 West Street, Garden Grove, CA
 5. Bidder's Name: PCN3, INC 6. Prime Certified DBE: ☐ 7. Bid Amount: \$ 5,665,257.00
 8. Total Dollar Amount for ALL Subcontractors: 2,426,000 9. Total Number of ALL Subcontractors: 24

10. Bid Item Number	11. Description of Work, Service, or Materials Supplied	12. DBE Certification Number	13. DBE Contact Information (Must be certified on the date bids are opened)	14. DBE Dollar Amount
5	Demo	43331	T-Rex demo by Metro	73698.54
All	Supplier	1796300	PN supply by Cal. Procure	632,200
				607,000
Local Agency to Complete this Section			B.A. 680,698.54 \$ 706,898.54	
21. Local Agency Contract Number: <u>1007000</u> 22. Federal-Aid Project Number: _____ 23. Bid Opening Date: _____ 24. Contract Award Date: _____			15. TOTAL CLAIMED DBE PARTICIPATION 12 %	
Local Agency certifies that all DBE certifications are valid and information on this form is complete and accurate.			IMPORTANT: Identify all DBE firms being claimed for credit, regardless of tier. Names of the First Tier DBE Subcontractors and their respective item(s) of work listed above must be consistent, where applicable with the names and items of the work in the "Subcontractor List" submitted with your bid. Written confirmation of each listed DBE is required.	
25. Local Agency Representative's Signature		26. Date	4/18/23	
27. Local Agency Representative's Name		28. Phone	16. Preparer's Signature Brian Abghari 18. Preparer's Name President 20. Preparer's Title	
29. Local Agency Representative's Title			17. Date 19. Phone (562) 493-4124 ext. 402	

DISTRIBUTION: 1. Original – Local Agency
 2. Copy – Caltrans District Local Assistance Engineer (DLAE). Failure to submit to DLAE within 30 days of contract execution may result in de-obligation of federal funds on contract. Include additional copy with award package.

ADA Notice: For individuals with sensory disabilities, this document is available in alternate formats. For information call (916) 654-6410 or TDD (916) 654-3880 or write Records and Forms Management, 1120 N Street, MS-89, Sacramento, CA 95814.

INSTRUCTIONS – CONSTRUCTION CONTRACT DBE COMMITMENT

CONTRACTOR SECTION

1. **Local Agency** - Enter the name of the local or regional agency that is funding the contract.
2. **Contract DBE Goal** - Enter the contract DBE goal percentage as it appears on the project advertisement.
3. **Project Location** - Enter the project location as it appears on the project advertisement.
4. **Project Description** - Enter the project description as it appears on the project advertisement (Bridge Rehab, Seismic Rehab, Overlay, Widening, etc).
5. **Bidder's Name** - Enter the contractor's firm name.
6. **Prime Certified DBE** - Check box if prime contractor is a certified DBE.
7. **Bid Amount** - Enter the total contract bid dollar amount for the prime contractor.
8. **Total Dollar Amount for ALL Subcontractors** - Enter the total dollar amount for all subcontracted contractors. SUM = (DBEs + all Non-DBEs). Do not include the prime contractor information in this count.
9. **Total number of ALL subcontractors** - Enter the total number of all subcontracted contractors. SUM = (DBEs + all Non-DBEs). Do not include the prime contractor information in this count.
10. **Bid Item Number** - Enter bid item number for work, services, or materials supplied to be provided.
11. **Description of Work, Services, or Materials Supplied** - Enter description of work, services, or materials to be provided. Indicate all work to be performed by DBEs including work performed by the prime contractor's own forces, if the prime is a DBE. If 100% of the item is not to be performed or furnished by the DBE, describe the exact portion to be performed or furnished by the DBE. See LAPM Chapter 9 to determine how to count the participation of DBE firms.
12. **DBE Certification Number** - Enter the DBE's Certification Identification Number. All DBEs must be certified on the date bids are opened.
13. **DBE Contact Information** - Enter the name, address, and phone number of all DBE subcontracted contractors. Also, enter the prime contractor's name and phone number, if the prime is a DBE.
14. **DBE Dollar Amount** - Enter the subcontracted dollar amount of the work to be performed or service to be provided. Include the prime contractor if the prime is a DBE. See LAPM Chapter 9 for how to count full/partial participation.
15. **Total Claimed DBE Participation - \$:** Enter the total dollar amounts entered in the "DBE Dollar Amount" column. **%:** Enter the total DBE participation claimed ("Total Claimed DBE Participation Dollars" divided by item "Bid Amount"). If the total % claimed is less than item "Contract DBE Goal," an adequately documented Good Faith Effort (GFE) is required (see Exhibit 15-H DBE Information - Good Faith Efforts of the LAPM).
16. **Preparer's Signature** - The person completing the DBE commitment form on behalf of the contractor's firm must sign their name.
17. **Date** - Enter the date the DBE commitment form is signed by the contractor's preparer.
18. **Preparer's Name** - Enter the name of the person preparing and signing the contractor's DBE commitment form.
19. **Phone** - Enter the area code and phone number of the person signing the contractor's DBE commitment form.
20. **Preparer's Title** - Enter the position/title of the person signing the contractor's DBE commitment form.

LOCAL AGENCY SECTION

21. **Local Agency Contract Number** - Enter the Local Agency contract number or identifier.
22. **Federal-Aid Project Number** - Enter the Federal-Aid Project Number.
23. **Bid Opening Date** - Enter the date contract bids were opened.
24. **Contract Award Date** - Enter the date the contract was executed.
25. **Local Agency Representative's Signature** - The person completing this section of the form for the Local Agency must sign their name to certify that the information in this and the Contractor Section of this form is complete and accurate.
26. **Date** - Enter the date the DBE commitment form is signed by the Local Agency Representative.
27. **Local Agency Representative's Name** - Enter the name of the Local Agency Representative certifying the contractor's DBE commitment form.
28. **Phone** - Enter the area code and phone number of the person signing the contractor's DBE commitment form.
29. **Local Agency Representative Title** - Enter the position/title of the Local Agency Representative certifying the contractor's DBE commitment form.

Bid Opening Date

April 19, 2023

PROJECT NO. 1350000-1

The City of Garden Grove established a Disadvantaged Business Enterprise (DBE) goal of 12 % for this Project. The information provided herein shows that a good faith effort was made.

Lowest, second lowest and third lowest bidders shall submit the following information to document adequate good faith efforts. Bidders should submit the following information even if the "Local Agency Bidder DBE Commitment" form indicates that the bidder has met the DBE goal. This will protect the bidder's eligibility for award of the contract if the administering agency determines that the bidder failed to meet the goal for various reasons, e.g., a DBE firm was not certified at bid opening, or the bidder made a mathematical error.

Submittal of only the "Local Agency Bidder DBE Commitment" form may not provide sufficient documentation to demonstrate that adequate good faith efforts were made.

The following items are listed in the Section entitled "Submission of DBE Commitment" of the Special Provisions:

- A. The names and dates of each publication in which a request for DBE participation for this project was placed by the bidder (please attach copies of advertisements or proofs of publication): .

<u>Publication</u>	<u>Dates of Advertisement</u>
<u>Smart bid net</u>	<u>04/05/2023</u>

- B. The names and dates of written notices sent to certified DBEs soliciting bids for this Project and the dates and methods used for following up initial solicitations to determine with certainty whether the DBEs were interested (please attach copies of solicitations, telephone records, fax confirmations, etc.):

<u>Names of DBEs Solicited</u>	<u>Date of Initial Solicitation</u>	<u>Follow Up Methods and Dates</u>
<u>See Attached</u>		

- C. The items of work which the bidder made available to DBE firms including, where appropriate, any breaking down of the contract work items (including those items normally performed by the bidder with its own forces) into economically feasible units to facilitate DBE participation. It is the bidder's responsibility to demonstrate that sufficient work to facilitate DBE participation was made available to DBE firms.

<u>Items of WorkBidder Normally Performs</u>	<u>Breakdown of Amount Items</u>	<u>Percentage of Contract</u>
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Storage Area	Company Name	Company Address	Company Full Name	Contact Email	Contact Phone	Address	Address 2	City	State	Zip Code	Insured	Estimated Value (\$)	Inspection Date	Last Activity on Condition	Notes
33.00.00	Concrete Engineering Inc. *	San Bernardino	Jerry Chacon	jerry.chacon@concreteengineering.com	(760) 468-3444	1480 N. Sierra Way		San Bernardino	California	92401	Insured	YES			Private Database
33.00.00	Concrete Plumbing Inc. *	San Bernardino	Jerry Chacon	jerry.chacon@concreteplumbing.com	(951) 340-8309	11163 Reunion Way		Mira Loma	California	91764	Insured	YES			Private Database
33.00.00	San Valley Plumbing, Inc. *	Apple Valley, CA	Don Worthy	don.worthy@sanvalleyplumbing.com	(760) 340-8309	12160 Pioneer Road		Apple Valley	California	92308-7471	Insured	NON-INDEN			Private Database
33.00.00	San Valley Plumbing, Inc. *	Apple Valley, CA	Don Worthy	don.worthy@sanvalleyplumbing.com	(760) 340-8309	12160 Pioneer Road		Apple Valley	California	92308-7471	Insured	NON-INDEN			Private Database
33.00.00	DNBE Mechanical *	Long Beach, CA	Don Worthy	don.worthy@dnbe.com	(562) 344-4652	4044 Atlantic St		Long Beach	California	90801	Insured	YES			Private Database
33.00.00	European Plumbing Inc. *	Riverside, CA	Hector E. Amador	hector.amador@europeanplumbing.com	(951) 344-4652	PO Box 5860		Riverside	California	92517	Insured	YES			Private Database
33.00.00	European Plumbing Inc. *	Riverside, CA	Hector E. Amador	hector.amador@europeanplumbing.com	(951) 344-4652	PO Box 5860		Riverside	California	92517	Insured	YES			Private Database
33.00.00	Fluorin Inc. *	San Bernardino, CA	Gregory Fischer	gregory.fischer@fluorin.com	(909) 774-4616	1375 W. 24th Street		San Bernardino	California	92405	Insured	NON-INDEN			Private Database
33.00.00	Fluorin Inc. *	San Bernardino, CA	Gregory Fischer	gregory.fischer@fluorin.com	(909) 774-4616	1375 W. 24th Street		San Bernardino	California	92405	Insured	NON-INDEN			Private Database
33.00.00	Fisher Inc. *	San Bernardino, CA	Gregory Fischer	gregory.fischer@fisher.com	(909) 807-9710	1375 W. 24th Street		San Bernardino	California	92405	Insured	NON-INDEN			Private Database
33.00.00	GPS Plumbing **	Spring Valley	BUD ESTIMATING	bud.estimating@gpsplumbing.com	(951) 807-9710	510 Box 1431		Spring Valley	California	91777	Insured	YES			Private Database
33.00.00	H.L.M.C. CO INC. *	Glendale, CA	Charles Salgado	charles.salgado@hlmc.com	(818) 240-3844	510 Box 1431		Glendale	California	91201	Insured	YES			Private Database
33.00.00	H.L.M.C. CO INC. *	Glendale, CA	Charles Salgado	charles.salgado@hlmc.com	(818) 240-3844	510 Box 1431		Glendale	California	91201	Insured	YES			Private Database
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33.00.00	H.L.M.C. CO INC. *	Glendale, CA	Charles Salgado	charles.salgado@hlmc.com	(818) 240-3844										

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Employee No.	Company Name/Location	Contact Full Name	Company Email	Service Date	Company Pk	Address	Company C	City	State	Zip	City	State	Zip	Co. Code	Signed	Employee Abbreviation	Notes	Exp. Activity On	Qualification	Source
23.00.00	OPTIMA LANDSCAPE AND ENVIRONMENTAL INC. * (Nashville)	Charles Landers	info@optimalandscape.com	23.02.99.29.0	23.02.75.13.8	4250 SIDAIDA WAY	LOS ANGELES	California	California	90261	Los Angeles	California	90261	90261	YES	Invited				Private Database
23.00.00	PRIME LANDSCAPE INC. * (Nashville)	Darin Johnson	darin@primescapes.com	06.03.23.02.19	23.01.32.00.00	4250 E LA PALME, SUITE A	ANAHIM	California	California	91702	Anahim	California	91702	91702	YES	Invited				Private Database
23.00.00	PRIME LANDSCAPE INC. * (Nashville)	Kevin McQuinn	kevin@primescapes.com	06.03.23.02.19	23.01.32.00.00	4250 E LA PALME, SUITE A	ANAHIM	California	California	91702	Anahim	California	91702	91702	YES	Invited				Private Database
23.00.00	PRIME LANDSCAPE INC. * (Nashville)	Kevin McQuinn	kevin@primescapes.com	06.03.23.02.19	23.01.32.00.00	4250 E LA PALME, SUITE A	ANAHIM	California	California	91702	Anahim	California	91702	91702	YES	Invited				Private Database
23.00.00	PRIME LANDSCAPE INC. * (Nashville)	Kevin McQuinn	kevin@primescapes.com	06.03.23.02.19	23.01.32.00.00	4250 E LA PALME, SUITE A	ANAHIM	California	California	91702	Anahim	California	91702	91702	YES	Invited				Private Database
23.00.00	PRIME LANDSCAPE INC. * (Nashville)	Kevin McQuinn	kevin@primescapes.com	06.03.23.02.19	23.01.32.00.00	4250 E LA PALME, SUITE A	ANAHIM	California	California	91702	Anahim	California	91702	91702	YES	Invited				Private Database
23.00.00	PRIME LANDSCAPE INC. * (Nashville)	Kevin McQuinn	kevin@primescapes.com	06.03.23.02.19	23.01.32.00.00	4250 E LA PALME, SUITE A	ANAHIM	California	California	91702	Anahim	California	91702	91702	YES	Invited				Private Database
23.00.00	PRIME LANDSCAPE INC. * (Nashville)	Kevin McQuinn	kevin@primescapes.com	06.03.23.02.19	23.01.32.00.00	4250 E LA PALME, SUITE A	ANAHIM	California	California	91702	Anahim	California	91702	91702	YES	Invited				Private Database
23.00.00	PRIME LANDSCAPE INC. * (Nashville)	Kevin McQuinn	kevin@primescapes.com	06.03.23.02.19	23.01.32.00.00	4250 E LA PALME, SUITE A	ANAHIM	California	California	91702	Anahim	California	91702	91702	YES	Invited				Private Database
23.00.00	PRIME LANDSCAPE INC. * (Nashville)	Kevin McQuinn	kevin@primescapes.com	06.03.23.02.19	23.01.32.00.00	4250 E LA PALME, SUITE A	ANAHIM	California	California	91702	Anahim	California	91702	91702	YES	Invited				Private Database
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23.00.00	PRIME LANDSCAPE INC. * (Nashville)	Kevin McQuinn	kevin@primescapes.com	06.03.23.02.19	23.01.32.00.00	4250 E LA PALME, SUITE A	ANAHIM	California	California	91702	Anahim	California	91702	91702	YES	Invited				Private Database
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Package No.	Company Name (Location)	Contact Name	Contact Phone	Company Fax	Address 1	Company 1	City	State	Zip Code	Referral	Book	Exchange Rate (USD)	Phase	Last Activity On	Configuration	Status
05 1200	JO Steel Solutions ** (Bakersfield, CA)	Don Blaser	(805) 899-5115		425 NEMORA STREET		Auburn	California	94303		Yes					Private Database
05 1200	JUNIOR STEEL CO. ** (Bakersfield, CA)	Estimote Conelli		(510) 850-4872	134 W WILBRI ST		Bakersfield	California	93308		Yes	UNION				Private Database
05 1200	JUNIOR STEEL CO. ** (Bakersfield, CA)	Brian@juniorsteel.com	(510) 850-4868		134 W WILBRI ST		Bakersfield	California	93308		Yes	UNION				Private Database
05 1200	JUNIOR STEEL CO. ** (Bakersfield, CA)	Paul Scrimmo	(510) 850-4868		134 W WILBRI ST		Bakersfield	California	93308		Yes	UNION				Private Database
05 1200	JUNIOR STEEL CO. ** (Bakersfield, CA)	sales@juniorsteel.com	(510) 850-4868		134 W WILBRI ST		Bakersfield	California	93308		Yes	UNION				Private Database
05 1200	KCS Industries Inc. ** (Highland)	Michael Blythe	(909) 867-0222	(909) 864-0543	P O BOX 100		Highland	California	92316		Yes					Private Database
05 1200	KCS Industries Inc. ** (Highland)	George Knightley	(909) 867-0222	(909) 864-0543	P O BOX 100		Highland	California	92316		Yes					Private Database
05 1200	L N Candem Manufacturing Inc. ** (Gardena, CA)	gump@lncandem.com	(562) 527-4005		16015 CENTRE STREET		Gardena	California	90248		Yes					Private Database
05 1200	Machon Steel Co. Inc. ** (Lancaster, CA)	Derek McClendon	(818) 871-9700		1880 MIRAFLORES AVE		CHULA VISTA	California	91911		Yes					Private Database
05 1200	McWalter Steel Co. ** (Lancaster, CA)	Ruf Condit	(661) 951-1998		42211 7th STREET East		Lancaster	California	93335		Yes					Private Database
05 1200	MECHANICAL INDUSTRIES INC. ** (Bakersfield, CA)	Gregg Dale	(805) 851-4944		42211 7th STREET East		Lancaster	California	93335		Yes					Private Database
05 1200	MECHANICAL INDUSTRIES INC. ** (Bakersfield, CA)	Mike Thompson	(805) 851-4944		42211 7th STREET East		Lancaster	California	93335		Yes					Private Database
05 1200	MECHANICAL INDUSTRIES INC. ** (Bakersfield, CA)	Donald Hunsford	(805) 851-4944	(805) 851-4251	2610 Aven Street		Sanger, Bakersfield	California	93307		Yes					Private Database
05 1200	MECHANICAL INDUSTRIES INC. ** (Bakersfield, CA)	Richard Quindt	(805) 851-4944	(805) 851-4251	2610 Aven Street		Sanger, Bakersfield	California	93307		Yes					Private Database
05 1200	Merco Builders & Engineers Group, LLC ** (Bakersfield, CA)	Brian Cookson	(805) 851-4250		2610 Aven Street		Merced, Bakersfield	California	93303		Yes					Private Database
05 1200	MFRS Connections Inc. ** (Croydon)	laurie_caldwell@verizon.com			7320 ENFIELD LANE		Palm Desert	California	92211		Yes					Private Database
05 1200	MFRS Connections Inc. ** (Croydon)	Doreen Macaranga	(760) 327-4651		7320 ENFIELD LANE		Palm Desert	California	92211		Yes					Private Database
05 1200	MFRS Connections Inc. ** (Croydon)	Jerry Macaranga	(760) 327-4651		7320 ENFIELD LANE		Palm Desert	California	92211		Yes					Private Database
05 1200	MFRS Connections Inc. ** (Croydon)	Chris Macaranga	(760) 327-4651		7320 ENFIELD LANE		Palm Desert	California	92211		Yes					Private Database
05 1200	MFRS Connections Inc. ** (Croydon)	Chris Macaranga	(760) 327-4651		7320 ENFIELD LANE		Palm Desert	California	92211		Yes					Private Database
05 1200	MFRS Connections Inc. ** (Croydon)	Chris Macaranga	(760) 327-4651		7320 ENFIELD LANE		Palm Desert	California	92211		Yes					Private Database
05 1200	MFRS Connections Inc. ** (Croydon)	Chris Macaranga	(760) 327-4651		7320 ENFIELD LANE		Palm Desert	California	92211		Yes					Private Database
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05 1200	MFRS Connections Inc. ** (Croydon)	Chris Macaranga	(760) 327-4651		7320 ENFIELD LANE		Palm Desert	California	92211		Yes					Private Database
05 1200	MFRS Connections Inc. ** (Croydon)	Chris Macaranga	(760) 327-4651		7320 ENFIELD LANE		Palm Desert	California	92211		Yes					Private Database
05 1200	MFRS Connections Inc. ** (Croydon)	Chris Macaranga	(760) 327-4651		7320 ENFIELD LANE		Palm Desert	California	92211		Yes					Private Database
05 1200	MFRS Connections Inc. ** (Croydon)	Chris Macaranga	(760) 327-4651		7320 ENFIELD LANE		Palm Desert	California	92211		Yes					Private Database
05 1200	MFRS Connections Inc. ** (Croydon)	Chris Macaranga	(760) 327-4651		7320 ENFIELD LANE		Palm Desert	California	92211		Yes					Private Database
05 1200	MFRS Connections Inc. ** (Croydon)	Chris Macaranga	(760) 327-4651		7320 ENFIELD LANE		Palm Desert	California	92211		Yes					Private Database
05 1200	MFRS Connections Inc. ** (Croydon)	Chris Macaranga	(760) 327-4651		7320 ENFIELD LANE		Palm Desert	California	92211		Yes					Private Database
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05 1200	MFRS Connections Inc. ** (Croydon)	Chris Macaranga	(760) 327-4651		7320 ENFIELD LANE		Palm Desert	California	92211		Yes					

[illegible]

[illegible]

All bid items

- D. The names, addresses and phone numbers of rejected DBE firms, the reasons for the bidder's rejection of the DBEs, the firms selected for that work (please attach copies of quotes from the firms involved), and the price difference for each DBE if the selected firm is not a DBE.

Names, addresses and phone numbers of rejected DBEs and the reasons for the bidder's rejection of the DBEs:

See attached list

Names, addresses and phone numbers of firms selected for the work above:

See subcontractors list

- E. Efforts made to assist interested DBEs in obtaining bonding, lines of credit or insurance, and any technical assistance or information related to the plans, specifications and requirements for the work which was provided to DBEs:

Not applicable to this bid

- F. Efforts made to assist interested DBEs in obtaining necessary equipment, supplies, materials or related assistance or services, excluding supplies and equipment the DBE subcontractor purchases or leases from the prime contractor or its affiliate:

Not applicable to this bid

- G. The names of agencies, organizations or groups contacted to provide assistance in contacting, recruiting and using DBE firms (please attach copies of requests to agencies and any responses received, i.e., lists, Internet page download, etc.):

Name of Agency/Organization	Method/Date of Contact	Results
-----------------------------	------------------------	---------

Smart bid net	See attached	See attached
_____	_____	_____
_____	_____	_____
_____	_____	_____

H. Any additional data to support a demonstration of good faith efforts (use additional sheets if necessary):

None

NOTE: USE ADDITIONAL SHEETS OF PAPER IF NECESSARY.
IF A SOLE OWNER OR SOLE CONTRACTOR SIGN HERE:

(1) Name under which business is conducted N/A

(2) Signature (given and surname) of proprietor N/A

(3) Place of Business N/A
 (Street and Number)

City and State N/A

(4) Zip Code N/A

(5) Telephone No. N/A

(6) E-Mail N/A

IF A PARTNERSHIP SIGN HERE:

(1) Name under which business is conducted N/A

(2) Signature (given and surname and character of partner) (Note: Signature must be made by a general partner) N/A


(3) Place of Business N/A
 (Street and Number)

City and State N/A

(4) Zip Code Telephone No. N/A
(5) E-Mail N/A

IF A CORPORATION SIGN HERE:

(1) Name under which business is conducted PCN3, INC.

(2) 
(Signature) Brian Abghari
President
(Title)

Impress Corporate Seal here

(3) Incorporated under the laws of the State of California

(4) Place of Business 11082 Winners Circle, Unit B
(Street and Number)

City and State Los Almitos, CA

(5) Zip Code Telephone No. 90720 (562) 493-4124 ex. 402

(6) E-Mail estimating@pcn3.com

NOTARIAL ACKNOWLEDGMENT OF EXECUTION BY ALL SIGNATORIES MUST BE ATTACHED

List below names of president, vice president, secretary and assistant secretary, if a corporation; if a partnership, list names of all general partners and managing partners:

Brian Abghari - President

Brian Abghari - Vice President

Brian Abghari - Secretary

CALIFORNIA ACKNOWLEDGMENT

CIVIL CODE § 1189

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 Orange

On April 17, 2023 before me, Portia C. Moore, notary public
Date Here Insert Name and Title of the Officer

personally appeared Brian Abghari
Name(s) of Signer(s)

who proved to me on the basis of satisfactory evidence to be the person(s) whose name(s) is/are subscribed to the within instrument and acknowledged to me that he/she/they executed the same in his/her/their authorized capacity(ies), and that by his/her/their signature(s) on the instrument the person(s), or the entity upon behalf of which the person(s) acted, executed the instrument.



