

CN: S100280 - SANTA FE RIVER TRAIL CONNECTIONS AND IMPROVEMENTS, PHASE 1

PLEASE READ THE FOLLOWING BEFORE FILLING OUT THIS FORM: By signing this plan holders list, the prospective bidder will be provided ONE (1) BID BOOK & ONE (1) PLAN SET, specifications and contract documents and agrees that all such documents will be returned to the City of Santa Fe Engineering Division complete and in good condition within ten (10) business days after the date of bid opening. Otherwise, the City may elect to bill the plan holder appropriate reproduction fees for said documents.

1 Set No.	Name of Plan Holder <u>QUI INC LONVAC</u>		Date Issued
	Name of Company <u>QUI INC</u>		\$0.00
	Address		City, State, Zip
	Phone <u>542-4848</u>	E-mail Address <u>SAMG@QUINC.NET</u>	Signature of Plan Holder <i>[Signature]</i>
2 Set No.	Name of Plan Holder <u>HO Const.</u>		Date Issued
	Name of Company <u>HO Construction</u>		\$0.00
	Address		City, State, Zip <u>AIB</u>
	Phone <u>505-238-4455</u>	E-mail Address <u>505.PICOTIME@GMail.Com</u>	Signature of Plan Holder <i>[Signature]</i>
3 Set No.	Name of Plan Holder <u>Armour pavement</u>		Date Issued
	Name of Company <u>ARMOUR PAVEMENT</u>		\$0.00
	Address		City, State, Zip
	Phone <u>505 897-8190</u>	E-mail Address	Signature of Plan Holder <i>[Signature]</i>
4 Set No.	Name of Plan Holder <u>CENTURY CLUB CONSTRUCTION</u>		Date Issued
	Name of Company <u>CENTURY CLUB CONSTRUCTION</u>		\$0.00
	Address		City, State, Zip <u>ALB</u>
	Phone <u>505 344 1096</u>	E-mail Address <u>TIFFANY@DESERT-UTILITY.COM</u>	Signature of Plan Holder
5 Set No.	Name of Plan Holder <u>MAXTEK CONTRACTORS, Inc</u>		Date Issued
	Name of Company <u>MAXTEK CONTRACTORS, Inc</u>		\$0.00
	Address <u>2201 PHOENIX AVE NE</u>		City, State, Zip <u>ALB, NM 87101</u>
	Phone <u>(505) 933-5733</u>	E-mail Address <u>maxtekinc@aol.com</u>	Signature of Plan Holder
6 Set No.	Name of Plan Holder <u>Star Paving Co.</u>		Date Issued
	Name of Company <u>Star Paving Company</u>		\$0.00
	Address <u>3109 love SW</u>		City, State, Zip <u>Albuq. NM 87105</u>
	Phone <u>(505) 877-0380</u>	E-mail Address <u>monica@starpaving.com</u>	Signature of Plan Holder <i>[Signature]</i>

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7	Set No.	Name of Plan Holder		Date Issued	
				\$0.00	
		Name of Company		Deposit Amount, Type, Number	
		Address		City, State, Zip	Issuer
		Phone	E-mail Address		Signature of Plan Holder
8	Set No.	Name of Plan Holder		Date Issued	
				\$0.00	
		Name of Company		Deposit Amount, Type, Number	
		Address		City, State, Zip	Issuer
		Phone	E-mail Address		Signature of Plan Holder
9	Set No.	Name of Plan Holder		Date Issued	
				\$0.00	
		Name of Company		Deposit Amount, Type, Number	
		Address		City, State, Zip	Issuer
		Phone	E-mail Address		Signature of Plan Holder
10	Set No.	Name of Plan Holder		Date Issued	
				\$0.00	
		Name of Company		Deposit Amount, Type, Number	
		Address		City, State, Zip	Issuer
		Phone	E-mail Address		Signature of Plan Holder
11	Set No.	Name of Plan Holder		Date Issued	
				\$0.00	
		Name of Company		Deposit Amount, Type, Number	
		Address		City, State, Zip	Issuer
		Phone	E-mail Address		Signature of Plan Holder
12	Set No.	Name of Plan Holder		Date Issued	
				\$0.00	
		Name of Company		Deposit Amount, Type, Number	
		Address		City, State, Zip	Issuer
		Phone	E-mail Address		Signature of Plan Holder
12	Set No.	Name of Plan Holder		Date Issued	
				\$0.00	
		Name of Company		Deposit Amount, Type, Number	
		Address		City, State, Zip	Issuer
		Phone	E-mail Address		Signature of Plan Holder
13	Set No.	Name of Plan Holder		Date Issued	
				\$0.00	
		Name of Company		Deposit Amount, Type, Number	
		Address		City, State, Zip	Issuer
		Phone	E-mail Address		Signature of Plan Holder