## CONTRACTOR'S QUALIFICATIONS AND FINANCIAL INFORMATION

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			SECTIO	N I - GENE	<b>ERAL INF</b>	ORMAT	ION							
1A. NAME			2. TYPE OF ORGANIZATION (Check one)											
		A. SOLE PROPRIETORSHIP F. LIMITED					D LIABILITY COMPANY							
1B. STREET ADDRESS					B. GENERAL PARTNERSHIP			G. JOINT VENTURE						
					C. LIMITED PARTNERSHIP					H. TRUST				
1C. CITY		1D. STATI	E 1E. ZIP	CODE	D. C	ORPORATI	ION		I. OTHER	R (Specify be	ow)			
					E. S	UBCHAPTE	R S CORPORATION							
3. TAXPAYER ID NUMBE	R		<b>!</b>		4. DATE (	ORGANIZA <sup>*</sup>	TION ESTABLISHED	5. 8	STATE OF	NCORPORA	TION			
6. TRADE STYLE NAME (	Provide a copy of filing	g)			7. KIND OF PRODUCT OR SERVICE PROVIDED									
8. FORMER BUSINESS N	IAME				10. INVENTORY VALUATION METHOD									
	9. KIND OF BU	CINICO			A. LI	FO			C. AVER	AGE COST				
A. MANUFACTUREF		D. RETAILE	:D					+	D OTHE	R (Specify)				
	<u> </u>					EO.			D. OTHE	K (Specify)				
B. CONTRACTOR		E. OTHER (	Specify)			гО								
C. WHOLESALER	11 0\\/\		DMATIC	NI DADTNI		NCIDAL (	STOCKHOLDERS	OTU	FDC -					
	II. OWNER	KSHIP INFO	RIVIATIC	IN-PARTINI	ERS-PRI		TITLE	-ОТП	EKO	I				
	NIANA			(If nar	tner stat			in coli	ımn)	PEF	PERCENT			
	NAME			(II pai	rtner, state G(General) or L(Limited)  ACTUAL TITLE			iii coic	GORL	BUSINESS OWNED				
						ACTUAL I	IILE		GORL					
12 DAD	ENT COMPANY (If ap	ndicable)					QUESTION BELOW, PI			D	YES	NO		
IZ. FAR	ENT COMPANT (II ap	рисаые)		INFORMATION IN SECTION VIII, REMARKS								110		
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 OPERATIONS WITH										
				OUTSTANDIN		YOUR AFFI	LIATES DISCONTINUED E	USINES	S OPERATION	ONS WITH				
	SE	CTION II - C	GOVERN	MENT FIN	ANCIAL	AID AND	INDEBTEDNES	3			_	•		
14A. ARE YOU DELINQU (If "Yes", provide deta	R A-129)													
14B. DO YOU OWE THE				IF "YE	S", COMPL	ETE THE I	TEMS BELOW							
GOVERNMENT FOR ANY		AGENCY			CLAIM A	AMOUNT	PAYMENT	N	MATURITY	Е	BALANCE	E		
CONTRACT OR OTHER CLAIMS?					1									
15A. AGENCY INVOLVED	) WITH DELINQUENC	CY			ļ		1	15B. /	AMOUNT C	)F DELINQU	ENCY (\$	5)		
16. ARE YOU				17. COM	IPLETE ITE	MS BELOW	/ IF APPLICABLE							
CURRENTLY	TYPE OF FIN	NANCING	,	AUTHORIZED	(\$)		IN USE (\$)	GC	OVERNMEN	NT AGENCY	INVOLV	/ED		
RECEIVING GOVERNMENT	A. INDUSTRIAL RE	VENUE BOND				1								
FINANCING?	B. GUARANTEED I	LOANS												
YES	C. ADVANCED PA	YMENTS												
	D. PROGRESS PA													
NO (Go to Section III )	E. OTHER (Specify)													
						<u> </u>								

<b>S</b> Prepared Financial Staten			STATEMENTS provided in lieu of com	npleting Section III						