I certify under PENALTY OF PERJURY under the laws of the State of California that the foregoing paragraph is true and correct.

WITNESS my hand and official seal.

Signature [Signature]
Signature of Notary Public

Place Notary Seal and/or Stamp Above

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: _____

Capacity(ies) Claimed by Signer(s)

Signer's Name: Brian Abghari Signer's Name: _____

☒ Corporate Officer – Title(s): President, Vice President, Secretary ☐ Corporate Officer – Title(s): _____

☐ Partner – ☐ Limited ☐ General ☐ Partner – ☐ Limited ☐ General

☐ Individual ☐ Attorney in Fact ☐ Individual ☐ Attorney in Fact

☐ Trustee ☐ Guardian or Conservator ☐ Trustee ☐ Guardian or Conservator

☐ Other: _____ ☐ Other: _____

Signer is Representing: _____ Signer is Representing: _____

PREVIOUS DISQUALIFICATION QUESTIONNAIRE

In accordance with Government Code Section 14310.5, the Bidder shall complete, under penalty of perjury, the following questionnaire:

QUESTIONNAIRE

Has the bidder, any officer of the bidder, or any employee of the bidder who has a proprietary interest in the bidder, ever been disqualified, removed, or otherwise prevented from bidding on; or completing a federal, state, or local government project because of a violation of law of a safety regulation?

Yes _____

No X

If the answer is yes, explain the circumstances in the following space.

N/A

NOTE: This questionnaire constitutes a part of the Proposal and signature on the signature portion of this Proposal shall constitute signature of this questionnaire.

QUESTIONNAIRE TO GENERAL CONTRACTORS

1. Has any person or group threatened you with subcontractor boycotts, union boycotts, or other sanctions to attempt to convince you to use the services or abide by the rules of one or more bid depositories?

Yes ()

No (✓)

2. If the answer to No. 1 is "yes," please explain the following details:

(a) Date(s):

(b) Name of person or group:

(c) Job involved (if applicable):

(d) Nature of threats:

(e) Additional comments:
(Use additional paper if necessary)

We declare under penalty of perjury that the foregoing is true and correct.

Dated this 18th day of April, 2023.

PCN3, INC.

Name of Company

By Brian Abghari

President

Title

QUESTIONNAIRE TO GENERAL CONTRACTORS (Continued)

QUESTIONNAIRE REGARDING BIDDERS

Number of years engaged in the contracting business under present business name 22 yrs.

List of last three contracts performed which show experience in work of a nature similar to that covered in this proposal. If none, so indicate.

<u>Year</u>	<u>Type of Work</u>	<u>Contract Amt.</u>	<u>Location</u>	<u>For whom Performed & Phone Number</u>
2022	Reconstruction of City Building	\$9,313,000.00	Cerritos, CA	City of Cerritos (562)916-1219
2022	Modernization of Locker building at North Park Academy, Rivera MS and Steam Academy, Irrigation, landscape, restroom upgrade	\$6,529,000.00	Pico Rivera, CA	El Rancho Unified School District (562)338-3388
2021	Modernization to Fryberger Elementary School	\$5,219,000.00	Westminster, CA	Westminster School District (714) 894-7311

REFERENCES:

Following are the names, addresses and telephone numbers of firms or agencies with which you may confirm the past performances of the company in performing work of a similar nature and scope:

<u>Firm/Address</u>	<u>Type of Work</u>	<u>Contact Person Telephone No.</u>	<u>Contract Amount</u>
City of Downey 11111 Brookshire Ave. Downey, CA 90241	Renovation and Addition of Fire Station 1 & 3	Manuel Valdes (949) 480-7048	\$10,743,000.00
City of Cerritos 18125 Bloomfield Ave., Cerritos, CA 90703	Reconstruction of City Building	Dario Simoes (562) 916-1219	\$9,313,000.00
State of California Department of Transportation 1727 30th. St., Sacramento, CA 95816	Building New Maintenance Station Building at CalTrans Maintenance Station	Tim Flores (951) 830-6254	\$4,396,000.00
El Rancho Unified School District 9333 Loch Lomond Dr., Pico Rivera, CA 90660	Modernization of Locker building at North Park Academy, Rivera MS and Steam Academy, Irrigation, landscape, restroom upgrade	Charlotte Clement (562) 338-3388	\$6,529,000.00
Westminster School District 14121 Cedarwood Ave., Westminster, CA 92683	Modernization to Fryberger Elementary School	Brian Johnson (714) 894-7311	\$5,219,000.00

Bidder's Name: PCN3, INC.

Authorized Signature: _____

4/18/23

Date: _____

State of California Contractor's License No. 786518

Contractor's License Expiration Date 10/31/2024

CONTRACTOR'S QUESTIONNAIRE

1. List any lawsuit(s) filed against you or your firm over the past ten (10) years for breach or non-performance of contract: N/A

2. List the results of any lawsuit(s): N/A

2. List any claim(s) filed by subcontractors against you or your firm over the past ten (10) years: See Attached

4. List the results of each claim: See Attached

3. List any disciplinary action and the ultimate disposition within the past ten (10) years taken against you or your firm by the State Contractor's License Board: N/A

4. List projects similar to the type applied for herein which you have worked on and how recently the project was performed: See attached

I DECLARE UNDER PENALTY OF PERJURY THAT THE FOREGOING IS TRUE,
COMPLETE, ACCURATE AND CORRECT.

Dated: 4/18/23


Contractor's Signature

Brian Abghari



11082 Winners Circle Unit B, Los Alamitos, CA, 90720 Phone: 562-493-4124 Fax: 562-493-4129, License#: 786518

March 14, 2023

To whom it may concern:

RE: Claim against PCN3

Dear Sir / Madam:

In the last two years there has been two claims filed against PCN3.

1st Claim:

On or about 2/8/2021, Crosby Plumbing Inc filed a lawsuit against PCN3, INC in connection with plumbing and site utility scope of work that was performed by Crosby in Downey Fire Station #1 and #3 with superior court of California case No. 21NWCV00077. The reason for lawsuit were PCN3 could not release the retention balance of contract since Crosby failed to hold City of Downey harmless against the personal injury claim of someone that fell on Crosby's trench plate on the sidewalk in front of Fire station #3. Crosby submitted 4 change order to PCN3 for value of approximately \$45000 since they could not achieve the cleanest requirement of the project specification via chlorination process for fire line and change orders were rejected by City and PCN3 since the scope of work was as shown per specification. However, as this point the settlement has been reached and the case is closed.

2nd claim:

On or about 12/7/2021, Mel smith Electric Inc. filed a lawsuit against PCN3, Inc in connection with Electrical scope of work that was performed by Mel Smith Electric in Fryberger Elementary school Project with superior court of California Case No. 30-2021-01235133-CU-BC-CJC. The reason for lawsuit was that PCN3 could not release retention balance of the contract since Mel smith Electric Inc. failed to perform a portion of electrical after 3 expired 48-hour notice to comply and PCn3 had to do the work on Mel Smith Electric Inc. so the project can be finished on time. The cost of PCN3 to do the work is more than the balance left in the subcontract and currently PCN3 is asking Mel Smith Electric to pay PCN3 to cover the negative balance. However, as this point the settlement has been reached and the case is closed.

If you have any questions or concerns regarding this matter pls feel free to contract the undersigned at 562-493-4124 X 407.

Regards,

Brian Abghari
President

Accompanying this Bid is

(NOTICE: INSERT THE WORDS "CASH (\$ _____)," "CASHIER'S CHECK,"
"CERTIFIED CHECK," OR "BIDDER'S BOND" AS THE CASE MAY BE.)

in amount equal to at least ten percent of the total of the bid.

The names of all persons interested in the foregoing bid as principals are as follows:

IMPORTANT NOTICE

If bidder or other interested person is a corporation, state legal name of corporation, also names of the president, secretary, treasurer, and manager thereof; if a co-partnership, state true name of firm, also names of all individual copartners composing firm; if bidder or other interested person is an individual, state first and last names in full.

PCN3, INC

Brian Abghari - President, Secretary, Treasurer and Manager

Licensed in conformance with an act providing for the registration of Contractors,

License No. 786518 Classification(s) A, B, C10 and C51

ADDENDA -

This Bid is submitted with respect to the changes to the contract included in addenda number/s 1

(Fill in addenda numbers if addenda have been received and insert, in this Bid, any Engineer's Estimate sheets that were received as part of the addenda.)

By my signature on this bid I certify, under penalty of perjury under the laws of the State of California, that the foregoing questionnaire and statements of Public Contract Code Sections 10162, 10232 and 10285.1 are true and correct and that the bidder has complied with the requirements of Section 8103 of the Fair Employment and Housing Commission Regulations (Chapter 5, Title 2 of the California Administrative Code). By my signature on this Bid I further certify, under penalty of perjury under the laws of the State of California and the United States of America, that the Noncollusion Affidavit required by Title 23 United States Code, Section 112 and Public Contract Code Section 7106; and the Title 49 Code of Federal Regulations, Part 29 Debarment and Suspension Certification are true and correct.

Date: 4/18/23



Sign

here

Brian Abghari

Signature and Title of Bidder

Business Address 11082 Winners Circle, Unit B, Los Alamitos, CA 90720

Place of Business 11082 Winners Circle, Unit B, Los Alamitos, CA 90720

Place of Residence

11082 Winners Circle, Unit B, Los Alamitos, CA 90720



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

03/29/2023

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an **ADDITIONAL INSURED**, the policy(ies) must have **ADDITIONAL INSURED** provisions or be endorsed. If **SUBROGATION IS WAIVED**, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER AP Tutton Insurance Services 2913 S Pullman St License #0B89376 Santa Ana CA 92705	CONTACT NAME: Certificate Department PHONE (A/C, No, Ext): (949) 261-5335 FAX (A/C, No): (949) 261-1911 E-MAIL ADDRESS: INSURER(S) AFFORDING COVERAGE INSURER A: Middlesex Insurance Company NAIC # 23434 INSURER B: Starstone National Insurance Company 25496 INSURER C: Continental Ins Co 35289 INSURER D: INSURER E: INSURER F:
INSURED PCN3, Inc. 11082 Winner Circle #B Los Alamitos CA 90720	

COVERAGES**CERTIFICATE NUMBER:** 23-24 GL, BA, UMB, XS,**REVISION NUMBER:**

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input checked="" type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:			A0144715001	01/13/2023	01/13/2024	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 500,000 MED EXP (Any one person) \$ 5,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 3,000,000 PRODUCTS - COMP/OP AGG \$ 2,000,000 \$
A	<input checked="" type="checkbox"/> AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS HIRED AUTOS ONLY <input type="checkbox"/> NON-OWNED AUTOS ONLY			A0144715003	01/13/2023	01/13/2024	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ Medical payments \$ 5,000
A	<input checked="" type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED RETENTION \$			A0144715002	01/13/2023	01/13/2024	EACH OCCURRENCE \$ 5,000,000 AGGREGATE \$ 5,000,000 \$
B	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N <input checked="" type="checkbox"/> Y	N/A	T10230890	04/01/2023	04/01/2024	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER E.L. EACH ACCIDENT \$ 1,000,000 E.L. DISEASE - EA EMPLOYEE \$ 1,000,000 E.L. DISEASE - POLICY LIMIT \$ 1,000,000
C	Excess Liability Per Occurrence			6080220330	01/13/2023	01/13/2024	Each Occurrence \$5,000,000 Aggregate \$5,000,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

Evidence of Insurance
UMB Follows Form GL, Auto, WC
*30 Day Notice of Cancellation and 10 Day Non-Payment

CERTIFICATE HOLDER**CANCELLATION**

Evidence of Insurance	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.
	AUTHORIZED REPRESENTATIVE

© 1988-2015 ACORD CORPORATION. All rights reserved.

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

ADDITIONAL INSURED - OWNERS, LESSEES OR CONTRACTORS - SCHEDULED PERSON OR ORGANIZATION

This endorsement modifies insurance provided under the following:

COMMERCIAL GENERAL LIABILITY COVERAGE PART

SCHEDULE

Name Of Additional Insured Person(s) Or Organization(s)	Location(s) Of Covered Operations
Any person or organization you are required to add as an additional insured under a written contract or agreement in effect prior to any accident, injury, loss or damage	All locations and jobs performed that have a written contract, agreement or permit
Information required to complete this Schedule, if not shown above, will be shown in the Declarations.	

A. Section II - Who Is An Insured is amended to include as an additional insured the person(s) or organization(s) shown in the Schedule, but only with respect to liability for "bodily injury", "property damage" or "personal and advertising injury" caused, in whole or in part, by:

1. Your acts or omissions; or
2. The acts or omissions of those acting on your behalf;

in the performance of your ongoing operations for the additional insured(s) at the location(s) designated above.

However:

1. The insurance afforded to such additional insured only applies to the extent permitted by law; and
2. If coverage provided to the additional insured is required by a contract or agreement, the insurance afforded to such additional insured will not be broader than that which you are required by the contract or agreement to provide for such additional insured.

B. With respect to the insurance afforded to these additional insureds, the following additional exclusions apply:

This insurance does not apply to "bodily injury" or "property damage" occurring after:

1. All work, including materials, parts or equipment furnished in connection with such work, on the project (other than service, maintenance or repairs) to be performed by or on behalf of the additional insured(s) at the location of the covered operations has been completed; or
2. That portion of "your work" out of which the injury or damage arises has been put to its intended use by any person or organization other than another contractor or subcontractor engaged in performing operations for a principal as a part of the same project.

- C. With respect to the insurance afforded to these additional insureds, the following is added to **Section III - Limits Of Insurance:**

If coverage provided to the additional insured is required by a contract or agreement, the most we will pay on behalf of the additional insured is the amount of insurance:

1. Required by the contract or agreement; or

2. Available under the applicable Limits of Insurance shown in the Declarations;
whichever is less.

This endorsement shall not increase the applicable Limits of Insurance shown in the Declarations.

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

ADDITIONAL INSURED - OWNERS, LESSEES OR CONTRACTORS - COMPLETED OPERATIONS

This endorsement modifies insurance provided under the following:

COMMERCIAL GENERAL LIABILITY COVERAGE PART
PRODUCTS/COMPLETED OPERATIONS LIABILITY COVERAGE PART

SCHEDULE

Name Of Additional Insured Person(s) Or Organization(s)	Location And Description Of Completed Operations
Any person or organization you are required to add as an additional insured under a written contract or agreement in effect prior to any accident, injury, loss or damage	All locations and jobs performed that have a written contract, agreement or permit
Information required to complete this Schedule, if not shown above, will be shown in the Declarations.	

A. Section II - Who Is An Insured is amended to include as an additional insured the person(s) or organization(s) shown in the Schedule, but only with respect to liability for "bodily injury" or "property damage" caused, in whole or in part, by "your work" at the location designated and described in the Schedule of this endorsement performed for that additional insured and included in the "products-completed operations hazard".

However:

1. The insurance afforded to such additional insured only applies to the extent permitted by law; and
2. If coverage provided to the additional insured is required by a contract or agreement, the insurance afforded to such additional insured will not be broader than that which you are required by the contract or agreement to provide for such additional insured.

B. With respect to the insurance afforded to these additional insureds, the following is added to Section III - Limits Of Insurance:

If coverage provided to the additional insured is required by a contract or agreement, the most we will pay on behalf of the additional insured is the amount of insurance:

1. Required by the contract or agreement; or
2. Available under the applicable Limits of Insurance shown in the Declarations;

whichever is less.

This endorsement shall not increase the applicable Limits of Insurance shown in the Declarations.

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

**PRIMARY AND NONCONTRIBUTORY -
OTHER INSURANCE CONDITION**

This endorsement modifies insurance provided under the following:

COMMERCIAL GENERAL LIABILITY COVERAGE PART
PRODUCTS/COMPLETED OPERATIONS LIABILITY COVERAGE PART

The following is added to the **Other Insurance** Condition and supersedes any provision to the contrary:

Primary And Noncontributory Insurance

This insurance is primary to and will not seek contribution from any other insurance available to an additional insured under your policy provided that:

- (1) The additional insured is a Named Insured under such other insurance; and

- (2) You have agreed in writing in a contract or agreement that this insurance would be primary and would not seek contribution from any other insurance available to the additional insured.

WAIVER OF TRANSFER OF RIGHTS OF RECOVERY AGAINST OTHERS TO US

This endorsement modifies insurance provided under the following:

COMMERCIAL GENERAL LIABILITY COVERAGE PART
PRODUCTS/COMPLETED OPERATIONS LIABILITY COVERAGE PART

SCHEDULE

Name Of Person Or Organization:

Any person or organization from whom you are required to waive your right to recover under a written contract or agreement in effect prior to any loss or damage

Information required to complete this Schedule, if not shown above, will be shown in the Declarations.

The following is added to Paragraph 8. **Transfer Of Rights Of Recovery Against Others To Us** of Section IV - Conditions:

We waive any right of recovery we may have against the person or organization shown in the Schedule above because of payments we make for injury or damage arising out of your ongoing operations or "your work" done under a contract with that person or organization and included in the "products-completed operations hazard". This waiver applies only to the person or organization shown in the Schedule above.

POLICY NUMBER: A0144715003

COMMERCIAL AUTO
CA 20 48 10 13

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

DESIGNATED INSURED FOR COVERED AUTOS LIABILITY COVERAGE

This endorsement modifies insurance provided under the following:

AUTO DEALERS COVERAGE FORM
BUSINESS AUTO COVERAGE FORM
MOTOR CARRIER COVERAGE FORM

With respect to coverage provided by this endorsement, the provisions of the Coverage Form apply unless modified by this endorsement.

This endorsement identifies person(s) or organization(s) who are "insureds" for Covered Autos Liability Coverage under the Who Is An Insured provision of the Coverage Form. This endorsement does not alter coverage provided in the Coverage Form.

This endorsement changes the policy effective on the inception date of the policy unless another date is indicated below.

Named Insured: PCN3, Inc.

Endorsement Effective Date: 01/13/2023

SCHEDULE

Name Of Person(s) Or Organization(s):

Any person or organization from whom you are required to waive your right to recover under a written contract or agreement in effect prior to any loss or damage

Information required to complete this Schedule, if not shown above, will be shown in the Declarations.

Each person or organization shown in the Schedule is an "insured" for Covered Autos Liability Coverage, but only to the extent that person or organization qualifies as an "insured" under the Who Is An Insured provision contained in Paragraph **A.1.** of Section **II** - Covered Autos Liability Coverage in the Business Auto and Motor Carrier Coverage Forms and Paragraph **D.2.** of Section **I** - Covered Autos Coverages of the Auto Dealers Coverage Form.

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

**WAIVER OF TRANSFER OF RIGHTS OF RECOVERY
AGAINST OTHERS TO US (WAIVER OF SUBROGATION)**

This endorsement modifies insurance provided under the following:

AUTO DEALERS COVERAGE FORM
BUSINESS AUTO COVERAGE FORM
MOTOR CARRIER COVERAGE FORM

With respect to coverage provided by this endorsement, the provisions of the Coverage Form apply unless modified by the endorsement.

This endorsement changes the policy effective on the inception date of the policy unless another date is indicated below.

Named Insured: PCN3, Inc.

Endorsement Effective Date: 01/13/2023

SCHEDULE

Name(s) Of Person(s) Or Organization(s):

Any person or organization from whom you are required to waive your right to recover under a written contract or agreement in effect prior to any loss or damage

Information required to complete this Schedule, if not shown above, will be shown in the Declarations.

The **Transfer Of Rights Of Recovery Against Others To Us** condition does not apply to the person(s) or organization(s) shown in the Schedule, but only to the extent that subrogation is waived prior to the "accident" or the "loss" under a contract with that person or organization.

WAIVER OF OUR RIGHT TO RECOVER FROM OTHERS ENDORSEMENT—CALIFORNIA

We have the right to recover our payments from anyone liable for an injury covered by this policy. We will not enforce our right against the person or organization named in the Schedule. (This agreement applies only to the extent that you perform work under a written contract that requires you to obtain this agreement from US.)

You must maintain payroll records accurately segregating the remuneration of your employees while engaged in the work described in the Schedule.

The additional premium for this endorsement shall be __*__% of the California workers' compensation premium otherwise due on such remuneration.

Schedule

Person or Organization

Job Description

WHERE YOU ARE REQUIRED BY WRITTEN CONTRACT TO OBTAIN THIS AGREEMENT FROM US, PROVIDED THE CONTRACT IS SIGNED AND DATED PRIOR TO THE DATE OF LOSS TO WHICH THIS WAIVER APPLIES. IN NO INSTANCE SHALL THE PROVISIONS AFFORDED BY THIS ENDORSEMENT BENEFIT ANY COMPANY OPERATING AIRCRAFT FOR HIRE.

*The premium charge for this endorsement shall be 2% of the premium developed in the State of California, but not less than \$500 policy minimum premium.

This endorsement changes the policy to which it is attached and is effective on the date issued unless otherwise stated.
(The information below is required only when this endorsement is issued subsequent to preparation of the policy.)

Endorsement Effective	04/01/22	Policy No.	T10220890	Endorsement No.	11
Insured	PCN3, Inc.			Policy Effective Date	04/01/22
Insurance Company	StarStone Naional Insurance Company				

Countersigned By

Joseph E. (J.E.) Connelley

WC 04 03 06
(Ed. 04-84)

POLICY NUMBER: A0144715002

SCHEDULE OF UNDERLYING INSURANCE

Policy, Insurer and Limits of Liability

Commercial General Liability	Middlesex Insurance Company	A0144715001
Including Products/Completed Operations		
Including Stop Gap (Employers Liability)		
General Aggregate Limit		\$ 3,000,000
(Other Than Products/Completed Operations)		
Products/Completed Operations Aggregate Limit		\$ 2,000,000
Personal and Advertising Injury Limit		\$ 1,000,000
Each Occurrence Limit		\$ 1,000,000
Employee Benefits Each Employee Limit		\$ 1,000,000
Employers Liability	StarStone National Insurance Company	T10190890
Bodily Injury by Accident - Each Accident		\$ 1,000,000
Bodily Injury by Disease - Each Employee		\$ 1,000,000
Bodily Injury by Disease - Policy Limit		\$ 1,000,000
Commercial Auto Insurance	Middlesex Insurance Company	A0144715003
Each Accident Limit		\$ 1,000,000

OPTIONAL COVERAGE ENDORSEMENTS

Exclusion - Designated Operations Caused By A Consolidated (Wrap-Up) Insurance Program

Description and Location of Operation(s):

All owner or contractor controlled insurance programs in which you were enrolled or intended to enroll

Home



CONTRACTORS STATE LICENSE BOARD



Contractor's License Detail for License # 786518

DISCLAIMER: A license status check provides information taken from the CSLB license database. Before relying on this information, you should be aware of the following limitations.

- ▶ CSLB complaint disclosure is restricted by law (B&P 7124.6) If this entity is subject to public complaint disclosure click on link that will appear below for more information. Click here for a definition of disclosable actions.
- ▶ Only construction related civil judgments reported to CSLB are disclosed (B&P 7071.17).
- ▶ Arbitrations are not listed unless the contractor fails to comply with the terms.
- ▶ Due to workload, there may be relevant information that has not yet been entered into the board's license database.

Data current as of 3/3/2023 12:51:47 PM

Business Information

P C N 3 INC
11082 WINNERS CIRCLE UNIT B
LOS ALAMITOS, CA 90720
Business Phone Number:(562) 493-4124

Entity Corporation
Issue Date 10/26/2000
Expire Date 10/31/2024

License Status

This license is current and active.

All information below should be reviewed.

Classifications

- ▶ A - GENERAL ENGINEERING
- ▶ C10 - ELECTRICAL
- ▶ C51 - STEEL, STRUCTURAL
- ▶ B - GENERAL BUILDING

Bonding Information

Contractor's Bond

This license filed a Contractor's Bond with OLD REPUBLIC SURETY COMPANY.

