Bond # 1151808

BID BOND

KNOW ALL MEN BY THESE PRESENTS, that I/We Facilities Management, Inc.

as Principal, hereinafter called Contractor, and Old Republic Insurance Company

a corporation duly organized under the laws of the State of Nevada, as Surety, hereinafter called the Surety, are held and firmly bound unto Carson City, Nevada a consolidated municipality of the State of Nevada, hereinafter called City, for the sum of \$ 5% of Bid

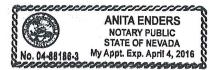
Five Percent of Bid (state sum in words)

for the payment whereof Contractor and Surety bind themselves, their heirs, executors, administrators, successors and assigns, jointly and severally, firmly by these presents.

WHEREAS, the Principal has submitted a bid, identified as BID # 1516-033 and titled "Eagle Creek Bridge Project".

NOW, THEREFORE if the City shall accept the bid of the Principal and the Principal shall enter into a contract with the City in Accordance with the terms of such bid, and give such bond or bonds as may be specified in the bidding or Bid Documents with good and sufficient surety for the faithful performance of such Contract and for the prompt payment of labor and material furnished in the prosecution thereof, or in the event of the failure of the Principal to enter such Contract and give such bond or bonds, if the Principal shall pay to the City the difference not to exceed the penalty hereof between the amount specified in said bid and such larger amount for which the City may in good faith contract with another party to perform work covered by said bid or an appropriate liquidated amount as specified in the Invitation for Bids then this obligation shall be null and void, otherwise to remain in full force and effect.

(Seal)



Executed on this 28th day of September 2015
Signature of Principal:
Title: Maraging Partner
Firm: facilities Management Inc.
Address: 504 E. Musser ST.
City/State/Zip Code: Carson City, NV 89701
Written Name of Principal: Colton Zichartson
ATTEST NAME ()

Subscribed and sworn before me this (printed name of notary) Claims Under this Bond May be Addressed to:

Notary Public for the State of Nevada Resident Agent Information

Complete for out of state bonding companies

Name of Surety Old Republic Insurance Companyame of Local Agent Meridian FH Nevada, LLC Address 216 N. Minnesota St.

Address 17505 N 79th Ave., Ste 205A

City Carson City

Signature of Notary

City Glendale

AZ, 85308

State/Zip Code

State/Zip Code

Carol Monda Name

NV, 89703 Agent's Name Anita Enders

Agent's Title Account Manager

Title Power of Attorney

Phone 775-883-8880 Surety's Acknowledgement

nts Phone 775-883-8880

NOTICE: No substitution or revision to this bond forn business in and have an agent for services of process i. must be attached.

epted. Sureties must be authorized to do ate of Nevada. Certified copy of Power of Attorney



POWER OF ATTORNEY

KNOW ALL MEN BY THESE PRESENTS: That OLD REPUBLIC INSURANCE COMPANY, a Pennsylvania stock insurance corporation, does make, constitute and appoint:

ROGER TODD, CAROL MONDA, ANITA ENDERS, LINDA FISHER, LINDA AVASSO, KATHY RIKALO, NANCY LUTHER, JOHN MANOUKIAN, OF CARSON CITY, NV

its true and lawful Attorney(s)-in-Fact, with full power and authority, not exceeding \$10,000,000, for and on behalf of the company as surety, to execute and deliver and affix the seal of the company thereto (if a seal is required), bonds, undertakings, recognizances or other written obligations in the nature thereof, (other than self-insurance workers compensation bonds guaranteeing payment of benefits, asbestos abatement contract bonds, waste management bonds, hazardous waste remediation bonds or black lung bonds), as follows:

ALL WRITTEN INSTRUMENTS IN AN AMOUNT NOT TO EXCEED AN AGGREGATE OF FIVE HUNDRED THOUSAND DOLLARS (\$500,000) ----- FOR ANY SINGLE OBLIGATION, REGARDLESS OF THE NUMBER OF INSTRUMENTS ISSUED FOR THE OBLIGATION.

and to bind OLD REPUBLIC INSURANCE COMPANY thereby, and all of the acts of said Attorneys-in-Fact, pursuant to these presents, are ratified and confirmed. This document is not valid unless printed on colored background and is multi-colored. This appointment is made under and by authority of the board of directors at a meeting held on March 1, 2006. This Power of Attorney is signed and sealed by facsimile under and by the authority of the following resolutions adopted by the board of directors of the OLD REPUBLIC INSURANCE COMPANY on March 1, 2006.

