

Lodi Unified School District

Tokay HS Modular Classroom Project Incr. 2



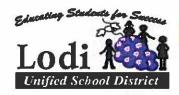


Tuesday February 19, 2019 @ 10:00 AM

All prospective bidders must SIGN-IN at the start of the Informational Conference

Please Leave Business Cards.

Company	DIEDE CONSTRUCTION INC	PC: Yes No			
Name (Print)	BRETT DIEDE	Sub: Yes No			
Address:	70 Box 1007				
City/State/Zip	WOODBRIDGE CA 95258				
Phone:	209-369-8255 Fax: 209-3	18-0660			
E-Mail:	ESTIMATING @ DIEDECONSTRUCTION COM				
Signature (IN)	5				
License Type	AB				
Company	AMERICAN MODILLAR SYSTEMS	PC: Yes No			
Name (Print)	JUSTIN TORRES	Sub: Yes No			
Address:	787 Sparchers				
City/State/Zip	MANTECA, CA 95336				
Phone:	(209) 43-43-4285 Fax: (209)82	5-7018			
E-Mail:	justing to swerican modular row				
Signature (IN)					
License Type					
	MEEHLEIS MODILER Buildings	PC: Yes No			
Name (Print)	CORMEN OCOMPO ! MORK MEEHLEIS	PC: Yes No Sub: Yes No			
	GORMEN OCOMPO ! MARK MEEHLEIS 1303 E. LODI DIE				
Name (Print)	CORMEN OCOMPO! MARK MEEHLEIS 1303 E. Lovi Duc Lovi LA 95240				
Name (Print) Address: City/State/Zip Phone:	GORMEN OCEMPO ! MARK MEEHLEIS 1303 E- LODI DIK				
Name (Print) Address: City/State/Zip	CORMEN OCOMPO! MARK MEEHLEIS 1303 E. Lovi Duc Lovi LA 95240	Sub: Yes No			
Name (Print) Address: City/State/Zip Phone:	CARMEN OCOMPO! MARK MEEHLEIS 1303 E. LODI DIR LODI LA 95240 916-802-8220 ZO9-334-4637 Fax: CARMEN @ MEEHLEIS. COM MARK @ MER	Sub: Yes No			
Name (Print) Address: City/State/Zip Phone: E-Mail:	CDRMEN OCOMPO! MARK MEEHLEIS 1303 E. LODI DIE LODI LA 95240 916-802-8220 209-334-4637 Fax:	Sub: Yes No			
Name (Print) Address: City/State/Zip Phone: E-Mail: Signature (IN) License Type	CDRMEN OCOMPO! MARK MEEHLEIS 1303 E. LOOI DIK LOOI LA 95240 916-802-8220 ZO9.334-4637 Fax: CALMEN @ MEEHLEIS. COM! MARK @ MORE COMMEN OMINED	Sub: PYes No			
Name (Print) Address: City/State/Zip Phone: E-Mail: Signature (IN) License Type Company	CDRMEN OCOMPO! MARK MEEHLEIS 1303 E. Looi Dir Looi LA 95240 916-802-8220 ZO9.334-4637 Fax: CALMEN @ MEEHLEIS. COM I MARK @ MORE COMMEN OMINED B JL Construction / JL Modula	Sub: Yes No No PC: Yes No			
Name (Print) Address: City/State/Zip Phone: E-Mail: Signature (IN) License Type Company Name (Print)	CDRMEN OCEMPO ! MARK MEEHLEIS 1303 E-LODI DUR LODI LA 95240 916-802-8220 209-334-4637 Fax: CARMEN @ MEEHLEIS. COM MARK @ MORE COMMEN OMICE B L Construction / SL Madula Will Cannel	Sub: PYes No			
Name (Print) Address: City/State/Zip Phone: E-Mail: Signature (IN) License Type Company Name (Print) Address:	CDRMEN OCOMPO! MARK MEEHLEIS 1303 E. Looi Dir Looi LA 95240 916-802-8220 209.334-4637 Fax: CARMEN @ MEEHLEIS. COM MARK @ Mee Commen omigo B L Construction / SL Majula Will Cannel/ 70 Story Point RJ	Sub: Yes No No PC: Yes No			
Name (Print) Address: City/State/Zip Phone: E-Mail: Signature (IN) License Type Company Name (Print) Address: City/State/Zip	CDRMEN OCOMPO! MARK MEEHLEIS 1303 E. Looi Duc Looi LA 95240 916-802-8220 Z09.334-4637 Fax: CARMEN @ MEEHLEIS. COM MARK @ Mea Commen omyco B JL Construction / JL Majula Will Cannel/ 70 Story Point RJ Senta Rosa CA 9540/	Sub: Yes No No PC: Yes No			
Name (Print) Address: City/State/Zip Phone: E-Mail: Signature (IN) License Type Company Name (Print) Address: City/State/Zip Phone:	CDRMEN OCEMPO MARK MEEHLEIS 1303 E-Looi Due Looi LA 95240 916-802-8220 Z09-334-4637 Fax: CALMEN @ MEEHLEIS. COM MARK @ MORE Denney Omyo B JL Construction / SL Moduld Will Cannel 70 Stary Point RJ Senta Rosa CA 9540 / 707 327-5788 Fax:	Sub: Yes No No PC: Yes No			
Name (Print) Address: City/State/Zip Phone: E-Mail: Signature (IN) License Type Company Name (Print) Address: City/State/Zip Phone: E-Mail:	CDRMEN OCOMPO! MARK MEEHLEIS 1303 E. Looi Duc Looi LA 95240 916-802-8220 Z09.334-4637 Fax: CARMEN @ MEEHLEIS. COM MARK @ Mea Commen omyco B JL Construction / JL Majula Will Cannel/ 70 Story Point RJ Senta Rosa CA 9540/	Sub: Yes No No PC: Yes No			
Name (Print) Address: City/State/Zip Phone: E-Mail: Signature (IN) License Type Company Name (Print) Address: City/State/Zip Phone:	CDRMEN OCEMPO MARK MEEHLEIS 1303 E-Looi Due Looi LA 95240 916-802-8220 Z09-334-4637 Fax: CALMEN @ MEEHLEIS. COM MARK @ MORE Denney Omyo B JL Construction / SL Moduld Will Cannel 70 Stary Point RJ Senta Rosa CA 9540 / 707 327-5788 Fax:	Sub: Yes No No PC: Yes No			