Bond Number: GCL7312518
Bond Amount: \$25,000
Effective Date: 01/01/2023
Contractor's Bond History

Bond of Qualifying Individual

The qualifying individual BRIAN ABGHARI certified that he/she owns 10 percent or more of the voting stock/membership interest of this company; therefore, the Bond of Qualifying Individual is not required.

Effective Date: 07/16/2018
BQI's Bond History

Workers' Compensation

This license has workers compensation insurance with the STARSTONE NATIONAL INSURANCE COMPANY

Policy Number: T10220890
Effective Date: 04/01/2022
Expire Date: 04/01/2023
Workers' Compensation History

Contractor Information		Registration History	
Legal Entity Name		Effective Date	Expiration Date
PCN3, INC.		06/23/18	06/30/19
Legal Entity Type		06/20/17	06/30/18
Corporation		06/29/16	06/30/17
Status		06/19/15	06/30/16
Active		01/31/15	06/30/15
Registration Number		07/01/19	06/30/22
1000007827		07/01/22	06/30/25
Registration effective date			
07/01/22			
Registration expiration date			
06/30/25			
Mailing Address			
11082 Winners Circle, Unit B LOS ALAMITOS 90720 CA ...			
Physical Address			
11082 Winners Circle, Unit B LOS ALAMITOS 90720 CA ...			
Email Address			
info@pcn3.com			
Trade Name/DBA			
License Number (s)			
CSLB:786518			
CSLB:786518			

Legal Entity Information	
Corporation Entity Number:	C2136938
Federal Employment Identification Number:	
President Name:	Brian Abghari
Vice President Name:	
Treasurer Name:	
Secretary Name:	
CEO Name:	
Agency for Service:	
Agent of Service Name:	Brian Abghari

CCNC Addendum #1

Item #	Bidder's Questions	City's Response
1	Is the contractor to demo the HVAC equipment on top of the smaller building along with demolition of the building?	The selected contractor is to remove the HVAC currently located at the top of the smaller building <u>prior</u> to demolition of building. The selected contractor shall safely transfer the HVAC to a city-designated area located less than a mile away.
2	Per Exhibit E, Special Provisions, Article 10 states a geotechnical report for this project was created on July 22, 2020, and is available to the contractor for review upon request. Please provide the geotechnical report.	The City will provide the geotechnical report to the selected contractor upon award. Unfortunately the geotech report is not available at this time.
3	<p>Per the notice to contractors, provided by the City in the project manual, page 11, under the category "advertisement to bid", item 17 states "any bidder may file a protest letter in writing pertaining to the responsiveness of a bid. Protests shall be received by the Community & Economic Development Director within five working days of the opening of bids. The City Council may consider the protests in connection with it's consideration of the award of the contract."</p> <p>At the job walk on April 5, it was indicated that the reason for the unusually early bid time of 9AM was so that the City could perform a quick review of bids and prepare the project for a council meeting on the same day to recommend award. If this occurs, bidders will be prohibited from exercising their contractual right of having 5 business days in which to perform their own evaluations of competing bids and to prepare and submit formal letters of protest prior to the city council's consideration for the award of contract, per the section referenced above.</p>	The City is providing the 5 (five) days to protest.
4	<p>The warehouse buildings appear to have new roofs installed on them. On google earth, these buildings have completely deteriorated pitched roofs as opposed to the flat TPO roof they have at present. These satellite images can be no more than 3 yrs old, and as such, it is likely that this roof is still under warranty by both the installer and manufacturer.</p> <p>If you can, please share with us the name and contact info of the contractor that was responsible for this work so that we can insure their participation on this bid and prevent the new work from compromising the existing warranty.</p>	<p>Red Built shop drawings are included with the "as-builts" in the tFB Bid Package (drawings dated 2021 - Pages #8 through 29).</p> <p>RedBuilt Contact Info: Dave Newman - dnewman@redbuilt.com Refer to Michael, in case if Dave is not available. Michael's contact info is listed in Dave's out of office email reply.</p> <p>Solatube Contact Info: rbusolo@solatube.com - 760-597-4424</p> <p>Please contact above manufactureres for all the pertinent CCNC information (warranty, etc).</p>
5	<p>Please provide clarification regarding the current roof construction, as the plans are presenting seemingly contradictory information. I am requesting clear info on the existing roof system and it's manufacturer.</p> <p>Detail drawing #A12.2 calls out 3 different roofing systems, built up roofing, modified bituminous and foam. See attachment A.</p> <p>The roof drawing on sheet A5 calls out a TPO system in the roof notes. See attachment A.</p> <p>The plumbing detail drawings call out an EDPM roof system. See attachment A.</p>	The existing roof is assumed to be "TPO" based on As Built Drawings. Please See Sheet S301 detail sections D3 and D4 for notation. Details shown on the architectural drawings are for flashing requirements for relevant specific elements. Please use TPO roof type as basis of all flashing and water proofing, etc.
6	<p>The dog run area shown on site plan SP-1, keynote #32 reads "decomposed granite surface over compacted grade, see Civil Engineering drawings". The dog run detail #12 on sheet SP-1.2 also directs contractors to the civil drawings.</p> <p>There is no decomposed granite detail included with the other civil details on C2.01, and the information on the C4.01 grading plan is limited to finish surface elevations.</p> <p>1. Please provide the missing decomposed granite detail. 2. What are the grade preparations? 3. Is there any soil preparation required? weed killer, barrier, etc?</p>	<p>1. See attached detail for typical DG section. Attachment: "City RFI #006 Response - Decomposed Granite".</p> <p>2. Base below DG 4" section to be compacted to 90%</p> <p>3. Provide permeable weed barrier per detail provided.</p>
7	<p>Please confirm that the GCs are only responsible for providing the backbone for the low voltage voice, data and security.</p> <p>Keynote #39 on site plan SP-1 refers bidders to the security drawings, but none are included in our plan set.</p>	<p>The GC is responsible for providing all the backbone infrastructure to meet all of City's stakeholders needs (IT/Telecom/Data/Security, etc). The City will utilize City's vendor for physical cable pull/activation and programming of the IT/Telecom/Data/Security systems.</p> <p>Please see response to RFI#16 below for security plans.</p>
8	<p>Enlarged locker area detail #12 on sheet SP-1.2 says "prefabricated lockers on platforms".</p> <p>Are these lockers being provided by the owner? I can not find any information on them in the plans and there is no locker section in the specifications book.</p> <p>If these lockers are to be provided by the bidders, then we need an elevation view and information on the make & model of these units. This detail also bears a callout to a sectional view referencing detail #23 on sheet A1.2, but there is no sheet A-1.2 included in this set of plans. See Attachment B.</p>	<p>Lockers will be procured by the owner. Lockers will be installed by the GC.</p> <p>The City will provide the selected GC with the lockers specifications.</p> <p>In regards to the detail, drawing SP-1.2, detail 12, cut section 23 is on SP-1.2 (same sheet). The noted A1.2 is a typo.</p>

Item #	Bidder's Questions	City's Response
9	<p>Keynote #18 on sheet A-1 floor plan states "existing wall is 6" concrete tilt up. GC to provide testing and confirmation that wall assembly is one hour rated".</p> <p>This keynote does not appear on the drawing. Please confirm whether or not this note applies to the project, and if so, clarify the wall in question. See Attachment C.</p>	<p>Please refer to the note shown on Drawing A-1. See keynote 18, on detail 10, A-1, North wall of plan. Note addresses north wall of subject property in close proximity to south wall of adjacent property.</p>
10	<p>There are two different details on Sheet A11.1 for low partition walls, details #23, and #24.</p> <p>We can find no where on the plan that references detail #23.</p> <p>On the wall legend included on sheet A-1, Detail #24 seems to be referenced by both wall type G and wall type J. We think one of these should probably be referencing detail #23. Can you confirm? See Attachment D.</p>	<p>Wall Type J-see detail 24/A-11.1 for wall at kitchen service counter.</p> <p>Wall Type G-typical dorm wall low wall detail clarified to reference Detail 23/A-11.1.</p>
11	How are permit fees going to be handled? Will they be part of the bid proposal or paid directly by the city?.	The City will waive the permit fees, however permits are still required to be pulled by the selected contractor so there is a record in the building system, and inspector can set up related inspections etc.
12	Where do contractors list their Fees, Insurance, O&P, Bonding, etc	<p>Please add one row after item #84, under Indirect Costs category. Please combine the noted fees, Insurances, O&P, Bond etc into the newly added line item.</p> <p>Please check and make sure all formulas are updated accordingly.</p>
13	In Regards to Water/Gas meters, it is common for the tenant or building owner to set up an account with the utility and request a meter install and pay for it directly when being upgraded. are these being upgraded?	Gas meter will be responsibility of the contractor. The contractor to coordinate with the gas company directly. The contractor to coordinate with the City water division for water meter.
14	Is there a complete list of FFE that the General Contractor or it's subs will not be responsible for, or NIC. If not would it be possible to request one. This would avoid any possibility of confusion.	The City will onboard a FF&E vendor responsible for procuring and installing all FF&E. FF&E vendor will provide lockers, beds, office furniture (desks & chair), tables, etc.
15	On Pg A.02 keynote 10 conflicts with salvage note B on Pg C3.01	Please refer to A-02. keynote 10 for the exterior perimeter wall to be demolished. Keynote B on C3.01 is revised to clarify to protect in place existing walls including the warehouse building that are to remain.
16	On Pg Sp-1 #39 refers to a security plan. Can one be provided?	Infrastructure for security is included in the IFB plan set. The City will provide the final security plan to the selected contractor upon award.
17	There is no reference to interior slab removal to accommodate underground utilities. Can one be provide or should I include in bid package.	Please refer to "RFI#018 Response - typical trench at existing slab on grade". The contractor to sawcut and remove concrete slab inside the warehouses as needed to install the utilities. The contractor to provide patch back to match existing adjacent ..
18	Can a Structural detail for replacing interior slab be provided including reinforcing steel, size and spacing, thickness, and PSI for the cement. Or is detail 10 on page S 1.4 sufficient?	Please see the detail shown in Attachment "City RFI#018 Response - Typ Trench at (E) Slab on Grade".
19	Please clarify dorm low walls on page A 11.1 details 23 and 24 refer to different finishes. I presume it is FRP due to other references on the plan but would prefer to be sure.	Please refer to drawing A-4.2, noting FRP on Interior Elevations for the dorm room walls.
20	Pg A-5 Keynote 6 refers to detail 16 (Canopy over exterior doorways). The detail states to refer to structural drawings, can a structural drawing be provided including, gauge of TS, Gauge of Corrugated metal, and any other necessary information	Please see the attachment "City RFI#020 Response".
21	New openings in tilt-up panels. Page A-1 key note 16 shows 4 new opening with H-Frame structural steel. Pg A-6 Key Note 19 Represents 2. I believe it would be 4 total. Please verify.	Drawing A-6, Note 19 indicates that the structural drawings are to be referenced for additional information. The architectural floor plan is coordinated with the structural drawings. The structural drawings should be referenced for locations, quantities and opening reinforcements.
22	Pg A 4 WP1 refers to elevation on Pg. A 4.2 detail 17. I presume the elevation would show 4ft above and paint above. Please Verify.	Please refer to drawing A-4.2 detail reference 13. Refer to this detail for additional information.
23	I noticed there are some line items that may not be available on the provided Bid Proposal spread sheet. Is it acceptable to add line items I believe should be in a division? For example, exterior exit/entrance door canopies. Should that go into the line items with division 05 metals on line 11? Or would it be acceptable to add a misc. section with the cost associated with them.	It is acceptable to add line items the bidder believes should be in a division. Please add such line items under the last item within a division. Please check and make sure all formulas are updated accordingly.
24	Is there a specific design expected for sprinklers?	Please refer to dwgs CS, FA-1, FP-1. An NFPA 13 sprinkler system is required for this project and will be under separate permit and submission through OCFA. The sprinkler system and other Life Safety Systems shall comply with all applicable regulations.

Item #	Bidder's Questions	City's Response
26	Drawing S1.3, detail 4 (roof screen detail) is noting the roof screens are "by others". Please confirm the GC is not responsible for roof screen design/material/construction per this note?	GC shall procure the prefabricated and engineered system indicated. Structural has accommodated the below roof structure as shown on the drawings. GC to provide separate permits and plan check as required by the city.
28	Will Section 3 of the Department of Housing and Urban Development (HUD) be required for this project and if so what percentage of work must they perform	Yes. Please reference the Section 3 of the Department of HUD Guidebook for further details. Please click on the link below. https://www.hudexchange.info/programs/section-3/section-3-guidebook/welcome . Also, see the required Section 3 Worker and Targeted Section 3 Worker requirements below:
30	Can you identify on the roof plan on A-5, keynote #2 (existing HVAC)?	This note is intended to address any existing and not used platforms that may exist on the roof so as to not disturb the existing TPO roof membrane unless necessary.
31	Mandatory Bidders Walk Sign in Sheet	The noted Sign in Sheet is attached. Please see Attachment "City RFI#031 Response - Mandatory Job Walk Attendees".



 4/18/23

Contractor Information

Legal Entity Name
QUALITY REBAR, INC.
Legal Entity Type
Corporation
Status
Active
Registration Number
1000000745
Registration effective date
7/1/2022
Registration expiration date
6/30/2025
Mailing Address
P.O. BOX 501877 SAN DIEGO 92150 CA United ...
Physical Address
13275 Gregg Street, Suite B POWAY 92064 CA U...
Email Address
Trade Name/DBA
License Number(s)
CSLB:818593

Registration History

Effective Date	Expiration Date
5/22/2018	6/30/2019
5/9/2017	6/30/2018
10/4/2016	6/30/2017
7/1/2015	6/30/2016
8/6/2014	6/30/2015
7/1/2019	6/30/2022
7/1/2022	6/30/2025

Legal Entity Information

Corporation Number:
Federal Employment Identification Number:
President Name:
Cheryl Woof
Vice President Name:
Treasurer Name:
Secretary Name:
CEO Name:

Agent of Service Name:
Cheryl Woof
Agent of Service Mailing Address:
13275 Gregg Street Poway 92064 CA United States of America

Workers Compensation

Do you lease employees No
through Professional
Employer Organization
(PEO)?:
Please provide your

current workers
compensation insurance
information below:

	PEO	PEO	PEO
PEO Information	Name	Phone	Email

Insured by Carrier

Policy Holder Name:QUALITY REBAR, INC.**Insurance Carrier:**
ZURICH AMERICAN INSURANCE COMPANY**Policy Number:**WC450355009**Inception date:**
10/1/2021**Expiration Date:**10/1/2022

Contractor Information

Legal Entity Name

Newhouse Construction Services, Inc.

Legal Entity Type

Corporation

Status

Active

Registration Number

PW-LR-1000548424

Registration effective date

7/1/2022

Registration expiration date

6/30/2023

Mailing Address

10704 Valley Dr. riverside 92505 CA United State...

Physical Address

10704 Valley Dr. riverside 92505 CA United State...

Email Address**Trade Name/DBA**

Masonry Solutions

License Number(s)

CSLB:648103

Registration History

Effective Date	Expiration Date
1/2/2020	6/30/2020
7/6/2020	6/30/2021
7/1/2021	6/30/2022
7/1/2022	6/30/2023

Legal Entity Information

Corporation Number:**Federal Employment Identification Number:****President Name:**

Armando Echeverria Jr.

Vice President Name:

Armando Echeverria Jr.

Treasurer Name:

Armando Echeverria Jr.

Secretary Name:

Armando Echeverria Jr.

CEO Name:

Armando Echeverria Jr.

Agent of Service Name:

Armando Echeverria Jr.

Agent of Service Mailing Address:

10704 VALLEY DR RIVERSIDE 92505 CA United States of America

Workers Compensation

Do you lease employees No
through Professional
Employer Organization
(PEO)?:

Please provide your
current workers
compensation insurance
information below:

PEO	PEO	PEO
PEO InformationName	Phone	Email

Insured by Carrier

Policy Holder Name:Newhouse Construction Services, Inc.**Insurance Carrier:**

National Liability @ Fire Insurance Company**Policy Number:**A9WC079210**Inception date:**
11/6/2021**Expiration Date:**11/6/2022

Contractor Information

Legal Entity Name
T-REX DEMOLITION INC.

Legal Entity Type
Corporation

Status
Active

Registration Number
1000027497

Registration effective date
7/15/2021

Registration expiration date
6/30/2023

Mailing Address
14044 CLARK ST. BALDWIN PARK 91706 CA Unit...

Physical Address
14044 CLARK ST. BALDWIN PARK 91706 CA Unit...

Email Address

Trade Name/DBA

License Number(s)

CSLB:989006

CSLB:989006

CSLB:989006

Registration History

Effective Date	Expiration Date
6/29/2018	6/30/2019
6/28/2017	6/30/2018
7/6/2016	6/30/2017
8/4/2015	6/30/2016
7/1/2019	6/30/2020
7/1/2020	6/30/2021
7/15/2021	6/30/2023

Legal Entity Information

Corporation Number:

3516112

Federal Employment Identification Number:

President Name:

MANUEL G. IBARRA

Vice President Name:

MARISOL IBARRA

Treasurer Name:

Secretary Name:

MANUEL G. IBARRA

CEO Name:

Agent of Service Name:

MANUEL G. IBARRA

Agent of Service Mailing Address:

14044 CLARK ST. BALDWIN PARK 91706 CA United States of America

Workers Compensation

Do you lease employees No
through Professional
Employer Organization
(PEO)?:

Please provide your
current workers
compensation insurance
information below:

	PEO	PEO	PEO
PEO Information	Name	Phone	Email

Insured by Carrier

Policy Holder Name:T-REX DEMOLIITON INC.**Insurance Carrier:**

STATE COMPENSATION INSURANCE FUND**Policy Number:**9167853-16**Inception date:**
10/10/2020**Expiration Date:**10/11/2021

Contractor Information

Legal Entity Name

MARANATHA SHEET METAL, INC.

Legal Entity Type

Corporation

Status

Active

Registration Number

1000030456

Registration effective date

7/1/2022

Registration expiration date

6/30/2024

Mailing Address

411 N. Sullivan St Santa Ana 92703 CA United St...

Physical Address

411 N. Sullivan St Santa Ana 92703 CA United St...

Email Address**Trade Name/DBA**

MARANATHA SHEET METAL, INC

License Number(s)

CSLB:915024

CSLB:915024

Registration History

Effective Date**Expiration Date**

6/14/2018

6/30/2019

5/1/2017

6/30/2018

6/23/2016

6/30/2017

10/6/2015

6/30/2016

7/1/2019

6/30/2022

7/1/2022

6/30/2024

Legal Entity Information

Corporation Number:**Federal Employment Identification Number:****President Name:**

Kelly Melendes

Vice President Name:

John Melendes

Treasurer Name:**Secretary Name:****CEO Name:****Agent of Service Name:**

John Melendes

Agent of Service Mailing Address:

411 N. Sullivan Street Santa Ana 92703 CA United States of America

Workers Compensation

Do you lease employees No
through Professional

Employer Organization
(PEO)?:

Please provide your
current workers

compensation insurance
information below:

	PEO	PEO	PEO
PEO Information	Name	Phone	Email

Insured by Carrier

Policy Holder Name:MARANATHA SHEET METAL, INC.**Insurance Carrier:**

Falls Lake Fire & Casualty**Policy Number:**FLA01642901**Inception date:**2/22/2022

Expiration Date:2/22/2023

Contractor Information

Legal Entity Name

MACK P & S CONSTRUCTION, INC

Legal Entity Type

Corporation

Status

Active

Registration Number

1000004137

Registration effective date

7/1/2022

Registration expiration date

6/30/2023

Mailing Address

32020 CORYDON ROAD WILDOMAR 92595 CA ...

Physical Address

32020 CORYDON ROAD WILDOMAR 92595 CA ...

Email Address**Trade Name/DBA**

MACK P AND S CONSTRUCTION, INCORPORATED

License Number(s)

CSLB:995324

CSLB:995324

Registration History

Effective Date**Expiration Date**

6/4/2018

6/30/2019

5/9/2017

6/30/2018

6/8/2016

6/30/2017

7/6/2015

6/30/2016

7/2/2015

6/30/2016

12/22/2014

6/30/2015

7/1/2019

6/30/2020

7/1/2020

6/30/2021

7/1/2021

6/30/2022

7/1/2022

6/30/2023

Legal Entity Information

Agent of Service Name:

Dean Mack

Agent of Service Mailing Address:

32020 Corydon Road Wildomar 92595 CA United States of America

Corporation Number:**Federal Employment Identification Number:****President Name:**

Dean Mack

Vice President Name:

Dean Mack

Treasurer Name:

Dean Mack

Secretary Name:

Dean Mack

CEO Name:

Dean Mack

Workers Compensation

Do you lease employees No
through Professional
Employer Organization
(PEO)?:

Please provide your
current workers
compensation insurance
information below:

	PEO	PEO	PEO
PEO Information	Name	Phone	Email

Insured by Carrier

Policy Holder Name:MACK P & S CONSTRUCTION, INC**Insurance Carrier:**

Clear Springs Property & Casualty**Policy Number:**CS-WC-004237-01**Inception date:**
8/1/2021**Expiration Date:**8/1/2022

Contractor Information

Legal Entity Name
HARRIS STEEL FENCE CO., INC
Legal Entity Type
Corporation
Status
Active
Registration Number
1000002287
Registration effective date
7/1/2022
Registration expiration date
6/30/2023
Mailing Address
8728 S SAN PEDRO ST LOS ANGELES 90003 CA ...
Physical Address
8728 S SAN PEDRO ST LOS ANGELES 90003 CA ...
Email Address
Trade Name/DBA
HARRIS STEEL FENCE CO., INC
License Number(s)
CSLB:319155
CSLB:319155

Registration History

Effective Date	Expiration Date
6/14/2018	6/30/2019
6/14/2017	6/30/2018
6/9/2016	6/30/2017
6/8/2015	6/30/2016
10/28/2014	6/30/2015
7/1/2019	6/30/2020
7/1/2020	6/30/2022
7/1/2022	6/30/2023

Legal Entity Information

Corporation Number:
Federal Employment Identification Number:
President Name:
William Blanciak
Vice President Name:
Daniel Blanciak
Treasurer Name:
Secretary Name:
CEO Name:
Agent of Service Name:
Daniel Blanciak
Agent of Service Mailing Address:
9471 Neoani Dr Huntington Beach 92646 CA United States of America

Workers Compensation

Do you lease employees No
through Professional

Employer Organization
(PEO)?:

Please provide your
current workers

compensation insurance
information below:

	PEO	PEO	PEO
PEO Information	Name	Phone	Email

Insured by Carrier

Policy Holder Name:HARRIS STEEL FENCE CO., INC**Insurance Carrier:**

INSURANCE COMPANY OF THE WEST**Policy Number:**WVE503091002**Inception date:**

7/29/2021**Expiration Date:**7/29/2022

Contractor Information

Legal Entity Name
EL CAMINO ASPHALT PAVING CORP.
Legal Entity Type
Corporation
Status
Active
Registration Number
1000026445
Registration effective date
7/1/2021
Registration expiration date
6/30/2023
Mailing Address
784 N. LEMON ST. ORANGE 92867 CA United St...
Physical Address
784 N. LEMON ST. ORANGE 92867 CA United St...
Email Address
Trade Name/DBA
EL CAMINO ASPHALT PAVING CORP.
License Number(s)
CSLB:799983
CSLB:799983

Registration History

Effective Date	Expiration Date
5/29/2018	6/30/2019
6/12/2017	6/30/2018
7/6/2016	6/30/2017
7/28/2015	6/30/2016
7/1/2019	6/30/2020
7/1/2020	6/30/2021
7/1/2021	6/30/2023

Legal Entity Information

Corporation Number:
C2227302
Federal Employment Identification Number:
President Name:
JAVIER SILVA JR.
Vice President Name:
Treasurer Name:
DIANA G. SILVA
Secretary Name:
DIANA G. SILVA
CEO Name:
JAVIER SILVA JR.

