Bid Pickup
UMC BID No. 2009-28
Sterile Processing Department Remodel

$100 per set

Date	12/14/09
Company Name	AFFORDABLE CONTRACTS INC
Contact Name	NERSON CUMANA
Address	2975 W. LAKE MEAD BLVD
City, State, Zip	NORTH LAS VEGAS
Phone #	399-3330
Fax #	399-1930
Email Address	ncumana@azilv.com
# plans picked up	Set # 1
Fees collected	$100 CK # 76128

Date	12/21/09
Company Name	RAFAEL CONSTRUCTION
Contact Name	RILEY SANCHEZ
Address	7120 RAFAEL RIVERA WAY
City, State, Zip	LV, NV 89119
Phone #	702-451-5511
Fax #	702-451-6111
Email Address	RILEY@RAFAEL.BZ
# plans picked up	Set # 2, 11, 12
Fees collected	$100 CK# 10710 + CK# 10825

Date	12.21.09
Company Name	P3 CONSTRUCTION
Contact Name	TODD PESAVENTO
Address	9360 W. FLAMINGO RD #110-144
City, State, Zip	LAS VEGAS, NV 89147
Phone #	702 289.7782
Fax #	702 869 3102
Email Address	TPESAVENTO@P3LLC.com
# plans picked up	Set # 3
Fees collected	$100 CK# 1042

Date	12-21-09
Company Name	General Design & Construction
Contact Name	Brenda Gastineau
Address	5180 Rogers St.
City, State, Zip	LV NV 89118
Phone #	367-2512
Fax #	367-2152
Email Address	brenda@gdclv.com
# plans picked up	Set # 4
Fees collected	$100 check 5767

Bid Pickup
UMC BID No. 2009-28
Sterile Processing Department Remodel

$100 per set

Date	12-22-09
Company Name	FREMONT CONSTRUCTION CO. INC
Contact Name	CHRISTOPHER KEELS
Address	3425 BUNKERHILL DR
City, State, Zip	N. LAS VEGAS, NV 89032
Phone #	(702) 646-6787
Fax #	(702) 646-6904
Email Address	CKEELS@FREMONTCONSTRUCTION.NET
# plans picked up	Set # 5
Fees collected	$100.00 CK# 36078 ✓

Date	12/30/09
Company Name	Burke & Associates General Contracting
Contact Name	Thad Lawrence
Address	3365 W Lynn Road
City, State, Zip	Las Vegas, NV 89102
Phone #	(702) 367-1040 ext 112
Fax #	(702) 367-4083
Email Address	tlawrence@burkegc.com
# plans picked up	Set # 6
Fees collected	$100 ck

Date	12-30-09
Company Name	Crisci Builders
Contact Name	Kirk Wright
Address	8845 W. Flamingo
City, State, Zip	LV NV. 89147
Phone #	702 873-2025
Fax #	702 873-0907
Email Address	kwright@crisicibuilders.com.
# plans picked up	Set # 7
Fees collected	100 CK# 45052 ✓

Date	12/31/09
Company Name	VILLA LAMINA
Contact Name	DANNY BOYD
Address	5321 MANUEL DR
City, State, Zip	LV NV 89~~149~~
Phone #	485-9195
Fax #	396-8999
Email Address	dnboyd72@gmail.com
# plans picked up	Set #
Fees collected	

12/32/09
did not have $100 ck...
did not release docs to them...
runner will just come back for it

Bid Pickup
UMC BID No. 2009-28
Sterile Processing Department Remodel

$100 per set

Date	12/31/09 @
Company Name	MARTIN · HARRIS CONST
Contact Name	KIMBERLY BELL
Address	3030 So HIGHLAND DR
City, State, Zip	LV NV 89109
Phone #	385-5257
Fax #	384-7736
Email Address	KBELL@MARTINHARRIS.COM
# plans picked up	Set # 9
Fees collected	$100.00 CHK # 265629

Date	01/04/10
Company Name	SAVI CONSTRUCTION
Contact Name	MIKE ROGERS
Address	418 S. MARYLAND
City, State, Zip	LV NV
Phone #	382-3177
Fax #	382-3351
Email Address	MIKE@SAVICONSTRUCTION.COM
# plans picked up	Set # 10
Fees collected	$100.- CK # 014239

