

SIGN IN SHEET – Solicitation VA261-13-R-1412

**PROJECT 654-13-378 Correct Roof Access Building 1D and
Secure Area and PROJECT 654-13-379 Renovate Building 1D
for Interventional Radiology (IR) Room 2**

Complete the following and turn into the Contracting Officer

1. Company Name: Island Flooring

Company Representative: C. Osaki

Phone # 782 5038 **Email:** Craig. islandflooring @ G mail

Additional Representative: _____

Phone # _____ **Email:** _____

Additional Representative: _____

Phone # _____ **Email:** _____

Please check one of the following:

_____ **General Contractor**

☒ **Sub-Contractor**

_____ **Supplier**

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Complete the following and turn into the Contracting Officer

1. Company Name: GLEN MAR CONSTRUCTION

Company Representative: SANDI QUILDON

Phone # 220-3355 **Email:** kelly@glenmarconstruction.com

Additional Representative: _____

Phone # _____ **Email:** _____

Additional Representative: _____

Phone # _____ **Email:** _____

Please check one of the following:

☒ **General Contractor**

☐ **Sub-Contractor**

☐ **Supplier**

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Complete the following and turn into the Contracting Officer

1. Company Name: HAWK CONTRACTING GROUP

Company Representative: Seth Buckman

Phone # 808-388-5415 **Email:** Sbuckman@hawkcg.com

Additional Representative: _____

Phone # _____ **Email:** _____

Additional Representative: _____

Phone # _____ **Email:** _____

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✓ **General Contractor**

_____ **Sub-Contractor**

_____ **Supplier**

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Complete the following and turn into the Contracting Officer

1. Company Name: Ekahi Fire Protection, LLC

Company Representative: Cary Toyama

Phone # 836-8772 **Email:** ekahi.fire@hawaii.rr.com

Additional Representative: _____

Phone # _____ **Email:** _____

Additional Representative: _____

Phone # _____ **Email:** _____

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Complete the following and turn into the Contracting Officer

1. Company Name: National Fire Protection

Company Representative: Joseph Arakaki - Reps

Phone # 694-2419 **Email:** Joseph@nationalfireinc.com

Additional Representative: _____

Phone # _____ **Email:** _____

Additional Representative: _____

Phone # _____ **Email:** _____

Please check one of the following:

_____ **General Contractor**

X _____ **Sub-Contractor**

_____ **Supplier**

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Complete the following and turn into the Contracting Officer

1. Company Name: LCL Communications Inc.

Company Representative: MARK Lucas

Phone # 808-330-7470 **Email:** Mlucas@LCLcommunications.com

Additional Representative: _____

Phone # _____ **Email:** _____

Additional Representative: _____

Phone # _____ **Email:** _____

Please check one of the following:

_____ **General Contractor**

☒ **Sub-Contractor**

_____ **Supplier**