## CONTRACTOR'S QUALIFICATIONS AND FINANCIAL INFORMATION

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		ç	SECTIO	NI-GENE	RAI INF	ORMAT	ION							
1A. NAME	N I - GENERAL INFORMATION  2. TYPE OF ORGANIZATION (Check one)													
	A. SOLE PROPRIETORSHIP						F. LIMITED LIABILITY COMPANY							
1B. STREET ADDRESS					$\vdash$		ARTNERSHIP		G. JOINT VENTURE					
					C. LIMITED PARTNERSHIP				H. TRUST					
1C. CITY		1D. STATE	1E. ZIP	CODE	D. CORPORATION				I. OTHER	R (Specify belo	 ow)			
					E. SI	JBCHAPTE	ER S CORPORATION	-		( ) )	,			
3. TAXPAYER ID NUMBE	R						TION ESTABLISHED	5. S	STATE OF	INCORPORA	TION			
6. TRADE STYLE NAME (	Provide a copy of filing)				7. KIND O	F PRODUC	CT OR SERVICE PRO\	/IDED						
	5													
8. FORMER BUSINESS N	IAME				10. INVENTORY VALUATION METHOD									
					A. LI	FO			C AVED	AGE COST				
	9. KIND OF BUSIN	ESS			]   A. Li	FU			C. AVER	AGE COST				
A. MANUFACTUREF	2	D. RETAILER	1						D. OTHE	R (Specify)				
B. CONTRACTOR		E. OTHER (S	pecify)		B. FI	FO								
C. WHOLESALER														
	11. OWNERS	HIP INFOR	RMATIO	N-PARTNI	ERS-PRII	NCIPAL S	STOCKHOLDERS	-OTHI	ERS					
						-	ΓITLE			PER	PERCENT			
	NAME			(If par	tner, state	•	eral) or L(Limited)	ın colu	<del>-                                    </del>	BUSINES				
						ACTUAL T	TITLE		G OR L					
					13 IF "YES	" TO ANY (	QUESTION BELOW, P	ROVIDE	DETAILE	<u> </u> D	$\overline{}$			
12. PAR	ENT COMPANY (If applic	able)		INFORMATION IN SECTION VIII, REMARKS  YES N										
A. NAME				A. HAVE YOU, OR ANY OF YOUR AFFILIATES EVER FILED FOR BANKRUPTCY?										
				B. DO YOU HAVE ANY JUDGMENTS, LIENS, OR PENDING SUITS?										
B. CITY		C	. STATE	C. DO YOU HAVE ANY CONTINGENT LIABILITIES?										
				D. HAVE YOU OR ANY OF YOUR AFFILIATES DISCONTINUED BUSINESS										
	SFC <sup>-</sup>	TION II - G	OVERN				NDING DEBTS?  DINDEBTEDNES:	<u> </u>						
14A. ARE YOU DELINQU					, · · · · · ·	, ,								
	iled information, Section								YES	☐ NO				
14B. DO YOU OWE THE				IF "YE	S", COMPL	ETE THE I	TEMS BELOW							
GOVERNMENT FOR ANY		AGENCY			CLAIM A	MOUNT	PAYMENT	N	MATURITY	B	ALANCE	Ē		
CONTRACT OR OTHER CLAIMS?					1									
YES NO														
15A. AGENCY INVOLVED	WITH DELINQUENCY				-			15B. A	AMOUNT C	OF DELINQUE	NCY (\$	)		
16. ARE YOU				17. COM	PLETE ITE	MS BELOW	V IF APPLICABLE							
CURRENTLY RECEIVING	TYPE OF FINAN	ICING		AUTHORIZED	(\$)		IN USE (\$)	GC	VERNME	NT AGENCY I	NVOLV	ED		
GOVERNMENT	A. INDUSTRIAL REVE													
FINANCING?	B. GUARANTEED LOA													
YES	C. ADVANCED PAYMI													
	D. PROGRESS PAYM	ENTS												
NO (Go to Section III )	E. OTHER (Specify)													

