



Prequalification Questionnaire

5. PREQUALIFICATION QUESTIONNAIRE

Contractor Contact Information and Affidavit

Firm Name: Anderson Pacific Engineering Construction, Inc. Check One: Corporation
 (as it appears on license) Partnership
 Sole Proprietor

Contact Person: Peter E. Anderson

Address: 1390 Norman Ave., Santa Clara, CA 95054

Phone: 408-970-9900 Fax: 408-970-9975

If firm is a sole proprietor or partnership:

Owner(s) of Company: _____

Contractor's License Number(s):
245215 A, B, C-10, HAZ

AFFIDAVIT

I, the undersigned, certify and declare that I have read all the answers contained in this prequalification questionnaire and know their contents. The matters stated in the questionnaire answers are true of my own knowledge and belief, except as to those matters stated on information and belief, and as to those matters I believe them to be true. I declare under penalty of perjury under the laws of the State of California, that the foregoing is correct.

Dated: 9/9/15

Peter E. Anderson
 (Signature)

Peter E. Anderson, President

(Printed Name and Title)

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Prequalification Questionnaire

5. PREQUALIFICATION QUESTIONNAIRE

Contractor Contact Information and Affidavit

Firm Name: KIEWIT INFRASTRUCTURE WEST CO Check One: Corporation
 (as it appears on license) Partnership
 Sole Proprietor

Contact Person: Jeffrey P. Petersen, Senior Vice President

Address: 4650 Business Center Drive, Fairfield, CA 94534

Phone: (707) 439-7454 Fax: (707) 439-7301

If firm is a sole proprietor or partnership:

Owner(s) of Company: N/A

Contractor's License Number(s):

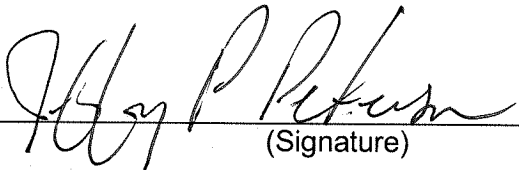
California Contractor License #433176; Class A, B, and C10; Expires 1/31/17

Department of Industrial Relations #1000001147; Expires 6/30/16

AFFIDAVIT

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Dated: 9/11/15


 (Signature)

Jeffrey P. Petersen, Senior Vice President
 (Printed Name and Title)

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5. PREQUALIFICATION QUESTIONNAIRE

Contractor Contact Information and Affidavit

Firm Name: Myers and Sons Construction, LP Check One: Corporation
(as it appears on license) Partnership
 Sole Proprietor

Contact Person: Clinton W. Myers

Address: 4600 Northgate Blvd., Suite 100, Sacramento, CA 95834

Phone: (916) 283-9950 Fax: (916) 614-9520

If firm is a sole proprietor or partnership:

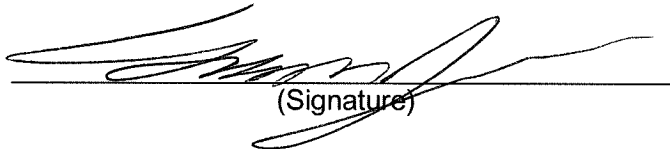
Owner(s) of Company: C and J Myers, Inc., Clinton C. Myers, Clinton W. Myers, & Sterling Construction Company, Inc.

Contractor's License Number(s):
944155

AFFIDAVIT

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Dated: 9/8/15


(Signature)

Clinton W. Myers - Vice President & Partner
(Printed Name and Title)

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5. PREQUALIFICATION QUESTIONNAIRE

Contractor Contact Information and Affidavit

Firm Name: Pacific Infrastructure Corp (as it appears on license) Check One: Corporation
 Partnership
 Sole Proprietor

Contact Person: Mark Jorgenson

Address: 435 Boulder Ct #200, Pleasanton Ca 94566

Phone: 925 249-0011 Fax: 925 249-0009

If firm is a sole proprietor or partnership:

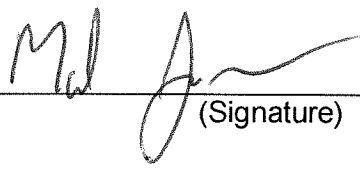
Owner(s) of Company: Mark Jorgenson

Contractor's License Number(s):
799927

AFFIDAVIT

I, the undersigned, certify and declare that I have read all the answers contained in this prequalification questionnaire and know their contents. The matters stated in the questionnaire answers are true of my own knowledge and belief, except as to those matters stated on information and belief, and as to those matters I believe them to be true. I declare under penalty of perjury under the laws of the State of California, that the foregoing is correct.