RESOLVED FURTHER, that the chairman, president or any vice-president of the Company's surety division, in conjunction with the secretary or any assistant secretary of the Company, be and hereby are authorized and directed to execute and deliver, to such persons as such officers of the Company may deem appropriate, Powers of Attorney in the form presented to and attached to the minutes of this meeting, authorizing such persons to execute and deliver and affix the seal of the Company to bonds, undertakings, recognizances, and suretyship obligations of all kinds, other than bail bonds, bank depository bonds, mortgage deficiency bonds, mortgage guaranty bonds, guarantees of installment paper and note guaranty bonds. The said officers may revoke any Power of Attorney previously granted to any such person. The authority of any Power of Attorney granted by any such officer of the Company as aforesaid shall not exceed ten million dollars (\$10,000,000.000), except (a) bonds required to be filed as open penalty bonds, and (b) bonds filed with any court or governmental authority requiring an unlimited penalty in bonds filed in that court.

RESOLVED FURTHER, that any bond, undertaking, recognizance, or suretyship obligation shall be valid and binding upon the Company (i) when signed by the chairman, president or any vice president of the Company's surety division and attested and sealed (if a seal be required) by any secretary or assistant secretary; or

(ii) when signed by a duly authorized attorney-in-fact and sealed with the seal of the Company (if a seal be required).

RESOLVED FURTHER, that the signature of any officer designated above, and the seal of the Company, may be affixed by facsimile to any Power of Attorney of certification thereof authorizing the execution and delivery of any bond, undertaking, recognizance, or other suretyship obligations of the Company, and such signature and seal when so used shall have the same force and effect as though manually affixed.

IN WITNESS WHEREOF, OLD REPUBLIC INSURANCE COMPANY has caused these presents to be signed by its proper officer, and its

corporate seal to be affixed this 9TH day of JUNE, 2009.

Assistant Secretary

STATE OF WISCONSIN COUNTY OF WAUKESHA - SS 9TH day of JUNE, 2009 **OLD REPUBLIC INSURANCE COMPANY**

Vice President

On this , personally came before me, <u>GERALD C. LEACH</u> and <u>GERALDINE J. STELTER</u> to me known to be the individuals and officers of the OLD REPUBLIC INSURANCE COMPANY who executed the above instrument, and they each acknowledged the execution of the same, and being by me duly sworn, did severally depose and say; that they are said officers of the corporation aforesaid, and that the seal affixed to the above instrument is the seal of the corporation, and that said corporate seal and their signatures as such officers were duly affixed and subscribed to the said instrument by the authority of the board of directors of said organization.

Notary Public

My commission expires:

12/02/2012

CERTIFICATE

I, the undersigned, assistant secretary of the OLD REPUBLIC INSURANCE COMPANY, a Pennsylvania corporation, CERTIFY that the foregoing and attached power of attorney remains in full force and has not been revoked; and furthermore, that the Resolutions of the board of directors set forth in the Power of Attorney, are now in force.

53-5010

Signed and sealed at the City of Brookfield this

day of

Accietant Socretar

BROWN & BROWN INS OF NEVADA

SEAL

BID # 1516-033

BID TITLE: "Eagle Creek Bridge Project"

NOTICE:

No substitution or revision to this Bid Proposal form will be accepted. Carson City will reject any Bid that is received that has changes or alterations to this document. Although the Prevailing Wages are provided in this bid document, the bidder is responsible to verify with the Labor Commissioner if any addendums have been issued. The successful bidder will be required to provide the current Prevailing Wages used in preparation of their bid within 24 hours of bid submission.

PRICES will be valid for sixty (60) calendar days after the bid opening which is indicated in the Notice to Contractors.

A COPY OF CONTRACTOR'S "CERTIFICATE" of eligibility issued by the State of Nevada Contractors' Board as proof of Bidder's compliance with the provisions of N.R.S. 338.147 must be submitted with his/her bid for the preference to be considered. This Statute does not apply to projects expected to cost less than \$250,000.

COMPLETION of this project is expected **PURSUANT TO THE BID DOCUMENTS**.