When financial statements are prepared or certified by independer this form, please furnish the name and address of accountant of account	nt accountants ar			. •	R FOR THIS SOLICITATION					
19A. NAME			EASE DESCRIBE ADJUSTI	MENT IN SECTION VII, R	PENDENT ACCOUNTANT'S, EMARKS. ALL OF THE					
19B. STREET ADDRESS			LIS	STED FIGURES ARE:						
			TUAL	U.S. DOLLARS						
19C. CITY 19D. STATE	E 19E. ZIP COD	DE IN T	THOUSANDS	FOREIGN CUF	RRENCY (Specify)					
		IN N	MILLIONS							
21. BALANCE SHEET AS OF (Month, Day, Year)	22. FI	ISCAL YEAR EN	DS (Month, Day, Year)	23. PRE	PARED STATEMENTS					
					ARE ATTACHED					
24. ASSETS			25. LIABIL	ITIES AND NET W	ORTH					
A. Current Assets		A. Cu	rrent Liabilities							
Cash		Ace	counts payable							
Short Term cash investments		No	tes payable (current)							
Accounts receivable, less allowance for		Cu	rrent portion of long to	erm debt						
doubtful accounts of \$		Acc	crued expenses							
Inventories		Ac	crued taxes on incom	e/excess profits						
Other current assets (Itemize below)		Oth	ner current liabilities (I	Itemize below)						
Total Current Assets			Total	Current Liabilities						
B. Property, Plant and Equipment		B. Oti	B. Other Liabilities							
Land		Mo	ertagaga							
Buildings and equipment			ortgages nds							
Leasehold improvements			ferred income taxes							
Less accumulated depreciation and			ner long term debt							
amortization		<u> </u>	<u>_</u>	al Other Liabilities						
Total Property, Plant and Equipment										
C. Other Assets				<b>Total Liabilities</b>						
Investments in and advance to affiliated		C Mir	nority Interest in Sub	neidiary						
company Goodwill, less amortization			t Worth	Jaidiai y						
Due from officer, employee			eferred stock							
		_	mmon stock							
Other (Itemize below)			ditional paid-in capital	1						
			tained earnings/owne							
			ss, Treasury stock	1 3 Cquity						
Total Other Assets		Lo	55, Treasury Stock	Total Net Worth						
D. TOTAL ASSETS		E.	TOTAL LIABILITIES							
	SECTION IV	/ - INCOME S	STATEMENT							
26. FROM (Month, Day, Year)		27. TO	(Month, Day, Year)							
	:	28. INCOME								
A. Net Sales		Mir	nority Interest in Earni	ngs of						
Cost and Expenses		Su	bsidiaries							
Cost of Goods Sold			Total Ca	sts and Expenses						
Depreciation and Amortization			Total Co	oto anu Expenses						
Selling, General, and Admin. Expenses		Ea	rnings Before Taxes							
Interest Expense		Tax	xes on Income							
Other Expenses (Itemize below)		Inc	ome Before Extraordi	nary Items						
		Ext	traordinary Gains (Los	sses) Net of Taxes						
			NE.	T INCOME (LOSS)						

				ECTION V - ase attach a							<b>DRMATION</b> litional banks.)					