Prepared Financial	SEC <sup>*</sup> Statemen	TION III - Fi	NANC s mav	IAL ST	ATEMENTS vided in lieu of com	npleting	a Sectio	n III	
When financial statements are prepared or certified by ind this form, please furnish the name and address of account	ependent ac	countants and							R FOR THIS SOLICITATION
19A. NAME	20	20. IF TRANSCRIBED STATEMENTS DIFFER FROM INDEPENDENT ACCOUNTANT PLEASE DESCRIBE ADJUSTMENT IN SECTION VII, REMARKS. ALL OF THE							
19B. STREET ADDRESS				STED FI	GURES A				
Too Olay	07475	- 71D 00DF		ACTUA			+	OLLARS	
19C. CITY 19D	. STATE 19	E. ZIP CODE		IN THO	LIONS		FORE	GN CUR	RENCY (Specify)
21. BALANCE SHEET AS OF (Month, Day, Year)	CAL YEA	AR ENDS	(Month, Day, Year)	•	2	3. PREF	PARED STATEMENTS  ARE ATTACHED		
24. ASSETS		·			25. LIABIL	ITIES	AND N	ET WC	ORTH
A. Current Assets			А	. Curre	ent Liabilities				
Cash				Accol	unts payable				
Short Term cash investments				Notes	payable (current)				
Accounts receivable, less allowance for				Curre	nt portion of long te	erm de	bt		
doubtful accounts of \$					ed expenses				
Inventories					ed taxes on income				
Other current assets (Itemize below)				Other	current liabilities (I	Itemize	below)	)	
Total Current Ass	ets				Total	Curre	nt Liab	ilities	
B. Property, Plant and Equipment			В	. Other	Liabilities			_	
Land				Mortg	ages				
Buildings and equipment				Bond	s				
Leasehold improvements				Defer	red income taxes				
Less accumulated depreciation and amortization		Other long term debt  Total Other Liabi					ilitioo		
Total Property, Plant and Equipme	ent				100	ai Otti	ei Liab	iiities	
C. Other Assets						Tot	al Liab	ilities	
Investments in and advance to affiliated company			C	. Mino	rity Interest in Sub				
Goodwill, less amortization			D	. Net V					
Due from officer, employee				Prefe	rred stock				
Other (Itemize below)					non stock				
					onal paid-in capital				
					ned earnings/owne	r's equ	iity		
	4			Less,	Treasury stock				
Total Other Ass			+				al Net V		
D. TOTAL ASSE		OTIONI IV	121001		TAL LIABILITIES	AND	NET WO	ORTH	
26. FROM (Month, Day, Year)	3E	CTION IV -			ATEMENT onth, Day, Year)				
20. Trown (worth, bay, Tear)			21	. 10 (1000	milii, Day, Tear)				
		28	B. INC						
A. Net Sales					ity Interest in Earni	ngs of			
Cost and Expenses				Subsi	diaries				
Cost of Goods Sold					Total Co	sts an	nd Expe	enses	
Depreciation and Amortization								_	
Selling, General, and Admin. Expenses					ngs Before Taxes				
Other Expenses (Itemize helew)					s on Income	non: It	omo		
Other Expenses (Itemize below)	$\dashv$				ne Before Extraordi			ovec	
	-		_	EXII	ordinary Gains (Los		OME (L		
	1		1		INC		JIVI⊑ (L\	JUGIL	

											<b>DRMATION</b> litional banks.)						
	ITEM BANK 1								BANK 2								
29.	Name of Bank																
30.	Contact Person																
31.	Phone Number	ARE	EA CODE				EXTENSION	ARE	EA CODE	NUMBER				EXTENSION			
32.	Fax Number	ARE	A CODE	NUMBER					ARE	EA CODE	NUMBER						
		STF	REET ADDRESS	l					STF	REET ADDRE	ESS						
33.	Address	CIT	Y			STATE	ATE ZIP CODE		CITY				STATE	CODE			
34.	Amount Owing (\$)						I							<u> </u>			
35.	Term Loans		Yes			No				Yes			No				
36.	Line of Credit		Yes			No				Yes			No				
37.	Maximum Amount Authorized (\$)																
38.	Amount Outstanding (\$)																
			39.	Loans Sec	ure	d by C	ompany's	Assets - R	eal	and Perso	nal Property						
	SECURED PARTY NA	AME						CONTACT N	IAME								
A.	STREET ADDRESS	FREET ADDRESS (					CITY						STATE ZIP CODE		DDE		
	SECURING ASSETS										MATURITY DATE	N	IONTHLY	PAYME	ENT (\$)		
	SECURED PARTY NA	AME						CONTACT N	IAME								
В.	STREET ADDRESS					CIT	CITY				S	STATE ZIP CODE		DDE			
	SECURING ASSETS					'					MATURITY DATE	N	ONTHLY	PAYME	ENT (\$)		
	SECURED PARTY NA	AME						CONTACT N	IAME								
C.	STREET ADDRESS					CIT	ſΥ					S	TATE	ZIP CC	DDE		
	SECURING ASSETS					•					MATURITY DATE	N	IONTHLY	PAYME	ENT (\$)		
	SECURED PARTY NA	AME						CONTACT N	IAME								
D.	D. STREET ADDRESS CITY						Υ					STATE ZIP CO		DDE			
	SECURING ASSETS					•					MATURITY DATE	N	IONTHLY	PAYME	ENT (\$)		
40.	ARE ANY OF THE AS PLEDGED OR MORTO					T 41A	41A. IF CONTRACTOR IS A ARE THE INDIVIDUAL FEDERAL AND STATE			ILITIES OF T	HE PROPIETOR(S) F	FOR LIABILITY (\$)					
	NO		YES (Explain in Se				YE	S		] NO							
42.	ARE YOU NOW IN OF		NDING DEFAULT						ISTIT	TUTIONS, SL	JPPLIERS, OTHER?						