Agent of Service Name:
EL CAMINO ASPHALT PAVING CORP.
Agent of Service Mailing Address:
784 N. LEMON ST. ORANGE 92867 CA United States of America

Workers Compensation

Do you lease employees No
through Professional
Employer Organization
(PEO)?:

Please provide your
current workers
compensation insurance
information below:

PEO	PEOPLE, INC.	PEO	(800) 750-1932	PEO
PEO InformationName		Phone		Email

Insured by Carrier

Policy Holder Name:EL CAMINO ASPHALT PAVING CORPORATION**Insurance Carrier:**
Everest Premier Insurance Co.**Policy Number:**7600021314211**Inception date:**2/4/2021
Expiration Date:2/4/2022

Contractor Information

Legal Entity Name

F.W. BRADY DEVELOPMENT INC.

Legal Entity Type

Corporation

Status

Active

Registration Number

1000009603

Registration effective date

7/1/2022

Registration expiration date

6/30/2023

Mailing Address

16782 INTREPID LANE HUNTINGTON BEACH 92649 C...

Physical Address

16782 INTREPID LANE HUNTINGTON BEACH 92649 C...

Email Address**Trade Name/DBA**

F.W. BRADY DEVELOPMENT INC.

License Number(s)

CSLB:766223

CSLB:766223

Registration History

Effective Date	Expiration Date
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5/29/2018	6/30/2019
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6/26/2017	6/30/2018
-----------	-----------

7/26/2016	6/30/2017
-----------	-----------

8/11/2015	6/30/2016
-----------	-----------

2/18/2015	6/30/2015
-----------	-----------

7/8/2019	6/30/2020
----------	-----------

7/8/2020	6/30/2021
----------	-----------

7/1/2021	6/30/2022
----------	-----------

7/1/2022	6/30/2023
----------	-----------

Legal Entity Information

Corporation Number:**Federal Employment Identification Number:****President Name:**

Monica L. Brady

Vice President Name:

Fred W. Brady

Treasurer Name:**Secretary Name:****CEO Name:****Agent of Service Name:**

Fred W. Brady

Agent of Service Mailing Address:

16782 Intrepid Lane Huntington Beach 92649 CA United States of America

Workers Compensation

Do you lease employees No
through Professional

Employer Organization
(PEO)?:

Please provide your
current workers

compensation insurance
information below:

	PEO	PEO	PEO
PEO Information	Name	Phone	Email

Insured by Carrier

Policy Holder Name:FW. BRADY DEVELOPMENT INC.**Insurance Carrier:**

Insurance Company of the West**Policy Number:**WSD5046969 03**Inception date:**4/2/2021

Expiration Date:4/2/2023

Contractor Information

Legal Entity Name
SHAW ELECTRIC COMPANY INC
Legal Entity Type
Corporation
Status
Active
Registration Number
1000060278
Registration effective date
7/1/2022
Registration expiration date
6/30/2024
Mailing Address
1552 W Embassy St Anaheim 92802 CA United S...
Physical Address
1552 W Embassy St Anaheim 92802 CA United S...
Email Address
Trade Name/DBA
None
License Number(s)
CSLB:357590
CSLB:357590

Registration History

Effective Date	Expiration Date
8/14/2018	6/30/2019
7/1/2019	6/30/2020
7/1/2020	6/30/2021
7/1/2021	6/30/2022
7/1/2022	6/30/2024

Legal Entity Information

Corporation Number:
Federal Employment Identification Number:
President Name:
Mike Shaw
Vice President Name:
Treasurer Name:
Secretary Name:
Dana Boone
CEO Name:
Agent of Service Name:
Corporation Service Company Which Will Do Business In California as CSC - Lawyers Incorporating Service
Agent of Service Mailing Address:
251 Little Falls Dr. Wilmington 19808 DC United States of America

Workers Compensation

Do you lease employees No
through Professional

Employer Organization
(PEO)?:

Please provide your
current workers

compensation insurance
information below:

	PEO	PEO	PEO
PEO Information	Name	Phone	Email

Insured by Carrier

Policy Holder Name:Shaw Electric Company, Inc.**Insurance Carrier:**AmTrust**Policy Number:**
SWC1357987**Inception date:**9/1/2021**Expiration Date:**9/1/2022

Contractor Information

Legal Entity Name

ADEL AWAD SAAD

Legal Entity Type

Corporation

Status

Active

Registration Number

1000034072

Registration effective date

7/1/2022

Registration expiration date

6/30/2023

Mailing Address

4221 Kingsbury Pl. Riverside 92503 CA United St...

Physical Address

4221 Kingsbury Pl. Riverside 92503 CA United St...

Email Address**Trade Name/DBA**

PLUMBING

AIR CONDITIONING

License Number(s)

CSLB:895795

CSLB:895795

Registration History

Effective Date**Expiration Date**

7/10/2018

6/30/2019

7/3/2017

6/30/2018

7/6/2016

6/30/2017

1/12/2016

6/30/2016

7/1/2019

6/30/2020

7/1/2020

6/30/2021

7/1/2021

6/30/2022

7/1/2022

6/30/2023

Legal Entity Information

Corporation Number:**Federal Employment Identification Number:****President Name:**

Adel A Saad

Vice President Name:

Adel A Saad

Treasurer Name:

Adel A Saad

Secretary Name:

Adel A Saad

CEO Name:

Adel A Saad

Agent of Service Name:

Adel A Saad

Agent of Service Mailing Address:

4221 Kingsbury Pl. Riverside 92503 CA United States of America

Workers Compensation

Do you lease employees No
through Professional
Employer Organization
(PEO)?:

Please provide your
current workers
compensation insurance
information below:

PEO	PEO	PEO
PEO InformationName	Phone	Email

Insured by Carrier

Policy Holder Name:APS Construction Inc.**Insurance Carrier:**

CLEAR SPRING PROPERTY AND CASUALTY COMPANY**Policy Number:**CWC00664800

Inception date:4/5/2022**Expiration Date:**4/5/2023

Contractor Information

Legal Entity Name

ADEL AWAD SAAD

Legal Entity Type

Corporation

Status

Active

Registration Number

1000034072

Registration effective date

7/1/2022

Registration expiration date

6/30/2023

Mailing Address

4221 Kingsbury Pl. Riverside 92503 CA United St...

Physical Address

4221 Kingsbury Pl. Riverside 92503 CA United St...

Email Address**Trade Name/DBA**

PLUMBING

AIR CONDITIONING

License Number(s)

CSLB:895795

CSLB:895795

Registration History

Effective Date	Expiration Date
7/10/2018	6/30/2019
7/3/2017	6/30/2018
7/6/2016	6/30/2017
1/12/2016	6/30/2016
7/1/2019	6/30/2020
7/1/2020	6/30/2021
7/1/2021	6/30/2022
7/1/2022	6/30/2023

Legal Entity Information

Corporation Number:**Federal Employment Identification Number:****President Name:**

Adel A Saad

Vice President Name:

Adel A Saad

Treasurer Name:

Adel A Saad

Secretary Name:

Adel A Saad

CEO Name:

Adel A Saad

Agent of Service Name:

Adel A Saad

Agent of Service Mailing Address:

4221 Kingsbury Pl. Riverside 92503 CA United States of America

Workers Compensation

Do you lease employees No
through Professional
Employer Organization
(PEO)?:

Please provide your
current workers
compensation insurance
information below:

PEO	PEO	PEO
PEO InformationName	Phone	Email

Insured by Carrier

Policy Holder Name:APS Construction Inc.**Insurance Carrier:**

CLEAR SPRING PROPERTY AND CASUALTY COMPANY**Policy Number:**CWC00664800

Inception date:4/5/2022**Expiration Date:**4/5/2023

Contractor Information

Legal Entity Name

R.T. SHELTON, INC.

Legal Entity Type

Corporation

Status

Active

Registration Number

1000033178

Registration effective date

7/21/2021

Registration expiration date

6/30/2024

Mailing Address

4065 E LA PALMA AVE #A ANAHEIM 92807 CA ...

Physical Address

4065 E LA PALMA AVE #A ANAHEIM 92807 CA ...

Email Address**Trade Name/DBA**

ORTIZ FIRE PROTECTION

License Number(s)

Surveyor:C16-869383

Registration History

Effective Date**Expiration Date**

7/11/2017

6/30/2018

12/21/2015

6/30/2016

6/7/2019

6/30/2021

7/21/2021

6/30/2024

Legal Entity Information

Corporation Number:

C-2756509

Federal Employment Identification Number:**President Name:**

REGGIE SHELTON

Vice President Name:**Treasurer Name:**

REGGIE SHELTON

Secretary Name:

TRISTA SHELTON

CEO Name:**Agent of Service Name:**

MARK C. DOYLE

Agent of Service Mailing Address:

1920 MAIN STREET IRVINE 92614 CA United States of America

Workers Compensation

Do you lease employees No

through Professional
Employer Organization
(PEO)?:

Please provide your

current workers
compensation insurance
information below:

PEO	PEO	PEO
-----	-----	-----

PEO InformationName	Phone	Email
---------------------	-------	-------

Insured by Carrier:

Policy Holder Name:R.T. SHELTON, INC.**Insurance Carrier:**

OAK RIVER INSURANCE COMPANY**Policy Number:**RTWC124396**Inception date:**10/1/2015

Expiration Date:10/1/2021

Contractor Information

Legal Entity Name

Jason Scott reed

Legal Entity Type

Sole Proprietorship

Status

Active

Registration Number

PW-LR-1000671962

Registration effective date

8/3/2022

Registration expiration date

6/30/2023

Mailing Address

25550 San Thomas Street Moreno Valley 92557 CA...

Physical Address

25550 San Thomas Street Moreno Valley 92557 CA...

Email Address**Trade Name/DBA**

COMPETITIVE PAINTING

License Number(s)

CSLB:1062093

Registration History

Effective Date**Expiration Date**

9/21/2020

6/30/2021

12/1/2021

6/30/2022

8/3/2022

6/30/2023

Legal Entity Information

Sole Proprietor Name:

Workers Compensation

Do you lease employees No
through Professional

Employer Organization
(PEO)?:

Please provide your
current workers
compensation insurance
information below:

PEO	PEO	PEO
PEO InformationName	Phone	Email

Insured by Carrier

Policy Holder Name: Jason reed Insurance Carrier: Berkshire Hathaway gaurd Policy Number:
JAWC227934 Inception date: 11/9/2021 Expiration Date: 11/9/2022

Contractor Information

Legal Entity Name

JHN Inc.

Legal Entity Type

Corporation

Status

Active

Registration Number

1000004348

Registration effective date

7/1/2022

Registration expiration date

6/30/2023

Mailing Address

950 Enchanted Way, Ste. 109 Simi Valley 93065 CA...

Physical Address

950 Enchanted Way, Ste. 109 Simi Valley 93065 CA...

Email Address**Trade Name/DBA**

Coustic-Glo

License Number(s)

CSLB:585006

CSLB:585006

Registration History

Effective Date**Expiration Date**

6/20/2018

6/30/2019

5/31/2017

6/30/2018

6/16/2016

6/30/2017

6/11/2015

6/30/2016

12/23/2014

6/30/2015

7/1/2019

6/30/2020

7/1/2020

6/30/2022

7/1/2022

6/30/2023

Legal Entity Information

Corporation Number:**Federal Employment Identification Number:****President Name:**

Richard Read

Vice President Name:

Richard Read / Johnny Reyes

Treasurer Name:

Mark Flanders

Secretary Name:

Mark Flanders

CEO Name:

Richard Read

Agent of Service Name:

Kevin Shaw

Agent of Service Mailing Address:

31248 Oak Crest Drive, Suite 200 Westlake 91361 CA United States of America

Workers Compensation

Do you lease employees No
through Professional
Employer Organization
(PEO)?:

Please provide your
current workers
compensation insurance
information below:

PEO	PEO	PEO
PEO InformationName	Phone	Email

Insured by Carrier

Policy Holder Name:JHN Inc.**Insurance Carrier:**Insurance Company of the West

Policy Number:WSD504288204**Inception date:**9/1/2022**Expiration Date:**9/1/2023

Contractor Information

Legal Entity Name

JNJ TILE CO INC

Legal Entity Type

Corporation

Status

Active

Registration Number

1000006128

Registration effective date

7/1/2021

Registration expiration date

6/30/2023

Mailing Address

9713 ORANGE TERRACE PICO RIVERA 90660 CA ...

Physical Address

9713 ORANGE TERRACE PICO RIVERA 90660 CA ...

Email Address**Trade Name/DBA**

CERAMIC TILE

License Number(s)

CSLB:665139

CSLB:665139

Registration History

Effective Date**Expiration Date**

6/28/2018

6/30/2019

6/27/2017

6/30/2018

6/29/2016

6/30/2017

6/29/2015

6/30/2016

1/20/2015

6/30/2015

7/1/2019

6/30/2020

7/1/2020

6/30/2021

7/1/2021

6/30/2023

Legal Entity Information

Corporation Number:

3663646

Federal Employment Identification Number:**President Name:**

JULIO S RAMIREZ

Vice President Name:

NORMA D RAMIREZ

Treasurer Name:**Secretary Name:**

NORMA D RAMIREZ

CEO Name:**Agent of Service Name:**

JULIO S RAMIREZ

Agent of Service Mailing Address:

9713 ORANGE TERRACE PICO RIVERA 90660 CA United States of America

Workers Compensation

Do you lease employees No
through Professional
Employer Organization
(PEO)?:

Please provide your
current workers
compensation insurance
information below:

	PEO	PEO	PEO
PEO Information	Name	Phone	Email

Insured by Carrier

Policy Holder Name:JNJ TILE CO. INC**Insurance Carrier:**

SECURITY NATIONAL INSURANCE COMPANY**Policy Number:**SWC1342512**Inception date:**
6/19/2021**Expiration Date:**6/19/2022

Contractor Information

Legal Entity Name
KITCOR CORPORATION
Legal Entity Type
Corporation
Status
Active
Registration Number
1000005654
Registration effective date
7/1/2021
Registration expiration date
6/30/2024
Mailing Address
9959 GLENOAKS BLVD. SUN VALLEY 91352 CA U...
Physical Address
9959 GLENOAKS BLVD. SUN VALLEY 91352 CA U...
Email Address
Trade Name/DBA
KITCOR CORPORATION
License Number(s)
CSLB:244236

Registration History

Effective Date	Expiration Date
5/22/2018	6/30/2019
5/10/2017	6/30/2018
5/27/2016	6/30/2017
6/22/2015	6/30/2016
1/20/2015	6/30/2015
7/1/2019	6/30/2021
7/1/2021	6/30/2024

Legal Entity Information

Corporation Number:
511898
Federal Employment Identification Number:
President Name:
KENT KITCHEN
Vice President Name:
Treasurer Name:
Secretary Name:
CEO Name:
Agent of Service Name:
KENT KITCHEN
Agent of Service Mailing Address:
9959 GLENOAKS BLVD. SUN VALLEY 91352 CA United States of America

Workers Compensation

Do you lease employees No
through Professional

Employer Organization
(PEO)?:

Please provide your
current workers

compensation insurance
information below:

	PEO	PEO	PEO
PEO Information	Name	Phone	Email

Insured by Carrier

Policy Holder Name:KITCOR CORPORATIONInsurance Carrier:

INSURANCE COMPANY OF THE WESTPolicy Number:WVE 5037076Inception date:
7/1/2020Expiration Date:7/1/2021

Contractor Information

Legal Entity Name
PREFERRED CONSTRUCTION SPECIALTIES, INC.
Legal Entity Type
Corporation
Status
Active
Registration Number
1000001530
Registration effective date
7/1/2022
Registration expiration date
6/30/2023
Mailing Address
2841 SATURN STREET, SUITE E BREA 92821 CA ...
Physical Address
2841 SATURN STREET, SUITE E BREA 92821 CA ...
Email Address
Trade Name/DBA
License Number(s)
CSLB:707596
CSLB:707596

Registration History

Effective Date	Expiration Date
5/24/2018	6/30/2019
5/9/2017	6/30/2018
6/8/2016	6/30/2017
6/4/2015	6/30/2016
9/25/2014	6/30/2015
7/1/2019	6/30/2020
7/1/2020	6/30/2021
7/1/2021	6/30/2022
7/1/2022	6/30/2023

Legal Entity Information

Corporation Number:
Federal Employment Identification Number:
President Name:
Patrick McKenna
Vice President Name:
Treasurer Name:
Secretary Name:
CEO Name:

Agent of Service Name:
Patrick McKenna
Agent of Service Mailing Address:
2841 Saturn Street, Suite E Brea 92821 CA United States of America

Workers Compensation

Do you lease employees No
through Professional
Employer Organization
(PEO)?:

Please provide your
current workers
compensation insurance
information below:

PEO	PEO	PEO
PEO InformationName	Phone	Email

Insured by Carrier

Policy Holder Name:Preferred Construction Specialties Inc.**Insurance Carrier:**
Falls Lake Fire & Casualty Company**Policy Number:**FLA014854**Inception date:**8/6/2021
Expiration Date:8/6/2022

Contractor Information

Legal Entity Name
CHURCH & LARSEN INC

Legal Entity Type
Corporation

Status
Active

Registration Number
1000003770

Registration effective date
7/1/2021

Registration expiration date
6/30/2024

Mailing Address
16103 AVENIDA PADILLA IRWINDALE 91702 CA ...

Physical Address
16103 AVENIDA PADILLA IRWINDALE 91702 CA ...

Email Address

Trade Name/DBA
CHURCH & LARSEN INC

License Number(s)
CSLB:463467

Registration History

Effective Date	Expiration Date
6/5/2018	6/30/2019
5/23/2017	6/30/2018
6/7/2016	6/30/2017
6/23/2015	6/30/2016
12/11/2014	6/30/2015
7/1/2019	6/30/2021
7/1/2021	6/30/2024

Legal Entity Information

Corporation Number:

C0994016

Federal Employment Identification Number:

President Name:

RAYMOND W LARSEN

Vice President Name:

Treasurer Name:

KENNETH P LARSEN

Secretary Name:

KENNETH R LARSEN

CEO Name:

Agent of Service Name:

KEN LARSEN

Agent of Service Mailing Address:

16103 AVENIDA PADILLA IRWINDALE 91702 CA United States of America

Workers Compensation

Do you lease employees No

through Professional
Employer Organization
(PEO)?:

Please provide your

current workers
compensation insurance
information below:

PEO PEO PEO

PEO InformationName Phone Email

Insured by Carrier

Policy Holder Name:CHURCH & LARSEN INC**Insurance Carrier:**STARSTONE INSURANCE

Policy Number:T10200081**Inception date:**10/1/2020**Expiration Date:**10/1/2021

Contractor Information

Registration History

Legal Entity Name	Effective Date	Expiration Date
Miller Paneling Specialties Inc		
Legal Entity Type	7/1/2022	6/30/2024
Corporation		
Status		
Active		
Registration Number		
PW-LR-1000918076		
Registration effective date		
7/1/2022		
Registration expiration date		
6/30/2024		
Mailing Address		
22611 Markey Court, Suite 109 Sterling 20166 VA ...		
Physical Address		
450 Douglas Ln Woodland 95776 CA United State...		
Email Address		
Trade Name/DBA		
License Number(s)		
CSLB:774981		

Legal Entity Information

Corporation Number:
Federal Employment Identification Number:
President Name:
Stephanie Miller
Vice President Name:
Treasurer Name:
Martin Carlyle
Secretary Name:
David Miller
CEO Name:
Stephanie Miller
Agent of Service Name:
Aram Hernandez
Agent of Service Mailing Address:
38656 Florence ST Beaumont 92223 CA United States of America

Workers Compensation

Do you lease employees No
through Professional

Employer Organization

(PEO)?:

Please provide your
current workers

compensation insurance
information below:

	PEO	PEO	PEO
PEO Information	Name	Phone	Email

Insured by Carrier

Policy Holder Name:Miller Paneling Specilaties Inc**Insurance Carrier:**Travelers Insurance

Policy Number:19292**Inception date:**1/7/2021**Expiration Date:**8/30/2022

Contractor Information

Legal Entity Name
ICI ARCHITECTURAL MILLWORK, INC.
Legal Entity Type
Corporation
Status
Active
Registration Number
1000004542
Registration effective date
7/1/2022
Registration expiration date
6/30/2023
Mailing Address
14059 Garfield Ave Paramount 90723 CA United...
Physical Address
14059 Garfield Ave Paramount 90723 CA United...
Email Address
Trade Name/DBA
ICI ARCHITECTURAL MILLWORK, INC.
License Number(s)
CSLB:921302
CSLB:921302

Registration History

Effective Date	Expiration Date
6/19/2018	6/30/2019
7/6/2017	6/30/2018
6/30/2016	6/30/2017
7/20/2015	6/30/2016
2/18/2015	6/30/2015
7/1/2019	6/30/2020
7/1/2020	6/30/2021
7/1/2021	6/30/2022
7/1/2022	6/30/2023

Legal Entity Information

Corporation Number:
Federal Employment Identification Number:
President Name:
Izhak Korin
Vice President Name:
Treasurer Name:
Secretary Name:
CEO Name:
Agent of Service Name:
Izhak Korin
Agent of Service Mailing Address:
14059 Garfield Avenue Paramount 90723 CA United States of America

Workers Compensation

Do you lease employees ☐ No
through Professional

Employer Organization
(PEO)?:

Please provide your
current workers

compensation insurance
information below:

	PEO	PEO	PEO
PEO Information	Name	Phone	Email

Insured by Carrier

Policy Holder Name:ICI ARCHITECTURAL MILLWORK, INC.**Insurance Carrier:**

Rock 10 Insurance**Policy Number:**QMWC0148641**Inception date:**5/25/2022

Expiration Date:5/25/2023

Contractor Information

Legal Entity Name
PACIFIC SINGLE PLY ROOFING, INC.
Legal Entity Type
Corporation
Status
Active
Registration Number
1000007564
Registration effective date
7/1/2022
Registration expiration date
6/30/2023
Mailing Address
PO Box 217 LA HABRA Heights 90633 CA United...
Physical Address
1707 NABAL RD. LA HABRA Heights 90631 CA U...
Email Address
Trade Name/DBA
PACIFIC SINGLE PLY ROOFING, INC.
License Number(s)
CSLB:777968
CSLB:777968

Registration History

Effective Date	Expiration Date
6/5/2018	6/30/2019
5/30/2017	6/30/2018
5/31/2016	6/30/2017
6/3/2015	6/30/2016
1/29/2015	6/30/2015
7/1/2019	6/30/2020
7/1/2020	6/30/2022
7/1/2022	6/30/2023

Legal Entity Information

Corporation Number:
Federal Employment Identification Number:
President Name:
Al Montoya
Vice President Name:
Al Montoya
Treasurer Name:
Secretary Name:
CEO Name:
Al Montoya

Agent of Service Name:
Al Montoya
Agent of Service Mailing Address:
1707 Nabal Rd., La Habra Heights, Ca 90631 PO Box 217, La Habra, Ca 90633 90633 CA United States of America

Workers Compensation

Do you lease employees No
through Professional
Employer Organization
(PEO)?:

Please provide your
current workers
compensation insurance
information below:

	PEO	PEO	PEO
PEO Information	Name	Phone	Email

Insured by Carrier

Policy Holder Name:PACIFIC SINGLE PLY ROOFING, INC.**Insurance Carrier:**
STATE COMPENSATION INSURANCE FUND**Policy Number:**6696006-21**Inception date:**
8/23/2021**Expiration Date:**8/23/2022

Contractor Information

Legal Entity Name
WEST COAST FIRE & INTEGRATION, INC.
Legal Entity Type
Corporation
Status
Active
Registration Number
1000006723
Registration effective date
7/1/2022
Registration expiration date
6/30/2023
Mailing Address
22405 La Palma Ave Yorba Linda 92887 CA Unit...
Physical Address
22405 La Palma Ave YORBA LINDA 92887 CA Un...
Email Address
Trade Name/DBA
WEST COAST FIRE & INTEGRATION INC
License Number(s)
CSLB:989173
CSLB:989173

Registration History

Effective Date	Expiration Date
6/1/2018	6/30/2019
6/13/2017	6/30/2018
6/17/2016	6/30/2017
6/19/2015	6/30/2016
1/23/2015	6/30/2015
7/1/2019	6/30/2020
7/1/2020	6/30/2021
7/1/2021	6/30/2022
7/1/2022	6/30/2023

Legal Entity Information

Corporation Number:
Federal Employment Identification Number:
President Name:
Daniel Scherneck
Vice President Name:
Treasurer Name:
Secretary Name:
CEO Name:
Daniel Scherneck
Agent of Service Name:
Daniel Scherneck
Agent of Service Mailing Address:
22405 La Palma Avenue Yorba Linda 92887 CA United States of America

Workers Compensation

Do you lease employees No
through Professional

Employer Organization
(PEO)?:

Please provide your
current workers

compensation insurance
information below:

	PEO	PEO	PEO
PEO Information	Name	Phone	Email

Insured by Carrier

Policy Holder Name:WEST COAST FIRE & INTEGRATION, INC.**Insurance Carrier:**

Zurich American Insurance Company**Policy Number:**3907798-00**Inception date:**1/15/2022

Expiration Date:1/15/2023

Contractor Information

Legal Entity Name
Haltone Inc
Legal Entity Type
Corporation
Status
Active
Registration Number
PW-LR-1000592892
Registration effective date
2/13/2023
Registration expiration date
6/30/2024
Mailing Address
7332 Laurel Canyon Blvd Los Angeles 91605 CA ...
Physical Address
7332 Laurel Canyon Blvd Los Angeles 91605 CA ...
Email Address
Trade Name/DBA
American Awning
License Number(s)
CSLB:999050

Registration History

Effective Date	Expiration Date
5/15/2020	6/30/2020
2/13/2023	6/30/2024

Legal Entity Information

Corporation Number:
Federal Employment Identification Number:
President Name:
Ethan Halpern
Vice President Name:
Treasurer Name:
Secretary Name:
CEO Name:

Agent of Service Name:
Ethan Halpern
Agent of Service Mailing Address:
7332 Laurel Canyon Blvd North Hollywood 91605 CA United States of America

Workers Compensation

Do you lease employees No
through Professional
Employer Organization
(PEO)?:

Please provide your
current workers
compensation insurance
information below:

	PEO	PEO	PEO
PEO Information	Name	Phone	Email

Insured by Carrier

Policy Holder Name:American Awning & Blind Co.**Insurance Carrier:**

Palomar Specialty Ins Co**Policy Number:**PSIC0701217301**Inception date:**9/30/2022

Expiration Date:9/30/2023

Contractor Information

Legal Entity Name
INTEGRATED DEMOLITION AND REMEDIATION-I...

