

SIGN IN SHEET

Complete the following and turn into the Contracting Officer

1. Company Name: SF AND ASSOCIATES

Company Representative: BILL PAYNE

Phone # 709-752-9213 **Email:** BILLP@SFASSOCIATES.NET

Additional Representative: _____

Phone # _____ **Email:** _____

Additional Representative: _____

Phone # _____ **Email:** _____

Please check one of the following:

☒ **General Contractor**

☐ **Sub-Contractor**

Please check the project you are here for:

☒ **Provide/Install Three Wayfinding Kiosks**

☒ **Install Cat 6 Cable**

☒ **CLC Wanderguard Modifications**

☒ **Replace MRI Magnet Chiller**

☒ **Building 12 Bed Storage Areas**

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Complete the following and turn into the Contracting Officer

1. Company Name: Salinas & Farias and Associates

Company Representative: _____

Phone # 916-743 8612 **Email:** Paulcsm@sbcglobal.net

Additional Representative: _____

Phone # _____ **Email:** _____

Additional Representative: _____

Phone # _____ **Email:** _____

Please check one of the following:

☒ **General Contractor**

☐ **Sub-Contractor**

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☒ **Building 12 Bed Storage Areas**

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Complete the following and turn into the Contracting Officer

1. Company Name: GLEN/MAR CONSTRUCTION

Company Representative: JOHN WALLACE

Phone # 817.876.4080 **Email:** JOHNW@GLENMARCONSTRUCTION.COM

Additional Representative: RYAN HUBER

Phone # 503.650.1720 **Email:** RYAN@GLENMARCONSTRUCTION.COM

Additional Representative: _____

Phone # _____ **Email:** _____

Please check one of the following:

☒ **General Contractor**

☐ **Sub-Contractor**

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Complete the following and turn into the Contracting Officer

1. Company Name: PaTrioT Construction

Company Representative: Cam Bennett

Phone # 775-800-3583 **Email:** estimating@patriotbuilds.com

Additional Representative: _____

Phone # _____ **Email:** _____

Additional Representative: _____

Phone # _____ **Email:** _____

Please check one of the following:

☒ **General Contractor**

☐ **Sub-Contractor**

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Complete the following and turn into the Contracting Officer

1. Company Name: Nelson Electric

Company Representative: Scott Emerich

Phone # 358-0643 **Email:** SCOTT@NelsonElectric.NET

Additional Representative: _____

Phone # _____ **Email:** _____

Additional Representative: _____

Phone # _____ **Email:** _____

Please check one of the following:

_____ **General Contractor**

☒ **Sub-Contractor**

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_____ **Building 12 Bed Storage Areas**

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Complete the following and turn into the Contracting Officer

1. Company Name: J.W. McClenahan

Company Representative: Marc Kessner

Phone # 775-671-5501 **Email:** MKessner@J.W.McClenahanCo.com

Additional Representative: _____

Phone # _____ **Email:** _____

Additional Representative: _____

Phone # _____ **Email:** _____

Please check one of the following:

_____ **General Contractor**

X **Sub-Contractor**

Please check the project you are here for:

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_____ **Install Cat 6 Cable**

X **CLC Wanderguard Modifications**

X **Replace MRI Magnet Chiller**

X **Building 12 Bed Storage Areas**

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Complete the following and turn into the Contracting Officer

1. Company Name: ACTS

Company Representative: Phillip Nitton

Phone # 775-359-7308 **Email:** Service@actscorp.com

Additional Representative: Amanda Martinez

Phone # 775-359-7308 **Email:** Service@actscorp.com

Additional Representative: _____

Phone # _____ **Email:** _____

Please check one of the following:

_____ **General Contractor**

X **Sub-Contractor**

Please check the project you are here for:

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X **Install Cat 6 Cable**

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_____ **Building 12 Bed Storage Areas**

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Complete the following and turn into the Contracting Officer

1. Company Name: HARDING MECHANICAL

Company Representative: WARREN

Phone # 775-530-8550 **Email:** warrenharding@charter.net

Additional Representative: _____

Phone # _____ **Email:** _____

Additional Representative: _____

Phone # _____ **Email:** _____

Please check one of the following:

_____ **General Contractor**

X _____ **Sub-Contractor**

Please check the project you are here for:

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_____ **CLC Wanderguard Modifications**

X _____ **Replace MRI Magnet Chiller**

_____ **Building 12 Bed Storage Areas**

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Complete the following and turn into the Contracting Officer

1. Company Name: Cabling Solutions

Company Representative: Nick Mongillo

Phone # 775-745-5346 **Email:** Nick@CSIneno.com

Additional Representative: _____

Phone # _____ **Email:** _____

Additional Representative: _____

Phone # _____ **Email:** _____

Please check one of the following:

_____ **General Contractor**

☒ **Sub-Contractor**

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