## SECTION VI - PRINCIPAL MERCHANDISE OR RAW MATERIAL SUPPLIER INFORMATION

(Please attach separate sheet(s) using this format for additional suppliers.)

43. PAST DUE ACCOUNTS PAYABLE (\$)

	ITEM		44. SUPPI	LIER 1		45. SUPPLIER 2								
Α.	Name of Supplier													
B.	Contact Person													
C.	Telephone	AREA CODE	NUMBER			EXTENSION	N AREA CODE NUMBER EXTENSI							
D.	Fax	AREA CODE	NUMBER				AREA CODE	NUMBER						
		STREET ADDRESS					STREET ADDRESS	<b>'</b>						
E.	Address			Т	ZIP COD				_					
		CITY		STATE	DΕ	CITY		STATE	ZIP C	ODE				
	Amount Now Owing (\$)									•				
G.	High Credit (\$)													
	ITEM		46. SUPPL	LIER 3				47. SUPPL	IER 4					
	Name of Supplier													
В.	Contact Person													
C.	Telephone	AREA CODE	NUMBER			EXTENSION	AREA CODE	NUMBER			EXTENSION			
D.	Fax	AREA CODE	NUMBER			•	AREA CODE	DDE NUMBER						
		STREET ADDRESS	I			STREET ADDRESS								
E.	Address	CITY		STATE ZIP CODE			CITY	STATE ZIP CODE						
	Amount Now Owing (\$)				I				1					
G.	High Credit (\$)													
	SECTION	VII - CONSTRUC	TION/SERVIC				ATION (Public Buildings Service Contracts Only)							
				COI	NTRAC	TS IN FOR	CE							
	ITEM		48. CONTR	RACT 1				49. CONTR	ACT 2					
	Location													
В.	Owner's Name	OTDEET ADDRESS					STREET ADDRESS							
C	Address	STREET ADDRESS												
О.	Address	CITY		STATE	ZIP COD	ÞΕ	CITY		STATE	ZIP C	ODE			
D.	Type of Work			I	1				1					
	Contract Amount (\$)													
	Percent Completed													
	Estimated mpletion Date													
	ITEM		50. CONTR	RACT 3			51. CONTRACT 4							
Α.	Location													
В.	Owner's Name													
С	Address	STREET ADDRESS					STREET ADDRESS							
J.		CITY		STATE	ZIP COD	ÞΕ	CITY		STATE	ZIP C	ODE			
D.	Type of Work													
	Contract Amount (\$)													
	Percent Completed													
	Estimated mpletion Date													