Legal Entity Type
Corporation

Status
Active

Registration Number
1000023608

Registration effective date
7/1/2022

Registration expiration date
6/30/2025

Mailing Address
4938 E. LA PALMA AVE ANAHEIM 92807 CA Unit...

Physical Address
4938 E. LA PALMA AVE ANAHEIM 92807 CA Unit...

Email Address

Trade Name/DBA

License Number(s)
CSLB:1003504
CSLB:1003504

Registration History

Effective Date	Expiration Date
5/11/2018	6/30/2019
5/10/2017	6/30/2018
6/20/2016	6/30/2017
10/2/2015	6/30/2016
6/11/2015	6/30/2015
7/1/2019	6/30/2022
7/1/2022	6/30/2025

Legal Entity Information

Corporation Number:

Federal Employment Identification Number:

President Name:
SHRENIK VORA

Vice President Name:

Treasurer Name:

Secretary Name:
Siddharth Vora

CEO Name:

Agent of Service Name:
SHRENIK VORA

Agent of Service Mailing Address:
4938 E. La Palma Ave Anaheim 92807 CA United States of America

Workers Compensation

Do you lease employees No
through Professional

Employer Organization**(PEO)?:**

Please provide your
current workers
compensation insurance
information below:

PEO	PEO	PEO
PEO InformationName	Phone	Email

Insured by Carrier

Policy Holder Name:INTEGRATED DEMOLITION AND REMEDIATION INC**Insurance Carrier:**Starr Surplus Lines Insurance Company**Policy Number:**1000000463801**Inception date:**5/21/2022**Expiration Date:**5/21/2023

Attached Copy of all subcontractor's DIR Certificate

PART II

The bidder shall list all subcontractors who provided a quote or bid but were not selected to participate as a subcontractor on this project. This is required for compliance with Title 49, Section 26 of the Code of Federal Regulations. Photocopy this form for additional firms.

Firm Name/ Address/ City, State, ZIP	Phone/ Fax	Annual Gross Receipts	DIR Reg. No. and Description of items of Work to be Performed	Local Agency Use Only (Certified DBE?)
Name DSI Demolition Specialist, Inc Address P.O. Box 79198 City State ZIP Corona, CA 92771	Phone 951-737-2071 Fax 951-737-7824	<input type="checkbox"/> < \$1 million <input type="checkbox"/> < \$5 million <input checked="" type="checkbox"/> < \$10 million <input type="checkbox"/> < \$15 million <input type="checkbox"/> > \$15 million	1000002162 Demolition	<input type="checkbox"/> YES <input type="checkbox"/> NO If YES list DBE # Age of Firm (Yrs.)
Name Pacific Coast Contracting Services Address 11574 Seaboard Cir City State ZIP Stanton, CA 90680	Phone 714-897-8000 Fax N/A	<input type="checkbox"/> < \$1 million <input type="checkbox"/> < \$5 million <input checked="" type="checkbox"/> < \$10 million <input type="checkbox"/> < \$15 million <input type="checkbox"/> > \$15 million	1000032939 Spray Flooring	<input type="checkbox"/> YES <input type="checkbox"/> NO If YES list DBE # Age of Firm (Yrs.)
Name Southern Countries Quality Masonry Address 1517 No Fairview City State ZIP Santa Ana, CA 92706	Phone 714-554-6224 Fax 714-554-2201	<input type="checkbox"/> < \$1 million <input type="checkbox"/> < \$5 million <input checked="" type="checkbox"/> < \$10 million <input type="checkbox"/> < \$15 million <input type="checkbox"/> > \$15 million	1000008191 Masonry	<input type="checkbox"/> YES <input type="checkbox"/> NO If YES list DBE # Age of Firm (Yrs.)
Name J.A. Lynch Masonry, Inc Address 7102 Thomas St City State ZIP Buena Park, CA 90621	Phone 714-522-5662 Fax 714-522-7721	<input type="checkbox"/> < \$1 million <input type="checkbox"/> < \$5 million <input checked="" type="checkbox"/> < \$10 million <input type="checkbox"/> < \$15 million <input type="checkbox"/> > \$15 million	1000000637 Masonry	<input type="checkbox"/> YES <input type="checkbox"/> NO If YES list DBE # Age of Firm (Yrs.)

Attached Copy of all subcontractor's DIR Certificate

PART II

The bidder shall list all subcontractors who provided a quote or bid but were not selected to participate as a subcontractor on this project. This is required for compliance with Title 49, Section 26 of the Code of Federal Regulations. Photocopy this form for additional firms.

Firm Name/ Address/ City, State, ZIP	Phone/ Fax	Annual Gross Receipts	DIR Reg. No. and Description of items of Work to be Performed	Local Agency Use Only (Certified DBE?)
Name <u>Retail Display Manufacturing</u>	Phone <u>562-690-4803</u>	<input type="checkbox"/> < \$1 million <input type="checkbox"/> < \$5 million <input checked="" type="checkbox"/> < \$10 million <input type="checkbox"/> < \$15 million <input type="checkbox"/> > \$15 million	<u>1000051455</u>	<input type="checkbox"/> YES <input type="checkbox"/> NO If YES list DBE #:
Address <u>760 E Lambert Rd, Suite F</u>	Fax		<u>CASE WORK + CounterTop</u>	
City State ZIP <u>La Habra, CA 90631</u>	<u>562-690-4806</u>			Age of Firm (Yrs.)
Name <u>BEST INTERIORS, INC</u>	Phone <u>714-490-7999</u>	<input type="checkbox"/> < \$1 million <input type="checkbox"/> < \$5 million <input checked="" type="checkbox"/> < \$10 million <input type="checkbox"/> < \$15 million <input type="checkbox"/> > \$15 million	<u>1000000062</u>	<input type="checkbox"/> YES <input type="checkbox"/> NO If YES list DBE #:
Address <u>2100 E Via Burton</u>	Fax		<u>Metal studs + Drywall</u>	
City State ZIP <u>Anaheim, CA 92808</u>	<u>714-490-7990</u>			Age of Firm (Yrs.)
Name <u>TVU Team of California</u>	Phone <u>714-557-2447</u>	<input type="checkbox"/> < \$1 million <input type="checkbox"/> < \$5 million <input checked="" type="checkbox"/> < \$10 million <input type="checkbox"/> < \$15 million <input type="checkbox"/> > \$15 million	<u>1000054846</u>	<input type="checkbox"/> YES <input type="checkbox"/> NO If YES list DBE #:
Address <u>7112 Anaconda Ave</u>	Fax <u>N/A</u>		<u>Thermal Insulation</u>	
City State ZIP <u>Garden Grove, CA 92841</u>				Age of Firm (Yrs.)
Name <u>SLATEY GLASS & MIRROR</u>	Phone <u>626-254-0614</u>	<input type="checkbox"/> < \$1 million <input type="checkbox"/> < \$5 million <input checked="" type="checkbox"/> < \$10 million <input type="checkbox"/> < \$15 million <input type="checkbox"/> > \$15 million	<u>1000004146</u>	<input type="checkbox"/> YES <input type="checkbox"/> NO If YES list DBE #:
Address <u>145 E SAINT JOSEPH ST</u>	Fax		<u>GLAZING</u>	
City State ZIP <u>ARCADIA, CA 91006</u>	<u>626-254-0634</u>			Age of Firm (Yrs.)

Attached Copy of all subcontractor's DIR Certificate

PART II

The bidder shall list all subcontractors who provided a quote or bid but were not selected to participate as a subcontractor on this project. This is required for compliance with Title 49, Section 26 of the Code of Federal Regulations. Photocopy this form for additional firms.

Firm Name/ Address/ City, State, ZIP	Phone/ Fax	Annual Gross Receipts	DIR Reg. No. and Description of items of Work to be Performed	Local Agency Use Only (Certified DBE?)
Name SunTek Roofing	Phone 760-717-2031	<input type="checkbox"/> < \$1 million <input type="checkbox"/> < \$5 million <input checked="" type="checkbox"/> < \$10 million <input type="checkbox"/> < \$15 million <input type="checkbox"/> > \$15 million	1000001921 Roofing	<input type="checkbox"/> YES <input type="checkbox"/> NO If YES list DBE #: Age of Firm (Yrs.)
Address P.O. Box 460623	Fax 760-432-0938			
City State ZIP Escondido, CA 92046				
Name Contractors Door Supply	Phone 714-901-8585	<input type="checkbox"/> < \$1 million <input type="checkbox"/> < \$5 million <input checked="" type="checkbox"/> < \$10 million <input type="checkbox"/> < \$15 million <input type="checkbox"/> > \$15 million	100013428 Doors + Frames	<input type="checkbox"/> YES <input type="checkbox"/> NO If YES list DBE #: Age of Firm (Yrs.)
Address 1060 Calle Cordillera, unit 166	Fax N/A			
City State ZIP San Clemente, CA 92673				
Name Woods Commercial Door, Inc	Phone 951-427-5822	<input type="checkbox"/> < \$1 million <input type="checkbox"/> < \$5 million <input checked="" type="checkbox"/> < \$10 million <input type="checkbox"/> < \$15 million <input type="checkbox"/> > \$15 million	1000009104 Ceiling Doors	<input type="checkbox"/> YES <input type="checkbox"/> NO If YES list DBE #: Age of Firm (Yrs.)
Address 710E Parkridge Ave	Fax N/A			
City State ZIP Corona, CA 92879				
Name The Blakely Co	Phone 626-766-1946	<input type="checkbox"/> < \$1 million <input type="checkbox"/> < \$5 million <input checked="" type="checkbox"/> < \$10 million <input type="checkbox"/> < \$15 million <input type="checkbox"/> > \$15 million	1000010520 Painting	<input type="checkbox"/> YES <input type="checkbox"/> NO If YES list DBE #: Age of Firm (Yrs.)
Address 504 Monterey Pass road	Fax 626-766-1945			
City State ZIP Monterey Park, CA 91754				

Attached Copy of all subcontractor's DIR Certificate

PART II

The bidder shall list all subcontractors who provided a quote or bid but were not selected to participate as a subcontractor on this project. This is required for compliance with Title 49, Section 26 of the Code of Federal Regulations. Photocopy this form for additional firms.

Firm Name/ Address/ City, State, ZIP	Phone/ Fax	Annual Gross Receipts	DIR Reg. No. and Description of items of Work to be Performed	Local Agency Use Only (Certified DBE?)
Name Donald M Hoover Company	Phone 909-355-0125	<input type="checkbox"/> < \$1 million <input type="checkbox"/> < \$5 million <input checked="" type="checkbox"/> < \$10 million <input type="checkbox"/> < \$15 million <input type="checkbox"/> > \$15 million	1000006421	<input type="checkbox"/> YES <input type="checkbox"/> NO If YES list DBE #:
Address 1030 Redwood Ave	Fax		Flooring + wall base	Age of Firm (Yrs.)
City State ZIP Fontana, CA 92335	909-355-3341			
Name Floor Tech America, Inc	Phone 909-598-6328	<input type="checkbox"/> < \$1 million <input type="checkbox"/> < \$5 million <input checked="" type="checkbox"/> < \$10 million <input type="checkbox"/> < \$15 million <input type="checkbox"/> > \$15 million	1000001941	<input type="checkbox"/> YES <input type="checkbox"/> NO If YES list DBE #:
Address 125 Mexbury Circle	Fax		LVT Floor	Age of Firm (Yrs.)
City State ZIP Pomona, CA 91768	909-598-6125			
Name Paint Blast US	Phone 714-395-6173	<input type="checkbox"/> < \$1 million <input type="checkbox"/> < \$5 million <input checked="" type="checkbox"/> < \$10 million <input type="checkbox"/> < \$15 million <input type="checkbox"/> > \$15 million	1000853906	<input type="checkbox"/> YES <input type="checkbox"/> NO If YES list DBE #:
Address Po. Box 1196, Sunset Beach	Fax		Paint	Age of Firm (Yrs.)
City State ZIP CA 90742	NA			
Name ISR Painting & Wall Covering Inc	Phone 562-407-5217	<input type="checkbox"/> < \$1 million <input type="checkbox"/> < \$5 million <input checked="" type="checkbox"/> < \$10 million <input type="checkbox"/> < \$15 million <input type="checkbox"/> > \$15 million	1000009154	<input type="checkbox"/> YES <input type="checkbox"/> NO If YES list DBE #:
Address 13586 PumiCe ST	Fax		Paint	Age of Firm (Yrs.)
City State ZIP Norwalk, CA 90650	562-407-5214			

Attached Copy of all subcontractor's DIR Certificate

PART II

The bidder shall list all subcontractors who provided a quote or bid but were not selected to participate as a subcontractor on this project. This is required for compliance with Title 49, Section 26 of the Code of Federal Regulations. Photocopy this form for additional firms.

Firm Name/ Address/ City, State, ZIP	Phone/ Fax	Annual Gross Receipts	DIR Reg. No. and Description of items of Work to be Performed	Local Agency Use Only (Certified DBE?)
Name Continental Marble & Tile Company	Phone 951-284-1776	<input type="checkbox"/> < \$1 million <input type="checkbox"/> < \$5 million <input checked="" type="checkbox"/> < \$10 million	1000002594	<input type="checkbox"/> YES <input type="checkbox"/> NO
Address 2460 Anselmo, Office	Fax	<input type="checkbox"/> < \$15 million <input type="checkbox"/> > \$15 million	Tile	If YES list DBE #:
City State ZIP Corona, CA 92879	951-284-2999			Age of Firm (Yrs.)
Name Inland Pacific Tile, Inc	Phone 909-890-4526	<input type="checkbox"/> < \$1 million <input type="checkbox"/> < \$5 million <input checked="" type="checkbox"/> < \$10 million	1000000911	<input type="checkbox"/> YES <input type="checkbox"/> NO
Address 1817 CommerCenter	Fax	<input type="checkbox"/> < \$15 million <input type="checkbox"/> > \$15 million	Tile	If YES list DBE #:
City State ZIP West San Bernardino, CA 92408	909-890-4676			Age of Firm (Yrs.)
Name J. Calatin & Son Inc	Phone 323-225-8212	<input type="checkbox"/> < \$1 million <input type="checkbox"/> < \$5 million <input checked="" type="checkbox"/> < \$10 million	1000001458	<input type="checkbox"/> YES <input type="checkbox"/> NO
Address 5323 Alhambra Ave	Fax	<input type="checkbox"/> < \$15 million <input type="checkbox"/> > \$15 million	Tile	If YES list DBE #:
City State ZIP Los Angeles, CA 90032	323-225-3498			Age of Firm (Yrs.)
Name Choice Builder Solutions Inc	Phone 310-720-3634	<input type="checkbox"/> < \$1 million <input type="checkbox"/> < \$5 million <input checked="" type="checkbox"/> < \$10 million	1000060248	<input type="checkbox"/> YES <input type="checkbox"/> NO
Address 4335 E Lowell, Suite D	Fax	<input type="checkbox"/> < \$15 million <input type="checkbox"/> > \$15 million	Tile & Compartment + Toilet Accessories	If YES list DBE #:
City State ZIP Ontario, CA 91761	N/A			Age of Firm (Yrs.)

Attached Copy of all subcontractor's DIR Certificate

PART II

The bidder shall list all subcontractors who provided a quote or bid but were not selected to participate as a subcontractor on this project. This is required for compliance with Title 49, Section 26 of the Code of Federal Regulations. Photocopy this form for additional firms.

Firm Name/ Address/ City, State, ZIP	Phone/ Fax	Annual Gross Receipts	DIR Reg. No. and Description of items of Work to be Performed	Local Agency Use Only (Certified DBE?)
Name Division Ten Signage, Inc Address 2766 Via Orange Way City State ZIP Spring Valley, CA 91978	Phone 619-741-9267 Fax	<input type="checkbox"/> < \$1 million <input type="checkbox"/> < \$5 million <input checked="" type="checkbox"/> < \$10 million <input type="checkbox"/> < \$15 million <input type="checkbox"/> > \$15 million	100008553 Signage	<input type="checkbox"/> YES <input type="checkbox"/> NO If YES list DBE #: Age of Firm (Yrs.)
Name A1 Quality Blinds Address 13230 Evening Creek Dr #211 City State ZIP San Diego, CA 92128	Phone 858-689-9999 Fax 866-547-6470	<input type="checkbox"/> < \$1 million <input type="checkbox"/> < \$5 million <input checked="" type="checkbox"/> < \$10 million <input type="checkbox"/> < \$15 million <input type="checkbox"/> > \$15 million	100006500 Aluminum Blinds	<input type="checkbox"/> YES <input type="checkbox"/> NO If YES list DBE #: Age of Firm (Yrs.)
Name NXT GEN Signs Address 3508 Avenida Maravilla City State ZIP Carlsbad, CA 92009	Phone 760-845-7008 Fax N/A	<input type="checkbox"/> < \$1 million <input type="checkbox"/> < \$5 million <input checked="" type="checkbox"/> < \$10 million <input type="checkbox"/> < \$15 million <input type="checkbox"/> > \$15 million	1000563105 Signage	<input type="checkbox"/> YES <input type="checkbox"/> NO If YES list DBE #: Age of Firm (Yrs.)
Name Tri Mark Address 210 Commerce City State ZIP Vine, CA 92602	Phone 949-474-1000 Fax	<input type="checkbox"/> < \$1 million <input type="checkbox"/> < \$5 million <input checked="" type="checkbox"/> < \$10 million <input type="checkbox"/> < \$15 million <input type="checkbox"/> > \$15 million	100005656 Food Service Equipments	<input type="checkbox"/> YES <input type="checkbox"/> NO If YES list DBE #: Age of Firm (Yrs.)

Attached Copy of all subcontractor's DIR Certificate

PART II

The bidder shall list all subcontractors who provided a quote or bid but were not selected to participate as a subcontractor on this project. This is required for compliance with Title 49, Section 26 of the Code of Federal Regulations. Photocopy this form for additional firms.

Firm Name/ Address/ City, State, ZIP	Phone/ Fax	Annual Gross Receipts	DIR Reg. No. and Description of Items of Work to be Performed	Local Agency Use Only (Certified DBE?) <input type="checkbox"/> YES <input type="checkbox"/> NO If YES list DBE #: Age of Firm (Yrs.)
Name Commerce Air Conditioning Address 5149 Park Ave City State ZIP San Fernando, CA 91340	Phone 818-361-7822 Fax 818-361-7855	<input type="checkbox"/> < \$1 million <input type="checkbox"/> < \$5 million <input checked="" type="checkbox"/> < \$10 million <input type="checkbox"/> < \$15 million <input type="checkbox"/> > \$15 million	1000014464 HVAC	<input type="checkbox"/> YES <input type="checkbox"/> NO If YES list DBE #: Age of Firm (Yrs.)
Name Westco Service Company Address 9691 Sunland Blvd City State ZIP Shadow Hills, CA 91040	Phone 818-504-6353 Fax 818-504-6725	<input type="checkbox"/> < \$1 million <input type="checkbox"/> < \$5 million <input checked="" type="checkbox"/> < \$10 million <input type="checkbox"/> < \$15 million <input type="checkbox"/> > \$15 million	1000000840 HVAC	<input type="checkbox"/> YES <input type="checkbox"/> NO If YES list DBE #: Age of Firm (Yrs.)
Name Pacific Plumbing Address 615E Washington Ave City State ZIP Santa Ana, CA 92702	Phone 714-547-6967 Fax N/A	<input type="checkbox"/> < \$1 million <input type="checkbox"/> < \$5 million <input checked="" type="checkbox"/> < \$10 million <input type="checkbox"/> < \$15 million <input type="checkbox"/> > \$15 million	10000009561 Plumbing	<input type="checkbox"/> YES <input type="checkbox"/> NO If YES list DBE #: Age of Firm (Yrs.)
Name A & D Fire Address 7130 Convooy Court City State ZIP San Diego, CA 92111	Phone 714-634-3923 Fax N/A	<input type="checkbox"/> < \$1 million <input type="checkbox"/> < \$5 million <input checked="" type="checkbox"/> < \$10 million <input type="checkbox"/> < \$15 million <input type="checkbox"/> > \$15 million	1000005389 Fire Sprinkler	<input type="checkbox"/> YES <input type="checkbox"/> NO If YES list DBE #: Age of Firm (Yrs.)

Attached Copy of all subcontractor's DIR Certificate

PART II

The bidder shall list all subcontractors who provided a quote or bid but were not selected to participate as a subcontractor on this project. This is required for compliance with Title 49, Section 26 of the Code of Federal Regulations. Photocopy this form for additional firms.

Firm Name/ Address/ City, State, ZIP	Phone/ Fax	Annual Gross Receipts	DIR Reg. No. and Description of items of Work to be Performed	Local Agency Use Only (Certified DBE?)
Name Shelton Fire Protection Corp, Inc Address 22745 La Palma, City State ZIP Yorba Linda, CA 92887	Phone 714-692-3573 Fax 714-692-3575	<input type="checkbox"/> < \$1 million <input type="checkbox"/> < \$5 million <input checked="" type="checkbox"/> < \$10 million <input type="checkbox"/> < \$15 million <input type="checkbox"/> > \$15 million	B-A 1000004535 1000004535 Fire Sprinkler	<input type="checkbox"/> YES <input type="checkbox"/> NO If YES list DBE #: Age of Firm (Yrs.)
Name Wakeland Electric Address 10510 Pasadena, ST, # G City State ZIP Lake Elsinore, CA 92530	Phone 951-399-0987 Fax N/A	<input type="checkbox"/> < \$1 million <input type="checkbox"/> < \$5 million <input checked="" type="checkbox"/> < \$10 million <input type="checkbox"/> < \$15 million <input type="checkbox"/> > \$15 million	1000580743 Electrical	<input type="checkbox"/> YES <input type="checkbox"/> NO If YES list DBE #: Age of Firm (Yrs.)
Name TRI Signal Integration, Inc Address 28110 Avenue Stanford #D City State ZIP Santa Clarita, CA 91355	Phone 818-566-8558 Fax 818-566-8580	<input type="checkbox"/> < \$1 million <input type="checkbox"/> < \$5 million <input checked="" type="checkbox"/> < \$10 million <input type="checkbox"/> < \$15 million <input type="checkbox"/> > \$15 million	1000006998 Fire Alarm	<input type="checkbox"/> YES <input type="checkbox"/> NO If YES list DBE #: Age of Firm (Yrs.)
Name Pyro-Comm Systems, Inc Address 15531 Container Lane City State ZIP Huntington Beach, CA 92649	Phone 714-902-8000 Fax 714-902-8001	<input type="checkbox"/> < \$1 million <input type="checkbox"/> < \$5 million <input checked="" type="checkbox"/> < \$10 million <input type="checkbox"/> < \$15 million <input type="checkbox"/> > \$15 million	1000001401 Fire Alarm B.A. 1000001401	<input type="checkbox"/> YES <input type="checkbox"/> NO If YES list DBE #: Age of Firm (Yrs.)

