<table>
<thead>
<tr>
<th>ITEM NO.</th>
<th>Estimated Quantity</th>
<th>UNIT OF MEASURE</th>
<th>ITEM</th>
<th>UNIT PRICE (Price Per Unit of Measure)</th>
<th>TOTAL (Estimated Quantity x Unit Price)</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>300 hours</td>
<td>Per hour</td>
<td>5 Axle End Dump (Any overtime will be paid at 1 1/2 x the rate listed)</td>
<td>$88/hr</td>
<td>$2,640.00</td>
</tr>
<tr>
<td>2</td>
<td>500 hours</td>
<td>Per hour</td>
<td>3 Axle End Dump (Any overtime will be paid at 1 1/2 x the rate listed)</td>
<td>$85/hr</td>
<td>$4,250.00</td>
</tr>
<tr>
<td>3</td>
<td>400 hours</td>
<td>Per hour</td>
<td>Transfer Trucks (Any overtime will be paid at 1 1/2 x the rate listed)</td>
<td>$88/hr</td>
<td>$3,520.00</td>
</tr>
<tr>
<td>4</td>
<td>3500 hours</td>
<td>Per hour</td>
<td>Super Dumps (Any overtime will be paid at 1 1/2 x the rate listed)</td>
<td>$94.85</td>
<td>$33,197.50</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. ANY ALTERATIONS, MODIFICATIONS OR CHANGES TO THIS BID PROPOSAL SHEET BY THE PROPOSER WILL BE GROUNDS FOR BID REJECTION.
4. EACH LINE MUST BE BID. DO NOT LEAVE ANY UNIT PRICE COLUMN BLANK OR THIS BID WILL BE DISQUALIFIED FROM COMPETITION FOR CONTRACT AWARD.

TOTAL THIS PROPOSAL: $43,607.50
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. I have read and understand the DVBE participation requirements and have included documentation demonstrating that I have met the participation goals.
D. 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.
E. 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>2. Telephone Number</th>
<th>2a. Fax Number</th>
</tr>
</thead>
<tbody>
<tr>
<td>DESTINATION ANYWHERE INC</td>
<td>(818) 836 9400</td>
<td>818 835 1144</td>
</tr>
</tbody>
</table>

3. Address

4. [ ] Sole Proprietorship
5. [ ] Partnership
6. [ ] Corporation

Indicate your organization type:

7. Federal Employee ID No. (FEIN) 77-0561776
8. California Corporation No. 2271073

Indicate applicable employee and/or corporation number:

<table>
<thead>
<tr>
<th>9. Contractor's State Licensing Board Number</th>
<th>10. PUC License Number</th>
<th>11. Required</th>
</tr>
</thead>
<tbody>
<tr>
<td>DIR REGISTRATION 1000049316</td>
<td>CAL-T CA 205284</td>
<td>CA 205284</td>
</tr>
</tbody>
</table>

12. Bidder Name (Print)

13. Title

14. Signature

15. Date 3/6/15

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 ☐ No ☐
   b. Disabled Veteran Business Enterprise Yes ☐ No ☒

If yes, enter certification number:

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:

17. Are you a Non-Small Business committing to the use of 25% Certified Small Business Subcontractor Participation? Yes ☐ No ☒

If Yes, complete and return the Bidder Declaration form, GSPD-05-105 with your bid.
BIDDER DECLARATION

1. Prime bidder information (Review attached Bidder Declaration Instructions prior to completion of this form):
   a. Identify current California certification(s) (MBE, NMSA, DVBE): [ ] DBE or [ ] None (If "None", go to item #2)
   b. Will subcontractors be used for this contract? [ ] Yes [ ] No If yes, indicate the distinct element of work your firm will perform in this contract e.g., list the proposed products produced by your firm, state if your firm owns the transportation vehicles that will deliver the products to the State, identify which solicited services your firm will perform, etc.). Use additional sheets, as necessary.
   
   c. If you are a California certified DVBE:
      (1) Are you a broker or agent? [ ] Yes [ ] No [ ] NA
      (2) If the contract includes equipment rental, does your company own at least 51% of the equipment provided in this contract (quantity and value)? [ ] Yes [ ] No [ ] NA

2. If no subcontractors will be used, skip to certification below. Otherwise, list all subcontractors for this contract. (Attach additional pages if necessary):

<table>
<thead>
<tr>
<th>Subcontractor Name</th>
<th>Subcontractor Address</th>
<th>CA Certification (MBE, NMSA, DVBE or None)</th>
<th>Work performed or goods provided for this contract</th>
<th>Corresponding % of bid price</th>
<th>Good Standing?</th>
<th>51% Ownership?</th>
</tr>
</thead>
<tbody>
<tr>
<td>NAME: TRUCKING</td>
<td>8555 Mountain Blvd</td>
<td>DBE, NMSA</td>
<td>Trucking</td>
<td>5%</td>
<td>[ ]</td>
<td>[ ]</td>
</tr>
<tr>
<td>NAME: DANGI</td>
<td>826 E. 10th St</td>
<td>DVBE</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>(612) 826. 4644</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

CERTIFICATION: By signing the bid response, I certify under penalty of perjury that the information provided is true and correct.
ATTACHMENT 7

Invitation for Bid No. 04A4594

QUOTES FROM SB OR DVBE SUBCONTRACTORS
Bidder shall attach copies of SB OR DVBE SUBCONTRACTORS quotes (on SB or DVBE's letterhead) from any SB or DVBE subcontractors listed in the form GSPD-05-105. Refer to instructions in IFB Section D), Items 1 C and 2 A 2).