BIDDER acknowledges receipt of ___/ Addendums.

BP.1 SUMMARY

	Description	Scheduled Value	Unit	Unit Price	Total Price
	Schedule A:		L-10	****	
1	Mobilization, Demobilization and Clean-Up	1	LS	10 000	10000
2	Temporary Erosion Control	1	LS	3000 -	3000 =
3	Clearing Grubbing	3100	LS	(% 6)	6200-
4	Earthwork	1	LS	5000-	5000-
5	Construct Culverts	2	EA	2000 ~	4000 -
6	Construct Trail w/2 Inch Type A Pipe Bedding on 4 Inch Type 2, Class B Aggregate Base	3100	SF	8	6200 ~
7	Over Excavation/Stabilization	1	LŞ	5000-	5000-
8	Construct Abutments	2	CY	/3000	26000
9	Place 12 Inch Class 150 Rip Rap	1325	SF	10 -	13250
10	Install Bridge	1	LS	8000-	8000-
BP.2	Total Base Bid Price (Schedule A)			\$ 86 6	50 ⁶⁶ ,

BP.3 Total Base (Schedule (A) Bid Price Written in Words:

EigHTY	Six	THOUSAND	Six	HUNDRED	* FIFTY	DOMARS
	· · · · · · · · · · · · · · · · · · ·					CHANGE SOUTHERN

BP.4 BIDDER INFORMATION:

Company Name: FACi	LITIES MA	INAGEMENT.	INC	
Federal ID No.:		,		
Mailing Address: 50 4	f E. muss	SER ST.		
City, State, Zip Code:	ARBON CI	ry N	v. 89	701
Complete Telephone Number:	775 6	691 1238	}	
Complete Fax Number:	775 5	62 265	-1	
		DD 0		

Fax Number including area code:
E-mail: MIKE FMI @ CHARTER. NET
•
Contact Person / Title: MIKE RICHARDSON PRESIDENT
Mailing Address: 504 E. MUSSER ST.
City, State, Zip Code: CARSON CITY NV. 89701
Complete Telephone Number: 77 691 /38
Complete Fax Number: 7 45 562 2651
Complete Fax Number: 7 45 562 2651 E-mail Address: MIKE FM; C. CHARTER.NET
BP.5 LICENSING INFORMATION:
Nevada State Contractor's License Number: 5 → 7 ₺/
License Classification(s): B2 A13 A 21
Limitation(s) of License:
Date Issued: ⊋ØØ/
Date of Expiration: 20/6
Name of Licensee: FACILITIES MANAGEMENT, INC.
Carson City Business License Number:
Date Issued: /2/スタイム
Date of Expiration: /2/2015
Name of Licensee: 14-00017290
BP.6 DISCLOSURE OF PRINCIPALS:
Individual and/or Partnership:
Owner 1) Name: MIKE RICHARDSON
Address: 504 E. MUSSER ST.
City, State, Zip Code: CALSON City NV. 89701
Telephone Number: 6910230

Owner 2) Name: SELENA RICHARDSON	
Address: 584 E. MUSSER ST.	
City, State, Zip Code: C.C. NV, 8970/	
Telephone Number: 775 881 8145	
Other 1) Title: PRES 10 ENT	
Other 1) Title: PRESIDENT Name MIKE RICHARDSON	
Other 2) Title: SECRETARY	
Name: SELENA RICHARDSON	
Corporation:	
State in which Company is Incorporated: $\mathcal{N}_{\mathcal{E}}$ $\mathcal{VA}_{\mathcal{D}}\mathcal{A}$	
Date Incorporated: 6/2001	
Name of Corporation: FAC, LITIES MANAGEMENT,	INC.
Mailing Address 504 E. MUSSER ST.	
City, State, Zip Code: C.C. NV. 89701	
Telephone Number: 775 691 1238	
President's Name: MIKE RILITATUSON	
Vice-President's Name: いんいと	
Other 1) Name & Title: SE CENTA RICHARDSON SECRE	TARY
BP.7 MANAGEMENT AND SUPERVISORY PERSONNEL:	
Persons and Positions	Years With Firm
Name 1) MIKE RICHARDSON PRES.	15
Title 1)	
Name 2) SELENA RICHARDSON SEC.	15
Title 2)	

Name 3)	
Title 3)	
Name 4)	
Title 4)	
Name 5)	
Title 5)	
Name 6)	

Title 6)

(If additional space is needed, attach a separate page)

BP.8 REFERENCES:

Instructions:

List at least three (3) contracts of a similar nature performed by your firm in the last three (3) years. If **NONE**, use your Company's letterhead (and submit with your bid proposal) to list what your qualifications are for this contract. Carson City reserves the right to contact and verify, with any and all references listed, the quality of and the degree of satisfaction for such performance.