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PART II

The bidder shall list all subcontractors who provided a quote or bid but were not selected to participate as a subcontractor on this project. This is required for compliance with Title 49, Section 26 of the Code of Federal Regulations. Photocopy this form for additional firms.

Firm Name/ Address/ City, State, ZIP	Phone/ Fax	Annual Gross Receipts	DIR Reg. No. and Description of Items of Work to be Performed	Local Agency Use Only (Certified DBE?)
Name JAM Corporation	Phone 626-256-4400	<input type="checkbox"/> < \$1 million <input type="checkbox"/> < \$5 million <input checked="" type="checkbox"/> < \$10 million <input type="checkbox"/> < \$15 million <input type="checkbox"/> > \$15 million	100000 5174	<input type="checkbox"/> YES <input type="checkbox"/> NO If YES list DBE #:
Address 1930 South Myrtle Ave	Fax N/A		Fire Alarm	Age of Firm (Yrs.)
City State ZIP Monrovia, CA 91016				
Name JYC underground General Engineering Contractor	Phone 818-674-9433	<input type="checkbox"/> < \$1 million <input type="checkbox"/> < \$5 million <input checked="" type="checkbox"/> < \$10 million <input type="checkbox"/> < \$15 million <input type="checkbox"/> > \$15 million	100000 4239	<input type="checkbox"/> YES <input type="checkbox"/> NO If YES list DBE #:
Address 1 Ave N Pepper St	Fax N/A		Site Utilities	Age of Firm (Yrs.)
City State ZIP Burbank, CA 91505				
Name Keyns	Phone 760-949-8800	<input type="checkbox"/> < \$1 million <input type="checkbox"/> < \$5 million <input checked="" type="checkbox"/> < \$10 million <input type="checkbox"/> < \$15 million <input type="checkbox"/> > \$15 million	100000 6137	<input type="checkbox"/> YES <input type="checkbox"/> NO If YES list DBE #:
Address 17560 Catalpa St	Fax 760-949-8810		Site Utilities	Age of Firm (Yrs.)
City State ZIP Hesperia, CA 92345				
Name ABQ INC	Phone 310-299-6251	<input type="checkbox"/> < \$1 million <input type="checkbox"/> < \$5 million <input checked="" type="checkbox"/> < \$10 million <input type="checkbox"/> < \$15 million <input type="checkbox"/> > \$15 million	1000833212	<input type="checkbox"/> YES <input type="checkbox"/> NO If YES list DBE #:
Address 6200 Canoga Ave #205	Fax N/A		Plumbing	Age of Firm (Yrs.)
City State ZIP Woodland Hills, CA 91367				

Attached Copy of all subcontractor's DIR Certificate

PART II

The bidder shall list all subcontractors who provided a quote or bid but were not selected to participate as a subcontractor on this project. This is required for compliance with Title 49, Section 26 of the Code of Federal Regulations. Photocopy this form for additional firms.

Firm Name/ Address/ City, State, ZIP	Phone/ Fax	Annual Gross Receipts	DIR Reg. No. and Description of Items of Work to be Performed	Local Agency Use Only (Certified DBE?)
Name	Phone	<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 type="checkbox"/> NO If YES list DBE #
Address	Fax			Age of Firm (Yrs)
City State ZIP				
Name	Phone	<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 type="checkbox"/> NO If YES list DBE #
Address	Fax			Age of Firm (Yrs)
City State ZIP				
Name	Phone	<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 type="checkbox"/> NO If YES list DBE #
Address	Fax			Age of Firm (Yrs)
City State ZIP				
Name	Phone	<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 type="checkbox"/> NO If YES list DBE #
Address	Fax			Age of Firm (Yrs)
City State ZIP				

Attached Copy of all subcontractor's DIR Certificate

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The bidder shall list all subcontractors who provided a quote or bid but were not selected to participate as a subcontractor on this project. This is required for compliance with Title 49, Section 26 of the Code of Federal Regulations. Photocopy this form for additional firms.

Firm Name/ Address/ City, State, ZIP	Phone/ Fax	Annual Gross Receipts	DIR Reg. No. and Description of items of Work to be Performed	Local Agency Use Only (Certified DBE?)
Name	Phone	<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 type="checkbox"/> NO If YES list DBE #
Address	Fax			Age of Firm (Yrs.)
City State ZIP				
Name	Phone	<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 type="checkbox"/> NO If YES list DBE #
Address	Fax			Age of Firm (Yrs.)
City State ZIP				
Name	Phone	<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 type="checkbox"/> NO If YES list DBE #
Address	Fax			Age of Firm (Yrs.)
City State ZIP				
Name	Phone	<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 type="checkbox"/> NO If YES list DBE #
Address	Fax			Age of Firm (Yrs.)
City State ZIP				

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The bidder shall list all subcontractors who provided a quote or bid but were not selected to participate as a subcontractor on this project. This is required for compliance with Title 49, Section 26 of the Code of Federal Regulations. Photocopy this form for additional firms.

Firm Name/ Address/ City/ State/ ZIP	Phone/ Fax	Annual Gross Receipts	DIR Reg. No. and Description of Items of Work to be Performed	Local Agency Use Only (Certified DBE?)
Name	Phone	<input type="checkbox"/> < \$1 million <input type="checkbox"/> < \$5 million		<input type="checkbox"/> YES <input type="checkbox"/> NO
Address		<input type="checkbox"/> < \$10 million <input type="checkbox"/> < \$15 million		If YES list DBE #
City State ZIP	Fax	<input type="checkbox"/> < \$15 million <input type="checkbox"/> > \$15 million		Age of Firm (Yrs.)
Name	Phone	<input type="checkbox"/> < \$1 million <input type="checkbox"/> < \$5 million		<input type="checkbox"/> YES <input type="checkbox"/> NO
Address		<input type="checkbox"/> < \$10 million <input type="checkbox"/> < \$15 million		If YES list DBE #
City State ZIP	Fax	<input type="checkbox"/> < \$15 million <input type="checkbox"/> > \$15 million		Age of Firm (Yrs.)
Name	Phone	<input type="checkbox"/> < \$1 million <input type="checkbox"/> < \$5 million		<input type="checkbox"/> YES <input type="checkbox"/> NO
Address		<input type="checkbox"/> < \$10 million <input type="checkbox"/> < \$15 million		If YES list DBE #
City State ZIP	Fax	<input type="checkbox"/> < \$15 million <input type="checkbox"/> > \$15 million		Age of Firm (Yrs.)
Name	Phone	<input type="checkbox"/> < \$1 million <input type="checkbox"/> < \$5 million		<input type="checkbox"/> YES <input type="checkbox"/> NO
Address		<input type="checkbox"/> < \$10 million <input type="checkbox"/> < \$15 million		If YES list DBE #
City State ZIP	Fax	<input type="checkbox"/> < \$15 million <input type="checkbox"/> > \$15 million		Age of Firm (Yrs.)
Name	Phone	<input type="checkbox"/> < \$1 million <input type="checkbox"/> < \$5 million		<input type="checkbox"/> YES <input type="checkbox"/> NO
Address		<input type="checkbox"/> < \$10 million <input type="checkbox"/> < \$15 million		If YES list DBE #
City State ZIP	Fax	<input type="checkbox"/> < \$15 million <input type="checkbox"/> > \$15 million		Age of Firm (Yrs.)

Attached Copy of all subcontractor's DIR Certificate

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The bidder shall list all subcontractors who provided a quote or bid but were not selected to participate as a subcontractor on this project. This is required for compliance with Title 49, Section 26 of the Code of Federal Regulations. Photocopy this form for additional firms.

Firm Name/ Address/ City, State, ZIP	Phone/ Fax	Annual Gross Receipts	DIR Reg. No. and Description of items of Work to be Performed	Local Agency Use Only (Certified DBE?)
Name	Phone	<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 type="checkbox"/> NO If YES list DBE #
Address	Fax			
City State ZIP				Age of Firm (Yrs.)
Name	Phone	<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 type="checkbox"/> NO If YES list DBE #
Address	Fax			
City State ZIP				Age of Firm (Yrs.)
Name	Phone	<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 type="checkbox"/> NO If YES list DBE #
Address	Fax			
City State ZIP				Age of Firm (Yrs.)
Name	Phone	<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 type="checkbox"/> NO If YES list DBE #
Address	Fax			
City State ZIP				Age of Firm (Yrs.)

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Firm Name/ Address/ City, State, ZIP	Phone/ Fax	Annual Gross Receipts	DIR Reg. No. and Description of Items of Work to be Performed	Local Agency Use Only (Certified DBE?)
Name	Phone	<input type="checkbox"/> < \$1 million <input type="checkbox"/> < \$5 million		<input type="checkbox"/> YES <input type="checkbox"/> NO
Address	Fax	<input type="checkbox"/> < \$10 million <input type="checkbox"/> < \$15 million <input type="checkbox"/> > \$15 million		If YES list DBE #
City State ZIP				Age of Firm (Yrs.)
Name	Phone	<input type="checkbox"/> < \$1 million <input type="checkbox"/> < \$5 million		<input type="checkbox"/> YES <input type="checkbox"/> NO
Address	Fax	<input type="checkbox"/> < \$10 million <input type="checkbox"/> < \$15 million <input type="checkbox"/> > \$15 million		If YES list DBE #
City State ZIP				Age of Firm (Yrs.)
Name	Phone	<input type="checkbox"/> < \$1 million <input type="checkbox"/> < \$5 million		<input type="checkbox"/> YES <input type="checkbox"/> NO
Address	Fax	<input type="checkbox"/> < \$10 million <input type="checkbox"/> < \$15 million <input type="checkbox"/> > \$15 million		If YES list DBE #
City State ZIP				Age of Firm (Yrs.)
Name	Phone	<input type="checkbox"/> < \$1 million <input type="checkbox"/> < \$5 million		<input type="checkbox"/> YES <input type="checkbox"/> NO
Address	Fax	<input type="checkbox"/> < \$10 million <input type="checkbox"/> < \$15 million <input type="checkbox"/> > \$15 million		If YES list DBE #
City State ZIP				Age of Firm (Yrs.)

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Name	Phone	<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 type="checkbox"/> NO If YES list DBE #
Address	Fax			Age of Firm (Yrs.)
City State ZIP				
Name	Phone	<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 type="checkbox"/> NO If YES list DBE #
Address	Fax			Age of Firm (Yrs.)
City State ZIP				
Name	Phone	<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 type="checkbox"/> NO If YES list DBE #
Address	Fax			Age of Firm (Yrs.)
City State ZIP				
Name	Phone	<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 type="checkbox"/> NO If YES list DBE #
Address	Fax			Age of Firm (Yrs.)
City State ZIP				

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Name	Phone	<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 type="checkbox"/> NO If YES list DBE #
Address	Fax			Age of Firm (Yrs.)
City State ZIP				
Name	Phone	<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 type="checkbox"/> NO If YES list DBE #
Address	Fax			Age of Firm (Yrs.)
City State ZIP				
Name	Phone	<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 type="checkbox"/> NO If YES list DBE #
Address	Fax			Age of Firm (Yrs.)
City State ZIP				
Name	Phone	<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 type="checkbox"/> NO If YES list DBE #
Address	Fax			Age of Firm (Yrs.)
City State ZIP				

Contractor Information

Legal Entity Name
DEMOLITION SPECIALIST, INC.
Legal Entity Type
Corporation
Status
Active
Registration Number
1000002162
Registration effective date
7/1/2020
Registration expiration date
6/30/2023
Mailing Address
P.O. BOX 79198 CORONA 92877 CA United Stat...
Physical Address
1712 VIA SEVILLA CORONA 92881 CA United St...
Email Address
Trade Name/DBA
DEMOLITION SPECIALIST, INC.
License Number(s)
CSLB:936886
CSLB:936886

Registration History

Effective Date	Expiration Date
6/22/2018	6/30/2019
6/5/2017	6/30/2018
6/10/2016	6/30/2017
6/22/2015	6/30/2016
10/22/2014	6/30/2015
7/1/2019	6/30/2020
7/1/2020	6/30/2023

Legal Entity Information

Corporation Number:
C3232938
Federal Employment Identification Number:
President Name:
Jeremy THUNDERBURK
Vice President Name:
JEREMY THUNDERBURK
Treasurer Name:
JEREMY THUNDERBURK
Secretary Name:
JEREMY THUNDERBURK
CEO Name:
JEREMY THUNDERBURK

Agent of Service Name:
JEREMY THUNDERBURK
Agent of Service Mailing Address:
1712 VIA SEVILLA ST CORONA 92881 CA United States of America

Workers Compensation

Do you lease employees No
through Professional
Employer Organization
(PEO)?:

Please provide your
current workers
compensation insurance
information below:

	PEO	PEO	PEO
PEO Information	Name	Phone	Email

Insured by Carrier

Policy Holder Name:DEMOLITION SPECIALIST, INC.**Insurance Carrier:**

Benchmark Insurance Company**Policy Number:**CST5016414**Inception date:**7/1/2019

Expiration Date:7/1/2020

Contractor Information

Legal Entity Name
PACIFIC COAST CONTRACTING SERVICES, INC.
Legal Entity Type
Corporation
Status
Expired
Registration Number
1000032931
Registration effective date
6/29/2018
Registration expiration date
6/30/2019
Mailing Address
11574 SEABOARD CIRCLE STANTON 90680 CA ...
Physical Address
11574 SEABOARD CIRCLE STANTON 90680 CA ...
Email Address
Trade Name/DBA
License Number(s)
CSLB:883666

Registration History

Effective Date	Expiration Date
6/29/2018	6/30/2019
8/25/2017	6/30/2018
5/16/2017	6/30/2017
12/15/2015	6/30/2016
7/1/2019	6/30/2022
7/1/2022	6/30/2025

Legal Entity Information

Corporation Number:
2819539
Federal Employment Identification Number:
President Name:
JEFF ANDREWS
Vice President Name:
LAUREN ANDREWS
Treasurer Name:
Secretary Name:
CEO Name:

Agent of Service Name:
JEFF ANDREWS
Agent of Service Mailing Address:
11574 SEABOARD CIRCLE STANTON 90680 CA United States of America

Workers Compensation

Do you lease employees
through Professional

Employer Organization
(PEO)?:

Please provide your
current workers

compensation insurance
information below:

	PEO	PEO	PEO
PEO Information	Name	Phone	Email

Insured by Carrier

Policy Holder Name:PACIFIC COAST CONTRACTING SERVICES, INC.**Insurance Carrier:**
TRAVELERS PROPERTY CASUALTY COMPANY OF AMERICA**Policy Number:**UB6K73350A
Inception date:6/15/2018**Expiration Date:**6/15/2019

Contractor Information

Registration History

Legal Entity Name
PACIFIC COAST CONTRACTING SERVICES, INC.
Legal Entity Type
Corporation
Status
Expired
Registration Number
1000032931
Registration effective date
8/25/2017
Registration expiration date
6/30/2018
Mailing Address
11574 SEABOARD CIRCLE STANTON 90680 CA ...
Physical Address
11574 SEABOARD CIRCLE STANTON 90680 CA ...
Email Address
Trade Name/DBA
License Number(s)
CSLB:883666

Effective Date	Expiration Date
6/29/2018	6/30/2019
8/25/2017	6/30/2018
5/16/2017	6/30/2017
12/15/2015	6/30/2016
7/1/2019	6/30/2022
7/1/2022	6/30/2025

Legal Entity Information

Corporation Number:

2819539

Federal Employment Identification Number:

President Name:

JEFF ANDREWS

Vice President Name:

LAUREN ANDREWS

Treasurer Name:

Secretary Name:

CEO Name:

Agent of Service Name:

JEFF ANDREWS

Agent of Service Mailing Address:

11574 SEABOARD CIRCLE STANTON 90680 CA United States of America

Workers Compensation

**Do you lease employees
through Professional
Employer Organization
(PEO)?:**

**Please provide your
current workers
compensation insurance
information below:**

	PEO	PEO	PEO
PEO Information	Name	Phone	Email

Insured by Carrier

Policy Holder Name:PACIFIC COAST CONTRACTING SERVICES, INC.**Insurance Carrier:**

TRAVELERS PROPERTY CASUALTY COMPANY OF AMERICA**Policy Number:**UB6K73350A

Inception date:6/15/2018**Expiration Date:**6/15/2019

Contractor Information

Legal Entity Name
SOUTHERN COUNTIES QUALITY MASONRY INC.
Legal Entity Type
Corporation
Status
Active
Registration Number
1000008191
Registration effective date
7/1/2021
Registration expiration date
6/30/2023
Mailing Address
P O BOX 6410 SANTA ANA 92706 CA United Sta...
Physical Address
1517 N FAIRVIEW ST SANTA ANA 92706 CA Unit...
Email Address
Trade Name/DBA
SOUTHERN COUNTIES QUALITY MASONRY INC.
License Number(s)
CSLB:237043

Registration History

Effective Date	Expiration Date
6/26/2018	6/30/2019
6/15/2017	6/30/2018
5/3/2016	6/30/2017
6/25/2015	6/30/2016
2/3/2015	6/30/2015
7/1/2019	6/30/2021
7/1/2021	6/30/2023

Legal Entity Information

Corporation Number:
C0446485
Federal Employment Identification Number:
President Name:
TRACY PULLIAM
Vice President Name:
Treasurer Name:
Secretary Name:
TRACY PULLIAM
CEO Name:

Agent of Service Name:
TRACY PULLIAM
Agent of Service Mailing Address:
1517 N FAIRVIEW ST SANTA ANA 92706 CA United States of America

Workers Compensation

Do you lease employees No
through Professional

Employer Organization

(PEO)?:

Please provide your
current workers

compensation insurance
information below:

	PEO	PEO	PEO
PEO Information	Name	Phone	Email

Insured by Carrier

Policy Holder Name:SOUTHERN COUNTIES QUALITY MASONRY INC.**Insurance Carrier:**

Preferred Professional Insurance Company**Policy Number:**ON1073101**Inception date:**

1/1/2021**Expiration Date:**12/31/2021

Contractor Information

Legal Entity Name

J. A. LYNCH MASONRY, INC.

Legal Entity Type

Corporation

Status

Active

Registration Number

1000000637

Registration effective date

7/1/2022

Registration expiration date

6/30/2025

Mailing Address

7102 THOMAS STREET BUENA PARK 90621 CA ...

Physical Address

7102 THOMAS STREET BUENA PARK 90621 CA ...

Email Address**Trade Name/DBA****License Number(s)**

CSLB:284159

Registration History

Effective Date**Expiration Date**

5/7/2018

6/30/2019

5/5/2017

6/30/2018

5/17/2016

6/30/2017

6/18/2015

6/30/2016

8/5/2014

6/30/2015

7/1/2019

6/30/2022

7/1/2022

6/30/2025

Legal Entity Information

Corporation Number:**Federal Employment Identification Number:****President Name:**

John A Lynch

Vice President Name:

Michael K. Lynch

Treasurer Name:**Secretary Name:****CEO Name:****Agent of Service Name:**

Michael K. Lynch

Agent of Service Mailing Address:

7102 Thomas Street Buena Park 90621 CA United States of America

Workers Compensation

Do you lease employees No
through Professional
Employer Organization
(PEO)?:

Please provide your
current workers
compensation insurance
information below:

PEO	PEO	PEO
PEO InformationName	Phone	Email

Insured by Carrier
Policy Holder Name:J. A. LYNCH MASONRY, INC.**Insurance Carrier:**
Falls Lake Fire and Casualty**Policy Number:**FLA018217-00**Inception date:**1/1/2022
Expiration Date:1/1/2023

Contractor Information

Legal Entity Name
RETAIL DISPLAY MANUFACTURING, INC

Legal Entity Type
Corporation

Status
Active

Registration Number
1000051455

Registration effective date
7/1/2022

Registration expiration date
6/30/2024

Mailing Address
760 E. LAMBERT ROAD, STE F LA HABRA 90631 CA ...

Physical Address
760 E. LAMBERT ROAD, STE F LA HABRA 90631 CA ...

Email Address

Trade Name/DBA
RETAIL DISPLAY MANUFACTURING
RDM Millwork and Cabinets

License Number(s)
CSLB:1018811
CSLB:1018811

Registration History

Effective Date	Expiration Date
6/19/2018	6/30/2019
7/26/2017	6/30/2018
7/1/2019	6/30/2020
7/1/2020	6/30/2021
7/8/2021	6/30/2022
7/1/2022	6/30/2024

Legal Entity Information

Corporation Number:

Federal Employment Identification Number:

President Name:
Ellis Voyagis

Vice President Name:

Treasurer Name:
Ellis Voyagis

Secretary Name:
Pauline Voyagis

CEO Name:

Agent of Service Name:
Ellis Voyagis

Agent of Service Mailing Address:
812 Clearwater Court Walnut 91789 CA United States of America

Workers Compensation

Do you lease employees through Professional Employer Organization (PEO)? No

Please provide your current workers compensation insurance information below:

PEO Information	PEO Name	PEO Phone	PEO Email

Insured by Carrier

Policy Holder Name:RETAIL DISPLAY MANUFACTURING, INC.**Insurance Carrier:**

Technology Insurance Company**Policy Number:**TWC4015001**Inception date:**8/29/2021

Expiration Date:8/29/2022

Contractor Information

Legal Entity Name
BEST INTERIORS, INC.
Legal Entity Type
Corporation
Status
Active
Registration Number
1000000062
Registration effective date
7/1/2021
Registration expiration date
6/30/2024
Mailing Address
2100 E. VIA BURTON ANAHEIM 92806 CA Unite...
Physical Address
2100 E. VIA BURTON ANAHEIM 92806 CA Unite...
Email Address
Trade Name/DBA
License Number(s)
CSLB:504013
CSLB:504013

Registration History

Effective Date	Expiration Date
6/13/2018	6/30/2019
6/1/2017	6/30/2018
6/8/2016	6/30/2017
6/23/2015	6/30/2016
7/2/2014	6/30/2015
7/1/2019	6/30/2021
7/1/2021	6/30/2024

Legal Entity Information

Corporation Number:
C1386896
Federal Employment Identification Number:
President Name:
DENNIS AYRES
Vice President Name:
DEREK AYRES
Treasurer Name:
Secretary Name:
DONNA AYRES
CEO Name:

Agent of Service Name:
TLD LAW
Agent of Service Mailing Address:
3900 KILROY AIRPORT WAY, SUITE 240 LONG BEACH 90806 CA United States of America

Workers Compensation

Do you lease employees No

through Professional
Employer Organization
(PEO)?:

Please provide your

current workers
compensation insurance
information below:

PEO	PEO	PEO
-----	-----	-----

PEO Information	Name	Phone	Email
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Insured by Carrier

Policy Holder Name:BEST INTERIORS, INC.**Insurance Carrier:**

ALASKA NATIONAL INSURANCE COMPANY**Policy Number:**18KWS10699**Inception date:**
11/1/2020**Expiration Date:**11/1/2021

Contractor Information

Legal Entity Name
BUILDER SERVICES GROUP, INC.

Legal Entity Type
Corporation

Status
Active

Registration Number
1000054846

Registration effective date
7/1/2022

Registration expiration date
6/30/2024

Mailing Address
475 N. WILLIAMSON BLVD DAYTONA BEACH 32114 F...

Physical Address
475 N. WILLIAMSON BLVD DAYTONA BEACH 32114 F...

