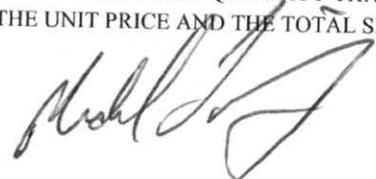


STATE OF CALIFORNIA · DEPARTMENT OF TRANSPORTATION
BID PROPOSAL
 ADM-1412 (REV. 06/06)

ATTACHMENT 1

| CONTRACTOR'S NAME (Please Print): | | | | | CONTRACT NO. |
|--|--|-----------------|---|--|---|
| Safway Services, LLC 34-1761339 CA lis# 972968 | | | | | 07A3831 |
| ITEM NO. | ESTIMATED QUANTITY | UNIT OF MEASURE | ITEM | UNIT PRICE (Per Unit of Measure) | TOTAL (Estimated Quantity x Unit Price) |
| 1 | 144,000 | Per square foot | Disassembling of Quikdeck with chains Scaffolding System at the Vincent Thomas Bridge #53-1471 Mid-Span, Los Angeles County, as described in Exhibit A, Scope of Work. | \$ 3.43 | \$ 494,631.35 |
| 2 | 144,000 | Per square foot | Installation of Quikdeck with chains Scaffolding System at the Vincent Thomas Bridge #53-1471 Mid-Span, Los Angeles County, as described in Exhibit A, Scope of Work. | \$ 5.64 | \$ 811,799.19 |
| 3 | 144,000 | Per square foot | Maintenance of Quikdeck with chains Scaffolding System at the Vincent Thomas Bridge #53-1471 Mid-Span, Los Angeles County, as described in Exhibit A, Scope of Work. | \$ 3.40 | \$ 489,092.79 |
| 4 | <p align="center">Projected Parts & Materials/Supplies*</p> <p align="center">*Miscellaneous supplemental material and equipment such staging stairways, special needs scaffolding, security fencing and/or gates, and special order decking related items not covered by labor charges. (Contractor will be reimbursed for the actual cost without additional allowance for mark-up)</p> <p align="center">Include this amount In the TOTAL THIS PROPOSAL line.</p> | | | | \$200,000.00 |
| (1) THE ABOVE QUANTITIES ARE ESTIMATES ONLY AND ARE GIVEN AS A BASIS FOR COMPARISON OF BIDS. NO GUARANTEE IS MADE OR IMPLIED AS TO THE EXACT QUANTITY THAT WILL BE NEEDED. (2) IN CASE OF DISCREPANCY BETWEEN THE UNIT PRICE AND THE TOTAL SET FORTH FOR A UNIT BASIS ITEM, THE UNIT PRICE SHALL PREVAIL. | | | | <p>TOTAL THIS PROPOSAL (Add Totals for Items 1, 2, 3, & 4)</p> | \$ 1,995,523.33 |

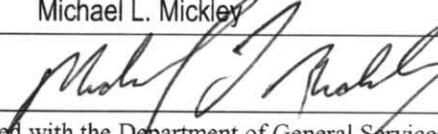


ATTACHMENT 4
BID/BIDDER CERTIFICATION SHEET

Only an individual who is authorized to bind the bidding firm contractually shall sign the Bid/Bidder Certification Sheet. The signature must indicate the title or position that the individual holds in the firm. This Bid/Bidder Certification Sheet must be signed and returned along with all "required attachments" as an entire package with original signatures. The bid must be transmitted in a sealed envelope in accordance with IFB instructions.

- A. Our all-inclusive bid is submitted in a sealed envelope marked "**Bid Submittal - Do Not Open**".
 B. All required attachments are included with this certification sheet.
 C. The signature affixed hereon and dated certifies compliance with all the requirements of this bid document. The signature below authorizes the verification of this certification.
 D. The signature and date affixed hereon certifies that this bid is a firm offer for a 90-day period.

An Unsigned Bid/Bidder Certification Sheet May Be Cause for Bid Rejection

| | | |
|--|--|--|
| 1. Company Name Safway Services, LLC | 2. Telephone Number (310) 532-6690 | 2a. Fax Number (310) 532-0699 |
| 2b. Email Address | | |
| 3. Address 601 West 140th street Gardena, CA 90248 | | |
| Indicate your organization type: | | |
| 4. <input type="checkbox"/> Sole Proprietorship | 5. <input type="checkbox"/> Partnership | 6. <input checked="" type="checkbox"/> Corporation |
| Indicate the applicable employee and/or corporation number: | | |
| 7. Federal Employee ID No. (FEIN) 34-1761339 | 8. California Corporation No. 407-4454-2 | |
| Indicate applicable license and/or certification information: | | |
| 9. Contractor's State Licensing Board Number 972968 | 10. PUC License Number CAL-T- | 11. Required |
| 12. Bidder' Name (Print) Michael L. Mickley | 13. Title Branch Manager | |
| 14. Signature  | 15. Date 7-21-15 | |
| 16. Are you certified with the Department of General Services, Office of Small Business and Disabled Veteran Business Enterprise Services (OSDS) as: | | |
| a. Small Business Enterprise Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> | | |
| b. Disabled Veteran Business Enterprise Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> | | |
| If yes, enter certification number: _____ | | |
| If yes, enter your service code below: _____ | | |
| NOTE: A copy of your Certification is required to be included if either of the above items is checked "Yes". | | |
| Date application was submitted to OSDS, if an application is pending: _____ | | |