

Construction Pre-Bid Meeting Attendance List

MULTNOMAH COUNTY OREGON

ATTACHMENT NO. 1

BID/RFP NO./TITLE: 4000004578 MEAD BUILDING WINDOW REPLACEMENT

DATE/TIME OF CONFERENCE: 2/4/2016 – 9:00 AM

ADDRESS OF CONFERENCE SITE: 421 SW 5TH AVE., ROOM 750, PORTLAND, OR

OPTIONAL: _____ MANDATORY: X

Please Print Legibly-One Representative Per Organization

COMPANY <small>GENERAL CONTRACTOR <input checked="" type="checkbox"/> *SUB CONTRACTOR _____</small>	REPRESENTED BY: <small>Received Forms <input checked="" type="checkbox"/></small>	BUSINESS
NAME: <i>Kevin Stuckart - Emerick Construction</i>	NAME: <i>Kevin Stuckart</i>	STATE CERTIFIED: MBE _____ WBE _____ ESB _____
MAILING ADDRESS: <i>7855 Sw Mohawk Street</i>	PHONE #: <i>503-559-8380</i> FAX #: _____	_____
CITY: <i>Tualatin</i> STATE: <i>OR</i> ZIP: <i>97062</i>	EMAIL ADDRESS: <i>KevinS@emerick.com</i>	*SUB CONTRACTOR TRADE/SERVICE: _____
NAME: <i>JEFF CARTER - PACIFICMARK CONSTRUCTION</i>	NAME: <i>Jeff Carter</i>	STATE CERTIFIED: MBE <input checked="" type="checkbox"/> WBE _____ ESB <input checked="" type="checkbox"/>
MAILING ADDRESS: <i>16065 SE 98th Ave</i>	PHONE #: <i>503-961-5339</i> FAX #: <i>503-208-3358</i>	_____
CITY: <i>Clackamas</i> STATE: <i>OR</i> ZIP: <i>97051</i>	EMAIL ADDRESS: <i>JCarter@PacificmarkConstruction.com</i>	*SUB CONTRACTOR TRADE/SERVICE: <i>Prime</i>
NAME: <i>Lake Oswego Construction</i>	NAME: <i>Steve Mitchell</i>	STATE CERTIFIED: MBE _____ WBE _____ ESB <input checked="" type="checkbox"/>
MAILING ADDRESS: <i>5290 SW Childs Rd.</i>	PHONE #: <i>503-320-3647</i> FAX #: <i>503-639-9892</i>	_____
CITY: <i>Lake Oswego</i> STATE: <i>OR</i> ZIP: <i>97035</i>	EMAIL ADDRESS: <i>mitchell1323@aol.com</i>	*SUB CONTRACTOR TRADE/SERVICE: _____
NAME: <i>Andre' Baugh</i>	NAME: _____	STATE CERTIFIED: MBE _____ WBE _____ ESB _____
MAILING ADDRESS: <i>333 SE 2nd</i>	PHONE #: _____ FAX #: _____	CITY CERTIFIED: EEO _____
CITY: <i>PDX</i> STATE: <i>OR</i> ZIP: <i>97214</i>	EMAIL ADDRESS: _____	*SUB CONTRACTOR TRADE/SERVICE: _____

Please Print Legibly-One Representative Per Organization

COMPANY GENERAL CONTRACTOR <input checked="" type="checkbox"/> *SUB CONTRACTOR _____		REPRESENTED BY: Received Forms _____	BUSINESS
NAME: Matt Hubel First Cascade Corp	NAME: Matt Hubel	STATE CERTIFIED: MBE ___ WBE ___ ESB ___	
MAILING ADDRESS: P O Box 2158	PHONE #: 503-699-8970 FAX #: 503-699-8985		
CITY: Lake Oswego STATE: OR ZIP: 97035	EMAIL ADDRESS: Scott.C@firstcascade.com	*SUB CONTRACTOR TRADE/SERVICE: Prime	
COMPANY GENERAL CONTRACTOR _____ *SUB CONTRACTOR _____		REPRESENTED BY: Received Forms _____	BUSINESS
NAME: Ryan Schimpf (Benson Industries)	NAME: Ryan Schimpf	STATE CERTIFIED: MBE ___ WBE ___ ESB ___	
MAILING ADDRESS: 2444 NW Yeon	PHONE #: 503-793-2220 FAX #: 503 226-4009		
CITY: Portland STATE: OR ZIP: 97210	EMAIL ADDRESS: rrschimpf@bensonglobal.com	*SUB CONTRACTOR TRADE/SERVICE: Glacier	
COMPANY GENERAL CONTRACTOR <input checked="" type="checkbox"/> *SUB CONTRACTOR _____		REPRESENTED BY: Received Forms _____	BUSINESS
NAME: James Sharp/ARCH. Windows	NAME:	STATE CERTIFIED: MBE ___ WBE ___ ESB ___	
MAILING ADDRESS: 2106 SE Knapp St	PHONE #: FAX #:		
CITY: Portland STATE: OR ZIP: 97202	EMAIL ADDRESS: sharp.jim@comcast.net	*SUB CONTRACTOR TRADE/SERVICE:	
COMPANY GENERAL CONTRACTOR _____ *SUB CONTRACTOR _____		REPRESENTED BY: Received Forms _____	BUSINESS
NAME:	NAME:	STATE CERTIFIED: MBE ___ WBE ___ ESB ___	
MAILING ADDRESS:	PHONE #: FAX #:		
CITY: STATE: ZIP:	EMAIL ADDRESS:	*SUB CONTRACTOR TRADE/SERVICE:	
COMPANY GENERAL CONTRACTOR _____ *SUB CONTRACTOR _____		REPRESENTED BY: Received Forms _____	BUSINESS
NAME:	NAME:	STATE CERTIFIED: MBE ___ WBE ___ ESB ___	
MAILING ADDRESS:	PHONE #: FAX #:		
CITY: STATE: ZIP:	EMAIL ADDRESS:	*SUB CONTRACTOR TRADE/SERVICE:	