Lodi Unified School District

Tokay HS Modular Classroom Project Incr. 2



Mandatory Informational Conference Sign-in Sheet Tuesday February 19, 2019 @ 10:00 AM

All prospective bidders must $\underline{\text{SIGN-IN}}$ at the start of the Informational Conference

Please Leave Business Cards.

Company	LPA INC. (ARCHITT	ect)	PC: Yes Z No
Name (Print)	ANTHONY HARRIS		Sub: Yes No
Address:			,
City/State/Zip			
Phone:		Fax:	
E-Mail:	AHARRIS @ LPAINC. CC	M	
Signature (IN)	*		
License Type	101 2 Mys 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2		
Company	LUSD		PC: Yes No
Name (Print)	VICKE Brum		Sub: Yes No
Address:			
City/State/Zip			
Phone:	209 331-7223	Fax:	
E-Mail:	Vbrume aol. com		
Signature (IN)	VR	10 100 W	
License Type			
Company	LODI UNIFIED		PC: Yes No
Name (Print)	KATIE MADZIER		Sub: Yes No
Address:	3 11 11 11/11/2 - 1		
City/State/Zip			
Phone:		Fax:	
E-Mail:	KMADZIER @ LODIUSD NE	7	
Signature (IN)			
License Type	MOOC		
Company	LODI UNIFIED		PC: Yes No
Name (Print)	DX Partly		Sub: Yes No
Address:	1-119		
City/State/Zip			
Phone:	100	Fax:	
E-Mail:	Spatty@LOBINSD.Net		
Signature (IN)	un		
License Type		00 17 700	



Lodi Unified School District

Tokay HS Modular Classroom Project Incr. 2



Mandatory Informational Conference Sign-in Sheet Tuesday February 19, 2019 @ 10:00 AM

All prospective bidders must <u>SIGN-IN</u> at the start of the Informational Conference

Please Leave Business Cards.

Company	RERNAROS	*: *: .**	PC: Yes No
Name (Print)	BERNARDS LONZO ERNAST		Sub: Yes No
Address:			
City/State/Zip			
Phone:	559.770-9389	Fax:	
E-Mail:	559.770-9389 lernest@bernards.	com	
Signature (IN)	RE		
License Type			
			во Оу О х
Company			PC: LYes No
Name (Print)		*	Sub: Yes No
Address:			
City/State/Zip		F	
Phone:		Fax:	
E-Mail:			
Signature (IN)			
License Type		- 18	
Company			PC: Yes No
Name (Print)			Sub: Yes No
Address:			
City/State/Zip			
Phone:		Fax:	
E-Mail:		<u>.</u> 505 <u>2000 ma</u>	
Signature (IN)			
License Type			
C			PC: Yes No
Company			
Name (Print)			Sub: Yes No
Address:			
City/State/Zip		Farr	- T T T T T T T T T T T T T T T T T T T
Phone: E-Mail:		Fax:	
Signature (IN)			
License Type			
Piccuse 1 Abe			0