	ITEM	BANK 1							BANK 2							
29.	Name of Bank															
30.	Contact Person															
31.	Phone Number	ARE	EA CODE	NUMBER				EXTENSION	ARE	A CODE	NUMBER				EXTENSION	
32.	Fax Number	AREA CODE NUMBER							ARE	A CODE	NUMBER					
		STR	REET ADDRESS						STF	REET ADDRE	ESS					
33.	Address	CIT	Y			STATE	ZIP COL	DE	CIT	Y			STATE	ZIP (	CODE	
34.	Amount Owing (\$)															
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 Co	ompany's	Assets - R	eal	and Perso	nal Property					
	SECURED PARTY NA	AME						CONTACT N	IAME							
A.	STREET ADDRESS					CIT	CITY						TATE	ZIP CC	DDE	
	SECURING ASSETS					<u> </u>					MATURITY DATE	M	MONTHLY PAYMENT (\$)			
	SECURED PARTY NA	AME						CONTACT N	IAME		1					
В.	STREET ADDRESS					CIT	CITY					S	TATE	ZIP CC	DDE	
	SECURING ASSETS					·					MATURITY DATE	M	IONTHLY	PAYMI	ENT (\$)	
	SECURED PARTY NA	AME						CONTACT N	NAME							
C.	STREET ADDRESS					CIT	CITY						TATE	ZIP CC	DDE	
	SECURING ASSETS										MATURITY DATE	M	IONTHLY	I PAYMI	ENT (\$)	
	SECURED PARTY NA	AME						CONTACT N	IAME		<u> </u>					
D.	STREET ADDRESS					CIT	Υ					S	TATE	ZIP CC	DDE	
	SECURING ASSETS										MATURITY DATE	M	IONTHLY	PAYMI	ENT (\$)	
40.	ARE ANY OF THE AS PLEDGED OR MORT					T 41A	ARE THE FEDERAL	INDIVIDUAL AND STATE	LIABI	ILITIES OF T DME AND/OF	DR SOLE PROPIERTO THE PROPIETOR(S) F R EXCESS PROFIT T	OR		41B. T	OTAL LIABILITY (\$)	
	NO		YES (Explain in S				YE			NO						
42.	ARE YOU NOW IN OF		NDING DEFAULT YES (Provide det						NSTIT	UTIONS, 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	_IER 1			45. SUPPLIER 2					
Α.	Name of Supplier											
В.	Contact Person											
	Telephone	AREA CODE	NUMBER			EXTENSION	AREA CODE	NUMBER			EXTENSION	
D.	Fax	AREA CODE	NUMBER			L	AREA CODE	NUMBER			L	
		STREET ADDRESS	I				STREET ADDRESS	3				
E.	Address	CITY		STATE	ZIP COE	DE .	CITY		STATE	ODE		
_	Amount Now						STATE ZII GODE					
	Owing (\$)											
G.	High Credit (\$)											
	ITEM		46. SUPPL	LIER 3				47. SUPPL	JER 4			
	Name of Supplier											
В.	Contact Person											
C.	Telephone	AREA CODE	NUMBER			EXTENSION	AREA CODE	NUMBER			EXTENSION	
D.	Fax	AREA CODE	NUMBER				AREA CODE	NUMBER				
		STREET ADDRESS	I				STREET ADDRESS	3				
E.	Address	CITY		STATE	ZIP COD	DΕ	CITY		STATE	ZIP C	ODE	
F.	Amount Now Owing (\$)			1	ı							
G.	High Credit (\$)											
	SECTION	VII - CONSTRUC	TION/SERVIC	E CONT	RACTS	INFORMA	TION (Public B	uildings Service	Contrac	ts Onl	'y)	
						TS IN FOR	·					
	ITEM		48. CONTF					49. CONTR	ACT 2			
Α.	Location											
В.	Owner's Name											
		STREET ADDRESS					STREET ADDRESS	3				
C.	Address	CITY		STATE	ZIP COE	DΕ	CITY		STATE	ZIP C	ODE	
D	Type of Work				1							
	Contract Amount (\$)											
	Percent Completed											
G.	Estimated ompletion Date											
_	ITEM		50. CONTR	RACT 3				51. CONTR	ACT 4			
	Location											
	Owner's Name											
Б.	Owner's Name	STREET ADDRESS					STREET ADDRESS	2				
		OTTLET ADDITEOU					OTREET ADDITES	,				
C.	Address	CITY		STATE	ZIP COD	DE	CITY		STATE	ZIP C	ODE	
	Type of Work											
	Contract Amount (\$)											
	Percent Completed											
	Estimated mpletion Date		<u> </u>									
-	inipletion Date	ı					ı					

ITEM		52. CONTR	RACT 5		53. CONTRACT 6							
A. Location												
B. Owner's Name												
	STREET ADDRESS					STREET ADDRESS						
C. Address												
C. Address	CITY		STATE	ZIP COI	DE	CITY		STATE	ZIP COI	DE		
D. Type of Work												
