American Bridge / FLUOR
A JOINT VENTURE

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08-Nov-2007

ABF-CAL-LTR-000356

Mr. Gary Pursell
Resident Engineer
California Department of Transportation
333 Burma Road,
Oakland, CA 94607, USA

PROJECT: **San Francisco Oakland Bay SAS Bridge Superstructure**
Caltrans Contract No. 04-0120F4
ABF Job No. 660110

SUBJECT: **Self-Anchored Suspension Bridge, San Francisco County**
Project 04-0120F4; 04-SF-80-13.2/13.9
Potential Claim Number 004
Submission of Initial Notice of Potential Claim for Termination of CCO 21 Protest
Caltrans Letter # 05.03.01-000793

Gentlemen:

Pursuant to the Agreement, including Standard Specifications, Article 9-1.04, Notice of Potential Claim, American Bridge / Fluor, JV hereby submits the enclosed certified Form CEM 6201A, Initial Notice of Potential Claim, identified by the above number.

This Initial Notice of Potential Claim will be followed-up with a Supplemental Notice of Potential Claim.

We look forward to receiving your prompt acknowledgement of the above identified Initial Potential Claim.
If you have any questions, please contact our office.

Sincerely,

AMERICAN BRIDGE/FLUOR ENTERPRISES, INC. A JOINT VENTURE

Michael Flowers
Project Director
MF/SC/ag

File: 02.01
01.07

STATE OF CALIFORNIA • DEPARTMENT OF TRANSPORTATION			FOR STATE USE ONLY
INITIAL NOTICE OF POTENTIAL CLAIM CEM-6201A (NEW 9/2002)			Received by (For resident engineer) Date
TO Mr. Gary Pursell (resident engineer)	CONTRACT NUMBER 04-0120F4	DATE 11/08/07	IDENTIFICATION NUMBER 004

This is an Initial Notice of Potential Claim for additional compensation submitted as required under the provisions of Section 9-1.04, "Notice of Potential Claim," of the Standard Specifications. The act of the engineer, or his/her failure to act, or the event, thing, occurrence, or other cause giving rise to the potential *claim* occurred on:

DATE

The particular nature and circumstances of this potential claim are described as follows:

Contractor objects to the Department's determination that Contractor's Protest of CCO 21 has been terminated due to lack of notice.

(attach additional sheets as needed)

The undersigned originator* (Contractor or *Subcontractor as appropriate) certifies that the* above statements *and attached documents are made in full cognizance of the California* False *Claims Act Government* Code *sections* 12650-12655. *The undersigned further understands* and agrees *that this potential claim to be further considered, unless resolved, must fully conform to the requirements in* Section *9-1.04 of the Standard Specifications and must be restated* as a *claim in* the Contractors *written statement of claims in conformance with Section 9-1.07B of the Standard Specifications.

SUBCONTRACTOR or CONTRACTOR
(Circle one)

(Authorized Representative)

For a subcontractor Potential claim

This notice of potential claim is acknowledged, certified and forwarded by

PRIME CONTRACTOR

(Authorized Representative)

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.