<table>
<thead>
<tr>
<th>ITEM NO.</th>
<th>ESTIMATED QUANTITY</th>
<th>UNIT OF MEASURE</th>
<th>ITEM (Trash Pick up, hauling and disposal as described in Exhibit A, Scope of Work).</th>
<th>UNIT PRICE (Per Unit of Measure)</th>
<th>TOTAL (Est. Qty x Unit Price)</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>60</td>
<td>Per Bin Per Pickup</td>
<td>One (1) 20-26 Cubic-Yard roll off container pick up on an on-call basis at Stockton Maintenance Station (1604 South B Street)</td>
<td>$205.00</td>
<td>$12,300.00</td>
</tr>
<tr>
<td>2</td>
<td>24</td>
<td>Monthly Service Fee</td>
<td>Four (4) 5 Cubic-Yard front load containers picked up once weekly at Stockton Maintenance Station (1604 South B Street)</td>
<td>$295.00</td>
<td>$7,180.00</td>
</tr>
<tr>
<td>3</td>
<td>45</td>
<td>Per Bin Per Pickup</td>
<td>One (1) 5 Cubic-Yard front load container pick up on an on-call basis at Stockton Landscape Station (312 South Lincoln Street)</td>
<td>$18.25</td>
<td>$821.25</td>
</tr>
<tr>
<td>4</td>
<td>45</td>
<td>Per Bin Per Pickup</td>
<td>One (1) 5 Cubic-Yard front load container pick up on an on-call basis at Structural Steel Paint Yard (3226 Lance Drive, Suite 1A)</td>
<td>$18.25</td>
<td>$821.25</td>
</tr>
<tr>
<td>5</td>
<td>40</td>
<td>Per Bin Per Pickup</td>
<td>Two (2), 10 Cubic-Yard roll off containers pick up on an on-call basis at Aurora Street (under Cross-Town Freeway)</td>
<td>$205.00</td>
<td>$8,200.00</td>
</tr>
<tr>
<td>6</td>
<td>24</td>
<td>Per Bin Per Pickup</td>
<td>One (1) 5 cubic yard front load container pick up on an on-call basis at Lodi Maintenance Station (845 East Pine Street)</td>
<td>$18.25</td>
<td>$821.25</td>
</tr>
</tbody>
</table>

(1) THE ABOVE QUANTITIES ARE ESTIMATES ONLY AND ARE GIVEN AS A BASIS FOR COMPARISON OF BIDS. NO GUARANTEE IS MADE OR IMPLIED AS TO THE EXACT QUANTITY THAT WILL BE NEEDED.

(2) IN CASE OF DISCREPANCY BETWEEN THE UNIT PRICE AND THE TOTAL SET FORTH FOR A UNIT BASIS ITEM, THE UNIT PRICE SHALL PREVAIL.

(3) PLEASE DO NOT ALTER, MODIFY OR CHANGE THIS BID PROPOSAL SHEET. ANY ALTERATIONS, MODIFICATIONS OR CHANGES TO THIS BID PROPOSAL SHEET WILL BE GROUNDS TO REJECT THE BID.

(4) EACH LINE ITEM MUST BE BID. PLEASE DO NOT LEAVE ANY UNIT PRICE COLUMN BLANK OR THIS BID WILL BE DISQUALIFIED FROM COMPETITION FOR CONTRACT AWARD.

TOTAL THIS PROPOSAL $30,043.75
ATTACHMENT 3

BID/BIDDER CERTIFICATION SHEET

Only an individual who is authorized to bind the bidding firm contractually shall sign the Bid/Bidder Certification Sheet. The signature must indicate the title or position that the individual holds in the firm. This Bid/Bidder Certification Sheet must be signed and returned along with all "required attachments" as an entire package with original signatures. The bid must be transmitted in a sealed envelope in accordance with IFB instructions.

A. Our all-inclusive bid is submitted in a sealed envelope marked "Bid Submittal - Do Not Open".
B. All required attachments are included with this certification sheet.
C. The signature affixed hereon and dated certifies compliance with all the requirements of this bid document. The signature below authorizes the verification of this certification.
D. The signature and date affixed hereon certifies that this bid is a firm offer for a 90-day period.

An Unsigned Bid/Bidder Certification Sheet May Be Cause for Bid Rejection

<table>
<thead>
<tr>
<th>1. Company Name</th>
<th>Republic</th>
<th>2. Telephone Number</th>
<th>2a. Fax Number</th>
</tr>
</thead>
<tbody>
<tr>
<td>Delta Container Corp.</td>
<td>(510) 541-7577</td>
<td>(510) 541-0031</td>
<td></td>
</tr>
</tbody>
</table>

3. Address
1145 W. Charter Way
Stockton, CA 95204

4. Indicate your organization type:
   - [ ] Sole Proprietorship
   - [ ] Partnership
   - [X] Corporation

5. Indicate the applicable employee and/or corporation number:

6. Indicate applicable license and/or certification information:
   - 9. Contractor's State Licensing Board Number
   - 10. PUC License Number CAL-T-
   - 11. Required

12. Bidder' Name (Print)
    Sally Fandrich

13. Title
    Sales Supervisor

14. Signature
    Sally Fandrich

15. Date
    2/24/15

16. Are you certified with the Department of General Services, Office of Small Business and Disabled Veteran Business Enterprise Services (OSDS) as:
   a. Small Business Enterprise  Yes [X] No
   b. Disabled Veteran Business Enterprise  Yes [X] No

If yes, enter certification number:
If yes, enter your service code below:

NOTE: A copy of your Certification is required to be included if either of the above items is checked "Yes".

Date application was submitted to OSDS, if an application is pending: ________________________________