ITEM		52. CONTR	RACT 5		53. CONTRACT 6						
A. Location											
B. Owner's Name											
	STREET ADDRESS					STREET ADDRES	S				
C. Address	CITY		STATE	ZIP COI	DE	CITY		STATE	ZIP COI	DE	
D. Type of Work				1							
E. Contract Amount (\$)	\										
F. Percent Completed	1										
G. Estimated											
Completion Date											
ITEM		54. CONTR	ACT 7				55. CONTR	ACT 8			
A. Location		04. 001111	7.017				00. 001111	0.010			
B. Owner's Name											
B. Owner's Name	OTDEET ADDRESS					OTDEET ADDDEO	0				
	STREET ADDRESS					STREET ADDRES	5				
C. Address			T	T=				T	T=.=		
	CITY		STATE	ZIP COI	DE	CITY		STATE	ZIP COI	DE	
D. Type of Work											
E. Contract Amount (\$)	)										
F. Percent Completed											
G. Estimated											
Completion Date	IAR	GEST IORS	VOIT HAV	/E CON	IDI ETED II	L N THE LAST FI	VE VEADS				
ITEM		56. JOE		/L COIV	II LLILDI		<u>VL TLANS</u> 57. JO	B 2			
A. Location		00. 00.					07. 00	<u> </u>			
B. Contact's Name											
	STREET ADDRESS					STREET ADDRESS					
C. Address	CITY		TOTATE	710.001	DE	CITY	710.001	ZIP CODE			
	CITY		STATE	ZIP COI	DE	CITY		STATE	ZIP COI	JE	
	1051 0005	Luuree			I EVER LOUGH	1051 0005	Luuree			I EVE ENGLOS	
D. Telephone	AREA CODE	NUMBER			EXTENSION	AREA CODE	NUMBER			EXTENSION	
E. Type of Work		I			1						
F. Contract Amount (\$)											
G. Amount Sublet (\$)											
ITEM		58. JOE	3 3				59. JOI	R 4			
A. Location		00. 001					00. 00.	<b>-</b> 1			
B. Contact's Name											
D. Contact 3 Name	STREET ADDRESS					STREET ADDRES	9				
	OTTLETABBLEGG					OTTELTABBLES	S				
C. Address	CITY		STATE	ZIP COI	DE	CITY		ISTATE	ZIP COI	)E	
			OITTE	211 001				Jan L		J_	
	ADEA CODE	NUMBER			IEVTENCIONI	ADEA CODE	NUMBER			LEVIENCION	
D. Telephone	AREA CODE	NUMBER			EXTENSION	AREA CODE	NUMBER			EXTENSION	
E. Type of Work											
F. Contract Amount (\$)											
G. Amount Sublet (\$)											
ITEM		60. JOE	3 5				61. JOI	B 6			
A. Location											
B. Contact's Name											
	STREET ADDRESS					STREET ADDRES	S				
C Address											
C. Address	CITY		STATE	ZIP COI	DE	CITY		STATE	ZIP COI	DE	
			1								
	AREA CODE	NUMBER	1	1	EXTENSION	AREA CODE	NUMBER			EXTENSION	
D. Telephone											
E. Type of Work	1	ı			I		l			1	
F. Contract Amount (\$)											
G. Amount Sublet (\$)											
(ψ)	<u> </u>					l .		_ /= =: /	101000		

						M YOU OF	BTAIN SURETY B					
ITEM	62. SURETY COMPANY 1					63. SURETY COMPANY 2						
A. Company Name												
B. Contact's Name	ADEA CODE	I NII II	MDED			IEVTENCION	ADEA CODE	NUMBER			EXTENSION	
C. Telephone	AREA CODE	INUI	MBER			EXTENSION	AREA CODE	NUMBER	UWIDER			
D. Fax	AREA CODE	NUI	MBER				AREA CODE	NUMBER				
	STREET ADDRESS	-					STREET ADDRESS	Į				
□ Addross												
E. Address	CITY			STATE	ZIP COI	DE	CITY		STATE	ZIP C	ODE	
64. PRESENT AMOUNT	OF BONDING	65.	HAS YOUR A	<u>I</u> APPLICATIO	ON FOR:	SURETY	66. DURING THE PA	ST 2 VEARS HAVE	YOU BEEN		CED WITH A	
COVERAGE (\$)	OI BONDING		BOND EVER	BEEN DEC	EEN DECLINED? (If Yes, detailed information in		FAILURE TO ME	ET THE CLAIMS OF	YOUR SUBCONTRACTORS OR detailed information in Remarks)			
			Remarks)				YES		□ NO			
			YES		NO NO							
REMARKS (Cite those see	ctions of the form relatir	ac to i	our remarks			III - REMA						
					CERTI	FICATION						
For the purpose of e above as a true and been no material chawriting of any materithis is to be consider	correct statement ange in the applically unfavorable cl	t of o ant's hang	our financia financial o ge in our fir	al condition	on and since t	further cer he date of	rtify that all other s the above statem	statements are tr ent. We agree t	rue and o to notify	correct you in	t. There has nmediately in	
NAME OF BUSINESS					BY (Sig.	nature of Auth	norized Official)					
					NAME (	OF AUTHORIZ	ZED OFFICIAL (Type or	r print)		DATE		
					TITI F C	)F ALITHORIZ	ZED OFFICIAL (Type or	· print)				
					1		C	r-····y				