Attached = NAM TRUCKING - DVBE
ATTN: SONY (DESTINATION ANYWHERE)

Reference Project; Caltran No.04A4594
Location: Cal Tran Hauling/ Various Locations

Bay Area rates:
- $85 per hour for 10 wheelers
- $95 per hour for Semi End Dump, Semi bottom Dump & Double Bottom Dump.
- $95 for Transfers, Side dump and Flat bed
- $110 for High side
- $120 for lowbed (plus) permits loads required.
- There will be a four (6) hours minimum per dispatch.
- This price quote is only good for job No. 04A4594

- If you need any other types of trucks, please feel free to contact me anytime. Thank you very much.

Sincerely,

Nam Dang

3/7/2015
STATE OF CALIFORNIA – DEPARTMENT OF GENERAL SERVICES PROCUREMENT DIVISION

DISABLED VETERAN BUSINESS ENTERPRISE DECLARATIONS
STD. 843 (Rev. 5/2006)

Instructions: The disabled veteran (DV) owner(s) and DV manager(s) of the Disabled Veteran Business Enterprise (DVBE) must complete this declaration when a DVBE contractor or subcontractor will provide materials, supplies, services or equipment [Military and Veterans Code Section 999.2]. Violations are misdemeanors and punishable by imprisonment or fine and violators are liable for civil penalties. All signatures are made under penalty of perjury.

SECTION 1

Name of certified DVBE: [Name]
DVBE Ref. Number: [Number]

Description (materials/supplies/services/equipment proposed):

 Solicitation/Contract Number: 04A4594
SCPRS Ref. Number: (FOR STATE USE ONLY)

SECTION 2

APPLIES TO ALL DVBEs. Check only one box in Section 2 and provide original signatures.

☑ I (we) declare that the DVBE is not a broker or agent, as defined in Military and Veterans Code Section 999.2 (b), of materials, supplies, services or equipment listed above. Also, complete Section 3 below if renting equipment.

☐ Pursuant to Military and Veterans Code Section 999.2 (f), I (we) declare that the DVBE is a broker or agent for the principal(s) listed below or on the attached sheet(s). (Pursuant to Military and Veterans Code 999.2 (e), State funds expended for equipment rented from equipment brokers pursuant to contracts awarded under this section shall not be credited toward the 5 percent DVBE participation goal.)

All DV owners and managers of the DVBE (attach additional pages with sufficient signature blocks for each person to sign):

[Printed Name of DV Owner/Manager] [Signature of DV Owner/Manager] [Date Signed]

[Printed Name of DV Owner/Manager] [Signature of DV Owner/Manager] [Date Signed]

Firm/Principal for whom the DVBE is acting as a broker or agent:

[If more than one firm, list on extra sheets.][Print or Type Name] [Address]

Firm/Principal Phone: [Number]

SECTION 3

APPLIES TO ALL DVBEs THAT RENT EQUIPMENT AND DECLARE THE DVBE IS NOT A BROKER.

☑ Pursuant to Military and Veterans Code Section 999.2 (c), (d) and (g), I am (we are) the DV(s) with at least 51% ownership of the DVBE, or a DV manager(s) of the DVBE. The DVBE maintains certification requirements in accordance with Military and Veterans Code Section 999 et. seq.

☐ The undersigned owner(s) own(s) at least 51% of the quantity and value of each piece of equipment that will be rented for use in the contract identified above. I (we), the DV owners of the equipment, have submitted to the administering agency my (our) personal federal tax return(s) at time of certification and annually thereafter as defined in Military and Veterans Code 999.2, subsections (c) and (g). Failure by the disabled veteran equipment owner(s) to submit their personal federal tax return(s) to the administering agency as defined in Military and Veterans Code 999.2, subsections (c) and (g), will result in the DVBE being deemed an equipment broker.

Disabled Veteran Owner(s) of the DVBE (attach additional pages with signature blocks for each person to sign):

[Printed Name] [Signature] [Date Signed]

[Address of Owner] [Telephone] [Tax Identification Number of Owner]

Disabled Veteran Manager(s) of the DVBE (attach additional pages with sufficient signature blocks for each person to sign):

[Printed Name of DV Manager] [Signature of DV Manager] [Date Signed]