Clients: (if additional space is needed attach a separate page)

Company Name 1): NDoT
Contract Person: D, J CHANDLER
Mailing Address: 1263 S. STEWART ST.
City, State, Zip Code: C.C. NV. 8970/
Complete Telephone Number: 775 - 230 - 8496
E-Mail Address: ヒルドルゥルル
Project Title: Project MGR.
Amount of Contract: MULTIPIE
Scope of Work: MULTIPIE
Company Name 2): WASHOE COUNTY SCHOOL DIST.
Contract Person: JEFF HOWDEN
Mailing Address: 16 BRown ST.
City, State, Zip Code: 足ない パピ,
Complete Telephone Number: 775 191 - 0201
E-Mail Address: UPKnoww
Project Title: Project MGR.
Amount of Contract: multifle
Scope of Work: MULTIPLE.

Company Name 3): STATE OF MEVADA
Contract Person: KEN SCAR BOURGH & DAN DAILEY
Mailing Address: 5/5 E. MUSSER ST.
City, State, Zip Code: C.C., NV. 89781
Complete Telephone Number:
E-Mail Address: UN Known
Project Title: MULTIFIE
Amount of Contract \$ 130 K - \$240 K
Scope of Work: inultifle
Company Name 4):
Contract Person:
Mailing Address:
City, State, Zip Code:
Complete Telephone Number:
E-Mail Address:
Project Title:
Amount of Contract:
Scope of Work:

BP. 9 CERTIFICATION REGARDING DEBARMENT, SUSPENSION, AND OTHER RESPONSIBILITY MATTERS PRIMARY COVERED TRANSACTIONS

- 1. The prospective primary participant certifies to the best of its knowledge and belief, that it and its principals:
- a) Are not presently debarred, suspended, proposed for debarment, declared ineligible, or voluntarily excluded by any Federal, State or Local department or agency.
- b) Have not within a three-year period preceding this bid been convicted of or had a civil judgment rendered against them for commission of fraud or a criminal offense in connection with obtaining, attempting to obtain, or performing a public (Federal, State or Local) transaction or contract under a public transaction; violation of Federal or State antitrust statutes or commission of embezzlement, theft, forgery, bribery, falsification or destruction of records, making false statements, or receiving stolen property.
- c) Are not presently indicted for or otherwise criminally or civilly charged by a government entity (Federal, State or Local) with commission of any of the offenses enumerated in paragraph (1)(b) of this certification; and
- d) Have not within a three-year period preceding this bid had one or more public transactions (Federal, State or Local) terminated for cause or default.
- 2. Where the prospective primary participant is unable to certify to any of the statements in this certification, such prospective participant shall attach an explanation to this bid.

ph Pttal	PRESIDENT
Signature of Authorized Certifying Official	Title
Signature of Authorized Certifying Official MIKE LICHARDS ON	9/28/2015
Printed Name	Date '
I am unable to certify to the above statement. My exp	planation is attached.
Signature	Date
DIDDED'S SAFETY INFORMATION	

BIDDER'S SAFETY INFORMATION

Bidder's Safety Factors:

Year	"E-Mod" Factor ¹	OSHA Incident Rate ²
2014		
2013		

¹ E-Mod (Experience Modification) Factors are issued by the Employer's Insurance Company of Nevada.

² OSHA Incident Rate is the number of OSHA Recordable Accidents per 100 employees and is calculated as the number of accidents divided by 208,000.

SUBCONTRACTORS

BP.10 INSTRUCTIONS: for Subcontractors and General Contractors who self-perform in amounts exceeding five (5) percent of bid amount. This information must be submitted with your bid proposal. The bidder shall enter NONE under Name of Subcontractor if not utilizing subcontractors exceeding this amount and per NRS 338.141 the prime contractor shall list itself on the subcontractor's list if it will be providing any of the work on the project. (This form must be complete in all respects. If, additional space is needed, attach a separate page).