Email Address

Trade Name/DBA
TRUTEAM OF CALIFORNIA
CALIFORNIA BUILDING PRODUCTS

License Number(s)
CSLB:1034361
CSLB:1084969

Registration History

Effective Date	Expiration Date
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6/26/2018	6/30/2019.
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1/9/2018	6/30/2018
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7/1/2019	6/30/2020
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7/1/2020	6/30/2021
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7/1/2021	6/30/2022
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7/1/2022	6/30/2024
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Legal Entity Information

Corporation Number:

Federal Employment Identification Number:

President Name:

Robert Buck

Vice President Name:

Treasurer Name:

George Sellew

Secretary Name:

CEO Name:

Agent of Service Name:

CT Corporation

Agent of Service Mailing Address:

1818 West Seventh St, Ste 930 los angeles 90017 CA United States of America

Workers Compensation

Do you lease employees No

through Professional
Employer Organization
(PEO)?:

Please provide your

current workers
compensation insurance
information below:

PEO	PEO	PEO
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PEO Information	Name	Phone	Email
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Insured by Carrier

Policy Holder Name:BUILDER SERVICES GROUP, INC.**Insurance Carrier:**Old Republic

Policy Number:MWC31557121**Inception date:**6/30/2021**Expiration Date:**6/30/2023

Contractor Information

Legal Entity Name

SEANIC CORP

Legal Entity Type

Corporation

Status

Active

Registration Number

1000004146

Registration effective date

7/1/2020

Registration expiration date

6/30/2023

Mailing Address

145 E. SAINT JOSEPH STREET ARCADIA 91006 CA ...

Physical Address

145 E. SAINT JOSEPH STREET ARCADIA 91006 CA ...

Email Address**Trade Name/DBA**

SLATER GLASS & MIRROR

License Number(s)

CSLB:893323

CSLB:893323

Registration History

Effective Date**Expiration Date**

6/15/2018

6/30/2019

5/30/2017

6/30/2018

6/30/2016

6/30/2017

7/9/2015

6/30/2016

12/19/2014

6/30/2015

7/1/2019

6/30/2020

7/1/2020

6/30/2023

Legal Entity Information

Corporation Number:

2596806

Federal Employment Identification Number:**President Name:**

NICK RAWE

Vice President Name:

NICK RAWE

Treasurer Name:

NICK RAWE

Secretary Name:

NICK RAWE

CEO Name:**Agent of Service Name:**

NICK RAWE

Agent of Service Mailing Address:

145 E. SAINT JOSEPH STREET ARCADIA 91006 CA United States of America

Workers Compensation

Do you lease employees No
through Professional
Employer Organization
(PEO)?:

Please provide your
current workers
compensation insurance
information below:

	PEO	PEO	PEO
PEO Information	Name	Phone	Email

Insured by Carrier

Policy Holder Name:SEANIC CORP**Insurance Carrier:**

ACE AMERICAN INSURANCE COMPANY**Policy Number:**C6638150A**Inception date:**
12/15/2018**Expiration Date:**1/1/2021

Contractor Information

Legal Entity Name

SUNTEK ROOFING

Legal Entity Type

Sole Proprietorship

Status

Active

Registration Number

1000001921

Registration effective date

7/1/2022

Registration expiration date

6/30/2023

Mailing Address

P.O.BOX 460623 ESCONDIDO 92046 CA United ...

Physical Address

346 SPRINGTREE PLACE ESCONDIDO 92026 CA ...

Email Address**Trade Name/DBA**

SUNTEK ROOFING

License Number(s)

CSLB:929634

CSLB:929634

CSLB:929634

CSLB:929634

Registration History

Effective Date**Expiration Date**

6/22/2018

6/30/2019

6/3/2017

6/30/2018

6/23/2016

6/30/2017

6/2/2015

6/30/2016

10/16/2014

6/30/2015

7/1/2019

6/30/2020

7/1/2020

6/30/2021

7/1/2021

6/30/2022

7/1/2022

6/30/2023

Legal Entity Information

Sole Proprietor Name:

Workers Compensation

Do you lease employees ☐ No

through Professional

Employer Organization

(PEO)?:

Please provide your

current workers

compensation insurance

information below:

PEO

PEO

PEO

PEO InformationName

Phone

Email

Insured by Carrier

Policy Holder Name:SUNTEK ROOFING**Insurance Carrier:**

STATE COMPENSATION INSURANCE FUND**Policy Number:**9042656-2022**Inception date:**

2/1/2022**Expiration Date:**2/1/2023

Contractor Information

Legal Entity Name

CONTRACTORS DOOR SUPPLY INC

Legal Entity Type

Corporation

Status

Active

Registration Number

1000013428

Registration effective date

7/1/2022

Registration expiration date

6/30/2024

Mailing Address

1060 Calle Cordillera #106 San Clemente 92673 CA...

Physical Address

1060 Calle Cordillera #106 San Clemente 92673 CA...

Email Address**Trade Name/DBA**

CONTRACTORS DOOR SUPPLY

License Number(s)

CSLB:996525

CSLB:996525

CSLB:996585

Registration History

Effective Date**Expiration Date**

6/28/2018

6/30/2019

6/16/2017

6/30/2018

6/29/2016

6/30/2017

7/9/2015

6/30/2016

3/2/2015

6/30/2015

7/1/2019

6/30/2020

7/1/2020

6/30/2021

7/1/2021

6/30/2022

7/1/2022

6/30/2024

Legal Entity Information

Corporation Number:**Federal Employment Identification Number:****President Name:**

Kyle phillips

Vice President Name:**Treasurer Name:****Secretary Name:****CEO Name:****Agent of Service Name:**

Kyle phillips

Agent of Service Mailing Address:

1060 Calle cordillera #106 San clemente 92656 CA United States of America

Workers Compensation

Do you lease employees No
through Professional

Employer Organization
(PEO)?:

Please provide your
current workers

compensation insurance
information below:

	PEO	PEO	PEO
PEO Information	Name	Phone	Email

Contractor Information

Legal Entity Name
WOODS COMMERCIAL DOOR, INC.

Legal Entity Type
Corporation

Status
Active

Registration Number
1000009104

Registration effective date
7/1/2021

Registration expiration date
6/30/2024

Mailing Address
710 East Parkridge Avenue, Suite 100 CORONA 92879 ...

Physical Address
710 East Parkridge Avenue, Suite 100 CORONA 92879 ...

Email Address

Trade Name/DBA
WOODS COMMERCIAL DOOR, INC.

License Number(s)
CSLB:915322
CSLB:915322

Registration History

Effective Date	Expiration Date
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6/14/2018	6/30/2019
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6/13/2017	6/30/2018
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6/15/2016	6/30/2017
-----------	-----------

6/29/2015	6/30/2016
-----------	-----------

2/10/2015	6/30/2015
-----------	-----------

7/1/2019	6/30/2020
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7/1/2020	6/30/2021
----------	-----------

7/1/2021	6/30/2024
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Legal Entity Information

Corporation Number:
C3056534

Federal Employment Identification Number:

President Name:
STEVE WOODS

Vice President Name:
JAMIE WOODS

Treasurer Name:
JAMIE WOODS

Secretary Name:
JAMIE WOODS

CEO Name:
JAMIE WOODS

Agent of Service Name:
STEVE WOODS

Agent of Service Mailing Address:
4352 FLINT STREET CORONA 92883 CA United States of America

Workers Compensation

Do you lease employees No
through Professional
Employer Organization
(PEO)?:

Please provide your
current workers
compensation insurance
information below:

PEO	PEO	PEO
PEO InformationName	Phone	Email

Insured by Carrier

Policy Holder Name:WOODS COMMERCIAL DOOR, INC.**Insurance Carrier:**

INSURANCE COMPANY OF THE WEST**Policy Number:**WPH 5050539 01**Inception date:**
9/10/2020**Expiration Date:**9/10/2022

Contractor Information

Legal Entity Name
THE BLAKELY CO., INC.
Legal Entity Type
Corporation
Status
Active
Registration Number
1000010520
Registration effective date
7/1/2021
Registration expiration date
6/30/2023
Mailing Address
504 Monterey Pass Rd Monterey Park 91754 CA ...
Physical Address
504 Monterey Pass Rd Monterey Park 91754 CA ...
Email Address
Trade Name/DBA
License Number(s)
CSLB:195215

Registration History

Effective Date	Expiration Date
6/14/2018	6/30/2019
5/8/2017	6/30/2018
5/20/2016	6/30/2017
12/15/2015	6/30/2016
2/18/2015	6/30/2015
7/1/2019	6/30/2021
7/1/2021	6/30/2023

Legal Entity Information

Corporation Number:
0388689
Federal Employment Identification Number:
President Name:
REGINALD GRZESKOWIAK
Vice President Name:
Treasurer Name:
BARBARA M. GOSHORN
Secretary Name:
BARBARA M. GOSHORN
CEO Name:

Agent of Service Name:
BARBARA M. GOSHORN
Agent of Service Mailing Address:
504 Monterey Pass Rd Monterey Park 91754 CA United States of America

Workers Compensation

Do you lease employees No
through Professional

Employer Organization
(PEO)?:

Please provide your
current workers

compensation insurance
information below:

	PEO	PEO	PEO
PEO Information	Name	Phone	Email

Insured by Carrier

Policy Holder Name:THE BLAKELY CO., INC.**Insurance Carrier:**GuideOne**Policy Number:**
010011819**Inception date:**10/1/2020**Expiration Date:**10/1/2021

Contractor Information

Legal Entity Name
DONALD M. HOOVER COMPANY

Legal Entity Type
Corporation

Status
Active

Registration Number
1000006421

Registration effective date
7/1/2022

Registration expiration date
6/30/2025

Mailing Address
10130 REDWOOD AVENUE FONTANA 92335 CA ...

Physical Address
10130 REDWOOD AVENUE FONTANA 92335 CA ...

Email Address

Trade Name/DBA
DONALD M. HOOVER COMPANY

License Number(s)
CSLB:178283

Registration History

Effective Date	Expiration Date
6/4/2018	6/30/2019
5/16/2017	6/30/2018
6/7/2016	6/30/2017
6/30/2015	6/30/2016
1/22/2015	6/30/2015
7/1/2019	6/30/2022
7/1/2022	6/30/2025

Legal Entity Information

Corporation Number:

Federal Employment Identification Number:

President Name:

C. Race Gentry

Vice President Name:

Treasurer Name:

Secretary Name:

CEO Name:

Agent of Service Name:

C. Race Gentry

Agent of Service Mailing Address:

10130 Redwood Avenue Fontana 92335 CA United States of America

Workers Compensation

Do you lease employees No
through Professional
Employer Organization
(PEO)?:

Please provide your
current workers
compensation insurance
information below:

	PEO	PEO	PEO
PEO Information	Name	Phone	Email

Insured by Carrier

Policy Holder Name:DONALD M. HOOVER COMPANY**Insurance Carrier:**

FALLS LAKE FIRE & CASUALTY COMPANY**Policy Number:**FLA008003-04**Inception date:**

1/1/2022**Expiration Date:**1/1/2023

Contractor Information

Legal Entity Name
FLOOR TECH AMERICA, INC.
Legal Entity Type
Corporation
Status
Active
Registration Number
1000001941
Registration effective date
7/1/2022
Registration expiration date
6/30/2023
Mailing Address
125 MERCURY CIRCLE POMONA 91768 CA Unit...
Physical Address
125 MERCURY CIRCLE POMONA 91768 CA Unit...
Email Address
Trade Name/DBA
FLOORING
License Number(s)
CSLB:853634
CSLB:853634

Registration History

Effective Date	Expiration Date
6/14/2018	6/30/2019
5/10/2017	6/30/2018
6/15/2016	6/30/2017
6/22/2015	6/30/2016
10/14/2014	6/30/2015
7/1/2019	6/30/2020
7/1/2020	6/30/2021
7/1/2021	6/30/2022
7/1/2022	6/30/2023

Legal Entity Information

Corporation Number:
Federal Employment Identification Number:
President Name:
Shirley Carlton
Vice President Name:
Treasurer Name:
Secretary Name:
CEO Name:

Agent of Service Name:
Shirley Carlton
Agent of Service Mailing Address:
125 Mercury Circle Pomona 91768 CA United States of America

Workers Compensation

Do you lease employees No
through Professional

Employer Organization
(PEO)?:

Please provide your
current workers

compensation insurance
information below:

	PEO	PEO	PEO
PEO Information	Name	Phone	Email

Insured by Carrier

Policy Holder Name:FLOOR TECH AMERICA, INC.**Insurance Carrier:**

Falls Lake Fire and Casualty Company**Policy Number:**FLA01483601**Inception date:**
7/27/2021**Expiration Date:**7/27/2022

Contractor Information

Legal Entity Name

Paint Blast US

Legal Entity Type

Corporation

Status

Active

Registration Number

PW-LR-1000853906

Registration effective date

12/28/2021

Registration expiration date

6/30/2023

Mailing Address

700 E Ocean Blvd, 1402 Long Beach 90802 CA U...

Physical Address

700 E Ocean Blvd, 1402 Long Beach 90802 CA U...

Email Address**Trade Name/DBA**

Stencil Blast US

License Number(s)

CSLB:1084260

Registration History

Effective Date**Expiration Date**

12/28/2021

6/30/2023

Legal Entity Information

Corporation Number:**Federal Employment Identification Number:****President Name:**

Nadia Osokin

Vice President Name:**Treasurer Name:****Secretary Name:****CEO Name:****Agent of Service Name:**

Nadia Osokin

Agent of Service Mailing Address:

700 E Ocean Blvd, 1402 long beach 90802 CA United States of America

Workers Compensation

Do you lease employees No

through Professional

Employer Organization

(PEO)?:

Please provide your
current workers
compensation insurance
information below:

PEO	PEO	PEO
PEO InformationName	Phone	Email

Insured by Carrier

Policy Holder Name:Stencil Blast US Inc**Insurance Carrier:**Gaurd**Policy Number:**WC289964

Inception date:8/30/2021**Expiration Date:**8/30/2022

Contractor Information

Legal Entity Name
ISR PAINTING & WALLCOVERING INC.
Legal Entity Type
Corporation
Status
Active
Registration Number
1000009154
Registration effective date
7/1/2022
Registration expiration date
6/30/2025
Mailing Address
13586 PUMICE STREET NORWALK 90650 CA Un...
Physical Address
13586 PUMICE STREET NORWALK 90650 CA Un...
Email Address
Trade Name/DBA
ISR PAINTING & WALLCOVERING INC.
License Number(s)
CSLB:825061

Registration History

Effective Date	Expiration Date
5/8/2018	6/30/2019
6/14/2017	6/30/2018
6/22/2016	6/30/2017
6/30/2015	6/30/2016
2/10/2015	6/30/2015
7/1/2019	6/30/2022
7/1/2022	6/30/2025

Legal Entity Information

Corporation Number:
Federal Employment Identification Number:
President Name:
Isidro Ramirez
Vice President Name:
Treasurer Name:
Secretary Name:
Gloria Ramirez
CEO Name:

Agent of Service Name:
Isidro Ramirez
Agent of Service Mailing Address:
7250 Hayes Cir Buena Park 90620 CA United States of America

Workers Compensation

Do you lease employees No
through Professional

Employer Organization
(PEO)?:

Please provide your
current workers

compensation insurance
information below:

PEO	PEO	PEO
PEO InformationName	Phone	Email

Insured by Carrier

Policy Holder Name:ISR PAINTING & WALLCOVERING INC.**Insurance Carrier:**

Falls Lake Fire and Casualty Company**Policy Number:**FLA015800-01**Inception date:**
12/2/2021**Expiration Date:**12/2/2022

Contractor Information

Legal Entity Name
CONTINENTAL MARBLE AND TILE COMPANY
Legal Entity Type
Corporation
Status
Active
Registration Number
1000002594
Registration effective date
7/1/2022
Registration expiration date
6/30/2025
Mailing Address
2460 ANSELMO DRIVE CORONA 92879 CA Unit...
Physical Address
2460 ANSELMO DRIVE CORONA 92879 CA Unit...
Email Address
Trade Name/DBA
License Number(s)
CSLB:394

Registration History

Effective Date	Expiration Date
6/4/2018	6/30/2019
5/8/2017	6/30/2018
6/1/2016	6/30/2017
6/2/2015	6/30/2016
11/10/2014	6/30/2015
7/1/2019	6/30/2022
7/1/2022	6/30/2025

Legal Entity Information

Corporation Number:
Federal Employment Identification Number:
President Name:
George R. Ballantyne
Vice President Name:
John W. Ballantyne
Treasurer Name:
Patricia B. Payne
Secretary Name:
Patricia B. Payne
CEO Name:
George R. Ballantyne
Agent of Service Name:
George R. Ballantyne
Agent of Service Mailing Address:
2460 Anselmo Drive Corona 92879 CA United States of America

Workers Compensation

Do you lease employees No

through Professional
Employer Organization
(PEO)?:

Please provide your

current workers
compensation insurance
information below:

PEO	PEO	PEO
-----	-----	-----

PEO Information	Name	Phone	Email
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Insured by Carrier

Policy Holder Name:CONTINENTAL MARBLE AND TILE COMPANY**Insurance Carrier:**

FALLS LAKE FIRE AND CASUALTY COMPANY**Policy Number:**FLA000699-05**Inception date:**

8/1/2016**Expiration Date:**8/1/2022

Contractor Information

Legal Entity Name
INLAND PACIFIC TILE, INC.

Legal Entity Type
Corporation

Status
Active

Registration Number
1000000911

Registration effective date
7/1/2022

Registration expiration date
6/30/2025

Mailing Address
PO BOX 10879 SAN BERNARDINO 92423 CA United Stat...

Physical Address
1817 COMMERCENTER WEST SAN BERNARDINO 92408 ...

Email Address

Trade Name/DBA

License Number(s)
Other:780298

Registration History

Effective Date	Expiration Date
5/14/2018	6/30/2019
5/8/2017	6/30/2018
5/6/2016	6/30/2017
6/3/2015	6/30/2016
8/18/2014	6/30/2015
7/1/2019	6/30/2022
7/1/2022	6/30/2025

Legal Entity Information

Corporation Number:

Federal Employment Identification Number:

President Name:

Richard Jacobs

Vice President Name:

Treasurer Name:

Thiel Jacobs, Jr.

Secretary Name:

Thiel Jacobs, Jr.

CEO Name:

Agent of Service Name:

Thiel Jacobs, Jr.

Agent of Service Mailing Address:

1817 Commercenter West, San Bernardino PO Box 10879, San Bernardino 92408 CA United States of America

Workers Compensation

Do you lease employees No
through Professional

Employer Organization

(PEO)?:

Please provide your
current workers
compensation insurance
information below:

	PEO	PEO	PEO
PEO Information	Name	Phone	Email

Insured by Carrier

Policy Holder Name:INLAND PACIFIC TILE, INC.**Insurance Carrier:**

LIBERTY MUTUAL INSURANCE COMPANY**Policy Number:**WC6Z91458574012**Inception date:**

2/1/2022**Expiration Date:**2/1/2023

Contractor Information

Legal Entity Name
J. COLAVIN & SON, INC.
Legal Entity Type
Corporation
Status
Active
Registration Number
1000001458
Registration effective date
7/1/2022
Registration expiration date
6/30/2025
Mailing Address
5323 ALHAMBRA AVE. LOS ANGELES 90032 CA ...
Physical Address
5323 ALHAMBRA AVE. LOS ANGELES 90032 CA ...
Email Address
Trade Name/DBA
License Number(s)
CSLB:260803

Registration History

Effective Date	Expiration Date
5/29/2018	6/30/2019
5/25/2017	6/30/2018
6/20/2016	6/30/2017
6/25/2015	6/30/2016
9/23/2014	6/30/2015
7/1/2019	6/30/2022
7/1/2022	6/30/2025

Legal Entity Information

Corporation Number:
Federal Employment Identification Number:
President Name:
Rosemarie Colavin
Vice President Name:
Treasurer Name:
Secretary Name:
CEO Name:

Agent of Service Name:
Kathleen Aaronian
Agent of Service Mailing Address:
5323 Alhambra Ave. Los Angeles 90032 CA United States of America

Workers Compensation

Do you lease employees No
through Professional
Employer Organization
(PEO)?:
Please provide your

current workers
compensation insurance
information below:

	PEO	PEO	PEO
PEO Information	Name	Phone	Email

Insured by Carrier

Policy Holder Name:J. COLAVIN & SON, INC.**Insurance Carrier:**

INSURANCE COMPANY OF THE WEST**Policy Number:**WPL5025046 08**Inception date:**

12/1/2021**Expiration Date:**12/1/2022

Contractor Information

Legal Entity Name
CHOICE BUILDER SOLUTIONS, LLC
Legal Entity Type
LLC
Status
Active
Registration Number
1000060248
Registration effective date
7/8/2020
Registration expiration date
6/30/2023
Mailing Address
4335 E LOWELL ST, STE D ONTARIO 91761 CA U...
Physical Address
4335 E LOWELL ST, STE D ONTARIO 91761 CA U...
Email Address
Trade Name/DBA
CHOICE BUILDER SOLUTIONS
License Number(s)
CSLB:1032593

Registration History

Effective Date	Expiration Date
8/13/2018	6/30/2019
7/1/2019	6/30/2020
7/8/2020	6/30/2023

Legal Entity Information

Corporation Number:
result[iCtr].License_RegistrationRoot.Registration_Accounts__[regAccts].Corp_or_LLC_ID__c
Federal Employment Identification Number:Member Name(s):

Agent of Service Name:
BEN CHOI

Agent of Service Mailing Address:
4335 E LOWELL ST, STE D ONTARIO 91761 CA United States of America

Workers Compensation

Do you lease employees No
through Professional

Employer Organization
(PEO)?:

Please provide your
current workers
compensation insurance
information below:

DEO DEO DEO

PEO	PEO	PEO
PEO InformationName	Phone	Email

Insured by Carrier

Policy Holder Name:Choice Builder Solutions, LLC**Insurance Carrier:**

Palomar Excess and Surplus Co**Policy Number:**OGL-SA-003100**Inception date:**4/30/2022

Expiration Date:4/30/2023

Contractor Information

Legal Entity Name
DIVISION TEN SIGNAGE INC
Legal Entity Type
Corporation
Status
Active
Registration Number
1000008553
Registration effective date
7/1/2022
Registration expiration date
6/30/2023
Mailing Address
2584 MANZANA WAY SAN DIEGO 92139 CA United State...
Physical Address
2766 VIA ORANGE WAY SUITE G SPRING VALLEY 91978 ...
Email Address
Trade Name/DBA
DIVISION TEN SIGNAGE INC
License Number(s)
CSLB:832623
CSLB:832623

Registration History

Effective Date	Expiration Date
5/28/2018	6/30/2019
5/29/2017	6/30/2018
5/16/2016	6/30/2017
6/22/2015	6/30/2016
2/5/2015	6/30/2015
7/1/2019	6/30/2020
7/1/2020	6/30/2021
7/1/2021	6/30/2022
7/1/2022	6/30/2023

Legal Entity Information

Corporation Number:
Federal Employment Identification Number:
President Name:
Veronica Thompson
Vice President Name:
Treasurer Name:
Secretary Name:
CEO Name:

Agent of Service Name:
veronica thompson
Agent of Service Mailing Address:
2584 manzana way san diego 92139 CA United States of America

Workers Compensation

Do you lease employees No
through Professional
Employer Organization
(PEO)?:

Please provide your
current workers
compensation insurance
information below:

	PEO	PEO	PEO
PEO Information	Name	Phone	Email

Insured by Carrier

Policy Holder Name:DIVISION TEN SIGNAGE INC**Insurance Carrier:**

STATE COMPENSATION INSURANCE FUND**Policy Number:**9104364**Inception date:**

6/27/2014**Expiration Date:**6/23/2023

Contractor Information

Legal Entity Name
A1 QUALITY BLINDS
Legal Entity Type
LLC
Status
Active
Registration Number
1000006500
Registration effective date
7/1/2022
Registration expiration date
6/30/2023
Mailing Address
13230 EVENING CREEK DR #211 SAN DIEGO 92128 C...
Physical Address
13230 EVENING CREEK DR #211 SAN DIEGO 92128 C...
Email Address
Trade Name/DBA
A1 QUALITY BLINDS
License Number(s)
CSLB:1009294
CSLB:1009294

