

State of California - Department of Transportation

BID PROPOSAL

Page 1 of 1

Attachment 1

Contractor's Name (Please Print): U.S. HealthWorks Medical Group of CA, PC			Contract No. 07A3964	Page 1 of 1	
Item No.	Estimated Quantity	Unit of Measure	Item	Unit Price Price per each Exam	Total Estimated Quantity X Unit Price
1	105	EA	DMV Renewal Examination	\$ 86	\$ 9,030
2	4	EA	Respiratory Compliance Examination	\$ 148	\$ 592
3	25	EA	Audiometric Examination Testing	\$ 25	\$ 625
4	100	EA	Pre-Employment Exam	\$ 88	\$ 8,800
				Total This Proposal	\$ 19,047

(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.

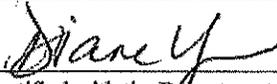
(2) In case of discrepancy between the unit price and the total set forth for a unit basis item, the unit price shall prevail

ATTACHMENT 3
 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 U.S. HealthWorks Medical Group	2. Telephone Number (310) 343-6030	2a. Fax Number (310) 343-6040
2b. Email Address <u>Dlane.Yu@ushworks.com</u>		
3. Address 390 N Sepulveda Blvd, Ste 2060, El Segundo, CA 90245		
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) <u>95-4643269</u>	8. California Corporation No. <u>C2030473</u>	
Indicate applicable license and/or certification information:		
9. Contractor's State Licensing Board Number	10. PUC License Number <u>CAL-T-</u>	
11. Bidder' Name (Print) <u>Dlane Yu</u>	12. Title <u>Chief Sales & Marketing Officer</u>	
13. Signature 	14. Date <u>3-11-16</u>	
15. 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: _____		