Name of Subcontractor ✓ο√ ←	Address	
Phone	Nevada Contractor License #	Limit of License
Description of work		
Name of Subcontractor	Address	
Phone	Nevada Contractor License #	Limit of License
Description of work		
Name of Subcontractor	Address	
Phone	Nevada Contractor License #	Limit of License
Description of work		
Name of Subcontractor	Address	
Phone	Nevada Contractor License #	Limit of License
Description of work		
Name of Subcontractor	Address	
Phone	Nevada Contractor License #	Limit of License
Description of work		

SUBCONTRACTORS

BP.11 INSTRUCTIONS: for Subcontractors exceeding one (1) percent of bid amount or \$50,000 whichever is greater. This information must be submitted by the three lowest bidders within two (2) hours after the completion of the opening of the bids. The bidder may elect to submit this information with the bid proposal and, in that case, the bidder will be considered as having submitted this information within the above two hours.

Name of Subcontractor べっんに	Address		
Phone	Nevada Contractor License #	Limit of License	
Description of work			
Name of Subcontractor	Address		
Phone	Nevada Contractor License #	Limit of License	
Description of work			
Name of Subcontractor	Address		
Phone	Nevada Contractor License #	Limit of License	
Description of work			
Name of Subcontractor	Address		
Phone	Nevada Contractor License #	Limit of License	
Description of work			
Name of Subcontractor	Address		
Phone	Nevada Contractor License #	Limit of License	
Description of work			

SUBCONTRACTORS

BP. 12 INSTRUCTIONS: for all Subcontractors not previously listed on the 5% and 1% pages. This information must be submitted by the three lowest bidders within twenty four (24) hours after the completion of the opening of the bids. The bidder may elect to submit this information with the bid proposal and, in that case, the bidder will be considered as having submitted this information within the above twenty four hours.

Name of Subcontractor √ o √ ∈	Address			
Phone	Nevada Contractor License #	Limit of License		
Description of work				
Name of Subcontractor	Address			
Phone	Nevada Contractor License #	Limit of License		
Description of work				
Name of Subcontractor	Address			
Phone	Nevada Contractor License #	Limit of License		
Description of work				
Name of Subcontractor	Address			
Phone	Nevada Contractor License #	Limit of License		
Description of work				
Name of Subcontractor	Address			
Phone	Nevada Contractor License #	Limit of License		
Description of work				

BP.14 ACKNOWLEDGMENT AND EXECUTION:
STATE OF NUCCC)
COUNTY OF COUNTY
(Name of party signing this Bid Proposal), do depose and say: That I am the Bidder or authorized agent of the Bidder; and that I have read and agree to abide by this Bid which includes, but is not limited to the following documents: Notice to Contractors, Table of Contents, Project Coordination, Instructions to Bidders, Bid Bond, Proposal Summary, Contract Award Instructions and Information, Sample Contract, Sample Performance Bond, Sample Labor and Material Payment Bond, General Conditions, Special Conditions, Standard Specifications, Prevailing Wage Rates, Technical Specifications, Geotechnical Report (if any), Contract Drawings, Permits (if any), and any addenda issued and understands the terms, conditions, and requirements thereof; that if his/her bid is accepted that he/she agrees to furnish and deliver all materials except those specified to be furnished by the City (Owner) and to do and perform all work for the "Eagle Creek Bridge Project", contract number 1516-033, together with incidental items necessary to complete the work to be constructed in accordance with the Contract Documents, Contract Drawings, and Specifications annexed hereto.
BIDDER:
PRINTED NAME OF BIDDER: COLTON KICHARDSON
PRINTED NAME OF BIDDER: COLTON RICHARDSON TITLE: MANAging PARTNER
FIRM: FACILITIES MANAGEMENT, INC.
Address: 504 E. MUSSER ST.
City, State, Zip: C.C. NV. 897-01
Telephone: 775 691 1238
Fax: 775 562 2651
E-mail Address: MIKEFMI @ CHARRY. NET
(Signature of Bidder)
DATED:
Signed and sworn (or affirmed) before me on this day of
mitsender
(Signature of Notary) (Notary Stamp)