Registration History

Effective Date	Expiration Date
5/24/2018	6/30/2019
5/9/2017	6/30/2018
5/3/2016	6/30/2017
6/23/2015	6/30/2016
1/23/2015	6/30/2015
7/1/2019	6/30/2020
7/1/2020	6/30/2021
7/1/2021	6/30/2022
7/1/2022	6/30/2023

Legal Entity Information

Corporation Number:
result[iCtr].License_RegistrationRoot.Registration_Accounts__r[regAccts].Corp_or_LLC_ID__c
Federal Employment Identification Number:Member Name(s):

Corporation Number:
result[iCtr].License_RegistrationRoot.Registration_Accounts__r[regAccts].Corp_or_LLC_ID__c
Federal Employment Identification Number:Member Name(s):

Corporation Number:
result[iCtr].License_RegistrationRoot.Registration_Accounts__r[regAccts].Corp_or_LLC_ID__c
Federal Employment Identification Number:Member Name(s):

Agent of Service Name:
Zac DiVine
Agent of Service Mailing Address:
13230 evening creek Dr N #211 san diego 92128 CA United States of America

Workers Compensation

Do you lease employees No
through Professional
Employer Organization
(PEO)?:

Please provide your
current workers
compensation insurance
information below:

PEO	PEO	PEO
PEO InformationName	Phone	Email

Insured by Carrier

Policy Holder Name:A1 QUALITY BLINDSInsurance Carrier:AMGUARD Insurance Company

Policy Number:AOBP0266463Inception date:6/6/2021Expiration Date:6/6/2023

Contractor Information

Legal Entity Name
NXTGEN SIGNS INC.
Legal Entity Type
Corporation
Status
Active
Registration Number
PW-LR-1000563105
Registration effective date
7/1/2022
Registration expiration date
6/30/2023
Mailing Address
3508 Avenida Maravilla Carlsbad 92009 CA Unit...
Physical Address
3508 Avenida Maravilla Carlsbad 92009 CA Unit...
Email Address
Trade Name/DBA
NXTGEN SIGNS
License Number(s)
CSLB:1063126

Registration History

Effective Date	Expiration Date
3/2/2020	6/30/2020
7/1/2020	6/30/2021
7/1/2021	6/30/2022
7/1/2022	6/30/2023

Legal Entity Information

Corporation Number:
Federal Employment Identification Number:
President Name:
James Dobyns
Vice President Name:
Treasurer Name:
Teresa Dobyns
Secretary Name:
Teresa Dobyns
CEO Name:
Agent of Service Name:
Jim Dobyns
Agent of Service Mailing Address:
3508 Avenida Maravilla Carlsbad 92009 CA United States of America

Workers Compensation

Do you lease employees No
through Professional

Employer Organization

(PEO)?:

Please provide your
current workers

compensation insurance
information below:

	PEO	PEO	PEO
PEO Information	Name	Phone	Email

Insured by Carrier

Policy Holder Name:NXTGEN SIGNS**Insurance Carrier:**Marker Insurance Co.**Policy Number:**
MWC0164452-03**Inception date:**2/18/2020**Expiration Date:**2/18/2023

Contractor Information

Legal Entity Name
TRIMARK RAYGAL, LLC
Legal Entity Type
Corporation
Status
Active
Registration Number
1000005656
Registration effective date
7/1/2022
Registration expiration date
6/30/2025
Mailing Address
210 COMMERCE IRVINE 92602 CA United State...
Physical Address
210 COMMERCE IRVINE 92602 CA United State...
Email Address
Trade Name/DBA
TRIMARK RAYGAL, LLC
License Number(s)
CSLB:1014395

Registration History

Effective Date	Expiration Date
6/14/2018	6/30/2019
6/16/2017	6/30/2018
6/13/2016	6/30/2017
6/30/2015	6/30/2016
1/15/2015	6/30/2015
7/1/2019	6/30/2022
7/1/2022	6/30/2025

Legal Entity Information

Agent of Service Name:
REGISTERED AGENT SOLUTIONS, INC.
Agent of Service Mailing Address:
720 14TH STREET SACRAMENTO 95814 CA United States of America

Corporation Number:
Federal Employment Identification Number:
President Name:
Howard Cantrell
Vice President Name:
Treasurer Name:
Secretary Name:
CEO Name:

Workers Compensation

Do you lease employees No
through Professional
Employer Organization
(PEO)?:

Please provide your
current workers
compensation insurance
information below:

PEO	PEO	PEO
PEO InformationName	Phone	Email

Insured by Carrier

Policy Holder Name:TRIMARK RAYGAL, LLC**Insurance Carrier:**

Assurance, a Marsh & McLennan Agency LLC company**Policy Number:**JCDS1003D0

Inception date:7/1/2021**Expiration Date:**7/1/2022

Contractor Information

Legal Entity Name
COMMERCE AIR CONDITIONING COMPANY
Legal Entity Type
Sole Proprietorship
Status
Active
Registration Number
1000014464
Registration effective date
7/1/2022
Registration expiration date
6/30/2023
Mailing Address
14673 PARTHENIA STREET #202 PANORAMA CITY 91402 ...
Physical Address
14673 PARTHENIA STREET #202 PANORAMA CITY 91402 ...
Email Address
Trade Name/DBA
COMMERCE AIR CONDITIONING COMPANY
License Number(s)
CSLB:274863
CSLB:274863

Registration History

Effective Date	Expiration Date
7/13/2018	6/30/2019
9/21/2017	6/30/2018
8/29/2016	6/30/2017
7/17/2015	6/30/2016
3/8/2015	6/30/2015
7/1/2019	6/30/2020
7/2/2020	6/30/2021
7/1/2021	6/30/2022
7/1/2022	6/30/2023

Legal Entity Information

Sole Proprietor Name:

Workers Compensation

Do you lease employees through Professional Employer Organization (PEO)?:

Please provide your current workers compensation insurance information below:

PEO Information	PEO Name	PEO Phone	PEO Email

Insured by Carrier

Policy Holder Name: COMMERCE AIR CONDITIONING COMPANY **Insurance Carrier:**
STATE COMPENSATION INSURANCE FUND **Policy Number:** 9105667-2019 **Inception date:**
7/9/2014 **Expiration Date:** 7/9/2022

Contractor Information

Legal Entity Name
BARBERIO ENTERPRISES INC

Legal Entity Type
Corporation

Status
Active

Registration Number
1000000840

Registration effective date
7/1/2022

Registration expiration date
6/30/2025

Mailing Address
9691 SUNLAND BLVD SHADOW HILLS 91040 CA ...

Physical Address
9691 SUNLAND BLVD SHADOW HILLS 91040 CA ...

Email Address

Trade Name/DBA
WESTCO SERVICE COMPANY

License Number(s)
CSLB:670542

Registration History

Effective Date	Expiration Date
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6/25/2018	6/30/2019
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6/19/2017	6/30/2018
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6/29/2016	6/30/2017
-----------	-----------

7/7/2015	6/30/2016
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8/13/2014	6/30/2015
-----------	-----------

7/1/2019	6/30/2022
----------	-----------

7/1/2022	6/30/2025
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Legal Entity Information

Corporation Number:

Federal Employment Identification Number:

President Name:

Maria Barberio

Vice President Name:

David J Barberio

Treasurer Name:

Secretary Name:

Sara Barberio

CEO Name:

Maria Barberio

Agent of Service Name:

Barberio Enterprises Inc

Agent of Service Mailing Address:

9691 Sunland Blvd Shadow Hills 91040 CA United States of America

Workers Compensation

Do you lease employees No

through Professional
Employer Organization
(PEO)?:

Please provide your

current workers
compensation insurance
information below:

PEO	PEO	PEO
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PEO Information	Name	Phone	Email
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Insured by Carrier

Policy Holder Name:BARBERIO ENTERPRISES INC.**Insurance Carrier:**

INSURANCE COMPANY OF THE WEST**Policy Number:**WSD506172700**Inception date:**

8/5/2021**Expiration Date:**8/5/2022

Contractor Information

Legal Entity Name
PACIFIC PLUMBING COMPANY OF SANTA ANA

Legal Entity Type
Corporation

Status
Active

Registration Number
1000009561

Registration effective date
7/1/2022

Registration expiration date
6/30/2023

Mailing Address
P.O. BOX 1494 SANTA ANA 92702 CA United State...

Physical Address
615 E. WASHINGTON AVE. SANTA ANA 92701 CA ...

Email Address

Trade Name/DBA

License Number(s)
CSLB:266807
CSLB:266807

Registration History

Effective Date	Expiration Date
5/31/2018	6/30/2019
5/25/2017	6/30/2018
5/18/2016	6/30/2017
7/2/2015	6/30/2016
2/12/2015	6/30/2015
7/1/2019	6/30/2020
7/1/2020	6/30/2021
7/1/2021	6/30/2022
7/1/2022	6/30/2023

Legal Entity Information

Corporation Number:

Federal Employment Identification Number:

President Name:
David Zech

Vice President Name:

Treasurer Name:

Secretary Name:

CEO Name:
David Zech

Agent of Service Name:
David Zech

Agent of Service Mailing Address:
615 E Washington Ave Santa Ana 92701 CA United States of America

Workers Compensation

Do you lease employees No
through Professional

Employer Organization
(PEO)?:

Please provide your
current workers

compensation insurance
information below:

	PEO	PEO	PEO
PEO Information	Name	Phone	Email

Insured by Carrier

Policy Holder Name:PACIFIC PLUMBING COMPANY OF SANTA ANA**Insurance Carrier:**

Liberty Mutual Fire Insurance**Policy Number:**WC2Z91471456022**Inception date:**3/1/2022

Expiration Date:3/1/2023

Contractor Information

Legal Entity Name
A&D FIRE SPRINKLERS, INC.

Legal Entity Type
Corporation

Status
Expired

Registration Number
1000005389

Registration effective date
7/1/2020

Registration expiration date
6/30/2021

Mailing Address
7130 CONVOY COURT SAN DIEGO 92111 CA U...

Physical Address
7130 CONVOY COURT SAN DIEGO 92111 CA U...

Email Address

Trade Name/DBA

License Number(s)

CSLB:902053

CSLB:1069002

Registration History

Effective Date	Expiration Date
6/28/2018	6/30/2019
6/21/2017	6/30/2018
6/9/2016	6/30/2017
7/1/2015	6/30/2016
1/13/2015	6/30/2015
7/1/2019	6/30/2020
7/1/2020	6/30/2021

Legal Entity Information

Corporation Number:

C2557766

Federal Employment Identification Number:

President Name:

JOHN GONSALVES

Vice President Name:

Treasurer Name:

Secretary Name:

JEFFREY ROHNER

CEO Name:

OWEN CURTIS

Agent of Service Name:

Owen Curtis

Agent of Service Mailing Address:

7130 Convoy Court San Diego 92111 CA United States of America

Workers Compensation

Do you lease employees No
through Professional
Employer Organization
(PEO)?:

Please provide your
current workers
compensation insurance
information below:

PEO	PEO	PEO
PEO InformationName	Phone	Email

Insured by Carrier

Policy Holder Name:A&D FIRE SPRINKLERS, INC.**Insurance Carrier:**

BERSHIRE HATHAWAY HOMESTATE**Policy Number:**ADWC031594**Inception date:**11/1/2019

Expiration Date:11/1/2020

Contractor Information

Legal Entity Name
SHELTON FIRE PROTECTION CO., INC.
Legal Entity Type
Corporation
Status
Active
Registration Number
1000004535
Registration effective date
7/1/2022
Registration expiration date
6/30/2023
Mailing Address
22745 LA PALMA AVE YORBA LINDA 92887 CA ...
Physical Address
22745 LA PALMA AVE YORBA LINDA 92887 CA ...
Email Address
Trade Name/DBA
SHELTON FIRE PROTECTION CO., INC.
License Number(s)
CSLB:677631
CSLB:677631

Registration History

Effective Date	Expiration Date
6/13/2018	6/30/2019
5/24/2017	6/30/2018
6/2/2016	6/30/2017
9/29/2015	6/30/2016
12/30/2014	6/30/2015
7/1/2019	6/30/2020
7/1/2020	6/30/2021
7/1/2021	6/30/2022
7/1/2022	6/30/2023

Legal Entity Information

Corporation Number:
Federal Employment Identification Number:
President Name:
Kyle Estes
Vice President Name:
Danielle Estes
Treasurer Name:
Cheryl Shelton
Secretary Name:
Cheryl Shelton
CEO Name:
H. Scott Shelton

Agent of Service Name:
Cheryl Shelton
Agent of Service Mailing Address:
22745 La Palma Ave Yorba Linda 92887 CA United States of America

Workers Compensation

Do you lease employees No
through Professional
Employer Organization
(PEO)?:

Please provide your
current workers
compensation insurance
information below:

	PEO	PEO	PEO
PEO Information	Name	Phone	Email

Insured by Carrier

Policy Holder Name:SHELTON FIRE PROTECTION CO., INC.**Insurance Carrier:**

American Family Home Insurance**Policy Number:**5FA5WC000112200**Inception date:**
3/1/2022**Expiration Date:**3/1/2023

Contractor Information

Legal Entity Name
Wakeland Electric, Inc.

Legal Entity Type
Corporation

Status
Active

Registration Number
PW-LR-1000580743

Registration effective date
7/1/2021

Registration expiration date
6/30/2023

Mailing Address
18510 Pasadena Street, Suite G Lake Elsinore 92530 C...

Physical Address
18510 Pasadena Street, Suite G Lake Elsinore 92530 C...

Email Address

Trade Name/DBA

License Number(s)
CSLB:1063245

Registration History

Effective Date	Expiration Date
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4/9/2020	6/30/2021
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7/1/2021	6/30/2023
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Legal Entity Information

Corporation Number:

Federal Employment Identification Number:

President Name:

Chandra Garlich

Vice President Name:

Joshua Wakeland

Treasurer Name:

Secretary Name:

CEO Name:

Agent of Service Name:

Chandra Wakeland

Agent of Service Mailing Address:

21445 Pumice Lane Wildomar 92595 CA United States of America

Workers Compensation

Do you lease employees No
through Professional
Employer Organization
(PEO)?:

Please provide your
current workers
compensation insurance
information below:

	PEO	PEO	PEO
PEO Information	Name	Phone	Email

Insured by Carrier

Policy Holder Name:Wakeland Electric Inc**Insurance Carrier:**

Accredited Surety and Casualty Company, Inc.**Policy Number:**1ATCA16003827-0

Inception date:8/7/2020**Expiration Date:**8/7/2021

Contractor Information

Registration History

Legal Entity Name	Effective Date	Expiration Date
TRI-SIGNAL INTEGRATION, INC	6/19/2018	6/30/2019
Legal Entity Type		
Corporation		
Status	5/19/2017	6/30/2018
Active		
Registration Number	7/6/2016	6/30/2017
1000006998		
Registration effective date	6/12/2015	6/30/2016
7/1/2021		
Registration expiration date	1/26/2015	6/30/2015
6/30/2023		
Mailing Address	7/1/2019	6/30/2020
28110 Avenue Stanford, Unit D Santa Clarita 91355 C...		
Physical Address	7/1/2020	6/30/2021
28110 Avenue Stanford, Unit D Santa Clarita 91355 C...		
Email Address	7/1/2021	6/30/2023
Trade Name/DBA		
TRI-SIGNAL INTEGRATION, INC		
License Number(s)		
CSLB:758792		
CSLB:758792		

Legal Entity Information

Corporation Number:

2121047

Federal Employment Identification Number:

President Name:

ROBERT MCKIBBEN

Vice President Name:

ALAN S HICKS

Treasurer Name:

DENNIS L FURDEN

Secretary Name:

MICHAEL J SWISHER

CEO Name:

ROBERT MCKIBBEN

Agent of Service Name:

Dennis Furden

Agent of Service Mailing Address:

28110 Avenue Stanford, Unit D Santa Clarita 91355 CA United States of America

Workers Compensation

Do you lease employees No
through Professional
Employer Organization
(PEO)?:

Please provide your
current workers
compensation insurance
information below:

	PEO	PEO	PEO
PEO Information	Name	Phone	Email

Insured by Carrier

Policy Holder Name: TRI-SIGNAL INTEGRATION, INC **Insurance Carrier:**

Zurich American Insurance Company **Policy Number:** 8698044-00 **Inception date:** 7/1/2019

Expiration Date: 7/1/2020

Contractor Information

Legal Entity Name
PYRO-COMM SYSTEMS, INC
Legal Entity Type
Corporation
Status
Active
Registration Number
1000001401
Registration effective date
7/1/2022
Registration expiration date
6/30/2023
Mailing Address
15531 CONTAINER LANE HUNTINGTON BEACH 92649 ...
Physical Address
15531 CONTAINER LANE HUNTINGTON BEACH 92649 ...
Email Address
Trade Name/DBA
PYRO-COMM SYSTEMS, INC
License Number(s)
CSLB:612153
CSLB:612153

Registration History

Effective Date	Expiration Date
5/11/2018	6/30/2019
5/8/2017	6/30/2018
5/9/2016	6/30/2017
6/12/2015	6/30/2016
9/18/2014	6/30/2015
7/1/2019	6/30/2020
7/1/2020	6/30/2021
7/1/2021	6/30/2022
7/1/2022	6/30/2023

Legal Entity Information

Corporation Number:
Federal Employment Identification Number:
President Name:
John De Sousa
Vice President Name:
Treasurer Name:
Secretary Name:
CEO Name:

Agent of Service Name:
John De Sousa
Agent of Service Mailing Address:
15531 Container Lane Huntington Beach 92649 CA United States of America

Workers Compensation

Do you lease employees No
through Professional

Employer Organization

(PEO)?:

Please provide your
current workers
compensation insurance
information below:

	PEO	PEO	PEO
PEO Information	Name	Phone	Email

Insured by Carrier

Policy Holder Name:PYRO-COMM SYSTEMS, INCInsurance Carrier:

INSURANCE COMPANY OF THE WESTPolicy Number:WSD5006580-11Inception date:

7/1/2021Expiration Date:6/30/2022

Contractor Information

Legal Entity Name
JAM FIRE PROTECTION INC.
Legal Entity Type
Corporation
Status
Active
Registration Number
1000005174
Registration effective date
7/1/2022
Registration expiration date
6/30/2024
Mailing Address
1930 S. MYRTLE AVE MONROVIA 91016 CA Unit...
Physical Address
1930 S. MYRTLE AVE MONROVIA 91016 CA Unit...
Email Address
Trade Name/DBA
JAM CORP.
License Number(s)
CSLB:791060

Registration History

Effective Date	Expiration Date
5/30/2018	6/30/2019
5/22/2017	6/30/2018
5/13/2016	6/30/2017
6/24/2015	6/30/2016
1/12/2015	6/30/2015
7/1/2019	6/30/2022
7/1/2022	6/30/2024

Legal Entity Information

Corporation Number:
Federal Employment Identification Number:
President Name:
John Mongillo
Vice President Name:
Treasurer Name:
Secretary Name:
CEO Name:

Agent of Service Name:
John Mongillo
Agent of Service Mailing Address:
1930 S MYRTLE AVE MONROVIA 91016 CA United States of America

Workers Compensation

Do you lease employees No
through Professional
Employer Organization
(PEO)?:

Please provide your
current workers
compensation insurance
information below:

PEO	PEO	PEO
PEO InformationName	Phone	Email

Insured by Carrier

Policy Holder Name:JAM CORPORATION**Insurance Carrier:**

INSURANCE COMPANY OF THE WEST**Policy Number:**WSD502926406**Inception date:**

2/7/2022**Expiration Date:**2/7/2023

Contractor Information

Legal Entity Name
J&C UNDERGROUND GENERAL ENGINEERING C...

Legal Entity Type
Sole Proprietorship

Status
Active

Registration Number
1000004239

Registration effective date
7/1/2021

Registration expiration date
6/30/2024

Mailing Address
1800 N PEPPER STREET BURBANK 91505 CA Uni...

Physical Address
1800 N PEPPER STREET BURBANK 91505 CA Uni...

Email Address

Trade Name/DBA
J&C UNDERGROUND GENERAL ENGINEERING C...

License Number(s)
CSLB:734860

Registration History

Effective Date	Expiration Date
5/25/2018	6/30/2019
6/22/2017	6/30/2018
6/23/2016	6/30/2017
6/29/2015	6/30/2016
12/22/2014	6/30/2015
7/1/2019	6/30/2021
7/1/2021	6/30/2024

Legal Entity Information

Sole Proprietor Name:

Workers Compensation

Do you lease employees No
through Professional

Employer Organization
(PEO)?:

Please provide your
current workers
compensation insurance
information below:

PEO	PEO	PEO
PEO InformationName	Phone	Email

Insured by Carrier

Policy Holder Name:J&C UNDERGROUND GENERAL ENGINEERING CONTRACTOR

Insurance Carrier:STATE COMPENSATION INSURANCE FUND**Policy Number:**9069568-18

Inception date:01/1/2020**Expiration Date:**01/1/2021

Contractor Information

Legal Entity Name
KERNS INC A CALIFORNIA CORPORATION

Legal Entity Type
Corporation

Status
Active

Registration Number
1000006137

Registration effective date
7/1/2022

Registration expiration date
6/30/2025

Mailing Address
17560 CATALPA ST HESPERIA 92345 CA United ...

Physical Address
17560 CATALPA ST HESPERIA 92345 CA United ...

Email Address

Trade Name/DBA
KERNS CONSTRUCTION

License Number(s)
CSLB:986739
CSLB:986739
CSLB:986739

Registration History

Effective Date	Expiration Date
5/11/2018	6/30/2019
6/14/2017	6/30/2018
6/7/2016	6/30/2017
6/18/2015	6/30/2016
1/20/2015	6/30/2015
7/1/2019	6/30/2020
7/1/2020	6/30/2022
7/1/2022	6/30/2025

Legal Entity Information

Corporation Number:

Federal Employment Identification Number:

President Name:
RICHARD KERNS

Vice President Name:

Treasurer Name:

Secretary Name:

CEO Name:

Agent of Service Name:
CARNO LAW GROUP

Agent of Service Mailing Address:
24031 El Toro Rd Ste 260 Laguna Hills 92653 CA United States of America

Workers Compensation

Do you lease employees No
through Professional

Employer Organization

(PEO)?:

Please provide your
current workers

compensation insurance

information below:

	PEO	PEO	PEO
PEO Information	Name	Phone	Email

Insured by Carrier

Policy Holder Name:KERNS INC A CALIFORNIA CORPORATION**Insurance Carrier:**

EVEREST NATIONAL INSURANCE COMPANY**Policy Number:**7600010577221

Inception date:1/1/2016**Expiration Date:**1/1/2023

Contractor Information

Registration History

Legal Entity Name

ABQ INC.

Legal Entity Type

Corporation

Status

Active

Registration Number

PW-LR-1000833272

Registration effective date

7/1/2022

Registration expiration date

6/30/2023

Mailing Address

6200 Canoga Ave #205 Woodland Hills 91367 CA ...

Physical Address

6200 Canoga Ave #205 Woodland Hills 91367 CA ...

Email Address**Trade Name/DBA**

ABQ INC.

License Number(s)

CSLB:1081727

Effective Date

10/15/2021

Expiration Date

6/30/2022

7/1/2022

6/30/2023

Legal Entity Information

Corporation Number:**Federal Employment Identification Number:****President Name:**

Edric Jafari

Vice President Name:**Treasurer Name:****Secretary Name:****CEO Name:****Agent of Service Name:**

Edric Jafari

Agent of Service Mailing Address:

6200 Canoga Ave #205 Woodland Hills 91367 CA United States of America

Workers Compensation

Do you lease employees No
through Professional
Employer Organization
(PEO)?:

Please provide your
current workers
compensation insurance
information below:

PEO	PEO	PEO
PEO InformationName	Phone	Email

Insured by Carrier

Policy Holder Name:ABQ INC**Insurance Carrier:**

Falls Lake and Fire and Casualty Insurance Co.**Policy Number:**FLA018011-00**Inception date:**
1/1/2022**Expiration Date:**1/1/2024