E. Contract Amount (\$)												
	<u>'</u>											
F. Percent Completed												
G. Estimated Completion Date												
	<del> </del>	54 CONTR	A O T 7				55 OONTE	NA OT 0				
ITEM		54. CONTR	ACT /				55. CONTR	RACT 8				
A. Location												
B. Owner's Name												
	STREET ADDRESS					STREET ADDRESS	S					
0. 4.11												
C. Address	CITY		STATE	ZIP COI	DE	CITY		STATE	ZIP COI	DE		
D. Type of Work			+	-				+	+			
E. Contract Amount (\$)	\											
F. Percent Completed	<u>'</u>											
G. Estimated												
Completion Date												
Completion Date	LAR	GEST JOBS \	YOU HAV	/E COM	IPLETED I	N THE LAST FI	VE YEARS					
ITEM		56. JOE	3 1				57. JC	)B 2				
A. Location												
B. Contact's Name												
	STREET ADDRESS					STREET ADDRESS	S					
C. Address	CITY		STATE	ZIP COI	DF	CITY		STATE	ZIP COI	)F		
			OITTE	2 00.	<i></i>			017112	2 00.	<i></i>		
	AREA CODE	NUMBER			TEVTENSION	AREA CODE	NUMBER			EXTENSION		
D. Telephone	ARLA CODE	NOWBER			LXTENSION	ARLA CODE	NOWBER			LATENSION		
E. Type of Work												
F. Contract Amount (\$)	,											
G. Amount Sublet (\$)												
ITEM		58. JOE	3 3				59. JO	B 4				
A. Location												
B. Contact's Name												
	STREET ADDRESS					STREET ADDRESS						
C. Address	CITY		STATE ZIP CODE			CITY		STATE	)E			
	0111		017112	211 001	J_			OIXIL	ZIP COI	J_		
		I			I		I			I===		
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. JO	B 6				
A. Location		00. 00.					01. 00					
B. Contact's Name												
D. Contact's Name	STREET ADDRESS					STDEET ADDDES	<u> </u>					
	OTTLL ADDRESS					STREET ADDRESS						
C. Address				1								
J. Addiess	CITY		STATE	ZIP COI	DE	CITY		STATE	ZIP COI	DE		
D. Talanhana	AREA CODE	NUMBER			EXTENSION	AREA CODE	NUMBER	•	•	EXTENSION		
D. Telephone												
E. Type of Work	1	1			1		- I			1		
F. Contract Amount (\$)	,											
G. Amount Sublet (\$)												
(Ψ)						i .	004 50	- (DE) (	40/0045	N DAOE 5		

						OM YOU OF	BTAIN SURETY B				
ITEM	6	2. 8	SURETY C	OMPANY	<u>′ 1</u>			63. SURETY CO	<u> </u>	2	
A. Company Name											
B. Contact's Name						I		1			T
C. Telephone	AREA CODE	NUI	MBER			EXTENSION	AREA CODE	NUMBER			EXTENSION
D. Fax	AREA CODE	NUI	MBER				AREA CODE	NUMBER			
	STREET ADDRESS	ļ					STREET ADDRESS	-1			
E. Address	CITY			STATE	ZIP CO	DE	CITY		STATE ZIP		ODE
CA DDECENT ANOUNT	OF DONIDING	65	HAS YOUR A	 Application	N FOR	SURETY	CC. DUDING THE D	10T 0 VEADO 114VE		LOUAR	
64. PRESENT AMOUNT COVERAGE (\$)	OF BONDING		BOND EVER	BEEN DECLINED? le detailed information		(If Yes,	66. DURING THE PAST 2 YEARS, HAVE YOU BEEN CHARGE FAILURE TO MEET THE CLAIMS OF YOUR SUBCONTRAI SUPPLIERS? (If Yes, please provide detailed information in			RACTORS OR	
			YES	□NO	□ NO		YES		NO		
					TION V	III - REMA	RKS				
REMARKS (Cite those see	ctions of the form relatin	na to v	vour remarks.								
					CERTI	FICATION					
For the purpose of e as a true and correct material change in the any materially unfavor considered as a control of the purpose of the purpos	t statement of our ne applicant's finar orable change in o	fina ncial	ncial condi condition	tion and t since the	further date c	certify that of the above	all other statemer e statement. We	nts are true and agree to notify y	correct. ·	There diately	has been no y in writing o
NAME OF BUSINESS					BY (Sig	nature of Auth	orized Official)				
					NAME (	OF AUTHORIZ	ZED OFFICIAL (Type o	or print)		DATE	
					TITLE C	OF AUTHORIZ	ED OFFICIAL (Type o	r print)			