Dated: 8-27-15


(Signature)

Mark Jorgenson
(Printed Name and Title)

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Prequalification Questionnaire

5. PREQUALIFICATION QUESTIONNAIRE

Contractor Contact Information and Affidavit

Firm Name: Preston Pipelines, Inc. Check One: Corporation
 (as it appears on license) Partnership
 Sole Proprietor

Contact Person: Phillip Toelkes

Address: 133 Bothelo Avenue, Milpitas, CA 95035

Phone: 408-262-1418 Fax: 408-262-1870

If firm is a sole proprietor or partnership:

Owner(s) of Company: Not Applicable

Contractor's License Number(s):

367660 - CA

0080158 - NV

AFFIDAVIT

I, the undersigned, certify and declare that I have read all the answers contained in this prequalification questionnaire and know their contents. The matters stated in the questionnaire answers are true of my own knowledge and belief, except as to those matters stated on information and belief, and as to those matters I believe them to be true. I declare under penalty of perjury under the laws of the State of California, that the foregoing is correct.

Dated: 8/26/15


 (Signature)

CHAD DESSERT - PROJECT EXECUTIVE
 (Printed Name and Title)

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Prequalification Questionnaire

5. PREQUALIFICATION QUESTIONNAIRE

Contractor Contact Information and Affidavit

Firm Name: Ray L. Hellwig Plumbing & Heating, Inc. Check One: Corporation
 (as it appears on license) Partnership
 Sole Proprietor

Contact Person: Lewis Louie

Address: 1301 Laurelwood Road, Santa Clara, CA 95054

Phone: 408.727.5612 Fax: 408.727.5619

If firm is a sole proprietor or partnership:

Owner(s) of Company: _____

Contractor's License Number(s):

190220 (C36, C20, C4, C43, C16 & HAZB)

AFFIDAVIT

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Dated: 9/10/2015


 (Signature)

Kelli Jean Smith, Controller
 (Printed Name and Title)

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Prequalification Questionnaire

5. PREQUALIFICATION QUESTIONNAIRE

Contractor Contact Information and Affidavit

Firm Name: Shimmick Construction Company, Inc. (as it appears on license) Check One: [X] Corporation [] Partnership [] Sole Proprietor

Contact Person: Jamie Helmick

Address: 8201 Edgewater Drive, Suite 202, Oakland, CA 94621

Phone: (510) 777-5000 Fax: (510) 777-5099

If firm is a sole proprietor or partnership:

Owner(s) of Company: N/A

Contractor's License Number(s): 594575

AFFIDAVIT

I, the undersigned, certify and declare that I have read all the answers contained in this prequalification questionnaire and know their contents. The matters stated in the questionnaire answers are true of my own knowledge and belief, except as to those matters stated on information and belief, and as to those matters I believe them to be true. I declare under penalty of perjury under the laws of the State of California, that the foregoing is correct.

Dated: August 28, 2015

Christian P. Fassari (Signature)

Christian Fassari, Executive Vice President (Printed Name and Title)

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5. PREQUALIFICATION QUESTIONNAIRE

Contractor Contact Information and Affidavit

Firm Name: Slayden Construction group, Inc. Check One: Corporation
 (as it appears on license) Partnership
 Sole Proprietor

Contact Person: Steve Flett, Vice President

Address: P.O. Box: 247 | 500 Willamette Avenue Stayton, Oregon 97383

Phone: (503) 769-1969 Fax: (503) 769-4525

If firm is a sole proprietor or partnership:


Owner(s) of Company: Greg Huston, Owner and President

Contractor's License Number(s):
 California - CSLB # 864591

AFFIDAVIT

I, the undersigned, certify and declare that I have read all the answers contained in this prequalification questionnaire and know their contents. The matters stated in the questionnaire answers are true of my own knowledge and belief, except as to those matters stated on information and belief, and as to those matters I believe them to be true. I declare under penalty of perjury under the laws of the State of California, that the foregoing is correct.

Dated: 08/24/2015



 (Signature)

Steve Flett, Vice President

 (Printed Name and Title)

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