Date	1-6-10
Company Name	BRTIM CONSTRUCTION INC.
Contact Name	DANIEL TIMESMEYER
Address	4279 BERTSOS DR.
City, State, Zip	LAS VEGAS, NV
Phone #	702/524-4866
Fax #	702/362-1392
Email Address	DTIMESMEYER@AMILV.COM
# plans picked up	Set # 3
Fees collected	100-

Date	1-7-10
Company Name	HI-CON, INC
Contact Name	DAVID J HAND
Address	3405 W. LAKE MEAD BLVD., STE 105
City, State, Zip	LV, NV 89032
Phone #	(702) 304-4457
Fax #	(702) 304-0284
Email Address	dhand@hi-coninc.com
# plans picked up	Set # 13
Fees collected	~~100.00~~

no $100 ck
will return w/ check

Pg 3

Bid Pickup
UMC BID No. 2009-28
Sterile Processing Department Remodel

$100 per set

Date	
Company Name	Hardy Const
Contact Name	Jono Bailey
Address	4845 Judson
City, State, Zip	Las Vegas NV ~~89146~~ 89146
Phone #	(702) 257-8918
Fax #	
Email Address	N/A
# plans picked up	Set # 14
Fees collected	$100

Date	1/27/10
Company Name	Draeger
Contact Name	Joann / Steve
Address	6055 Emerald
City, State, Zip	Las Vegas, NV 89183
Phone #	702-547-6667
Fax #	702-547-9020
Email Address	skeiter@draegerconstruction.com
# plans picked up	Set # 15
Fees collected	$100 CK# 4287

Date	1/28/10
Company Name	
Contact Name	
Address	
City, State, Zip	
Phone #	
Fax #	
Email Address	
# plans picked up	Set # 16
Fees collected	$100 CK# 30013

Diversity Electric

LES MILLER
General Manager

Diversity Electric LLC
21 N. Pecos #101, Las Vegas, NV 89101

Leswiller@divesityelectric.com
CELL: (702) 541-0957
PHONE: (702) 476-9189
FAX: (702) 476-9187

Lic.#0073921

Date	
Company Name	
Contact Name	
Address	
City, State, Zip	
Phone #	
Fax #	
Email Address	
# plans picked up	Set #
Fees collected	

University Medical Center Of Southern Nevada

CONFIRMATION FORM FOR RECEIPT OF

BID NO. 2009-28
Sterile Processing Department Remodel

If you are interested in this invitation, immediately upon receipt, please fax this confirmation form to the fax number provided at the bottom of this page.

Failure to do so means you are not interested in the project and do not want any associated addenda sent to you.

VENDOR ACKNOWLEDGES RECEIVING THE FOLLOWING RFP DOCUMENT:

PROJECT NO. **RFP NO. 2009-28**

DESCRIPTION: **Sterile Processing Department Remodel**

VENDOR MUST COMPLETE THE FOLLOWING INFORMATION:

Company Name: SAVI Construction

Company Address: 418 S. Maryland Parkway

City / State / Zip: Las Vegas, NV 89101

Name / Title: Mike Rogers

Area Code/Phone Number: (702) 382-3177

Area Code/Fax Number: (702) 382-3351

Email Address: contactus@saviconstruction.com

FAX THIS CONFIRMATION FORM TO: (702) 383-2609
Or EMAIL TO: jim.haining@umcsn.com
TYPE or PRINT CLEARLY

University Medical Center Of Southern Nevada

CONFIRMATION FORM FOR RECEIPT OF

BID NO. 2009-28
Sterile Processing Department Remodel

If you are interested in this invitation, immediately upon receipt, please fax this confirmation form to the fax number provided at the bottom of this page.

Failure to do so means you are not interested in the project and do not want any associated addenda sent to you.

VENDOR ACKNOWLEDGES RECEIVING THE FOLLOWING RFP DOCUMENT:

PROJECT NO. **RFP NO. 2009-28**

DESCRIPTION: **Sterile Processing Department Remodel**

VENDOR MUST COMPLETE THE FOLLOWING INFORMATION:

Company Name: General Design & Construction Co., Inc.

Company Address: 5180 Rogers

City / State / Zip: Las Vegas, NV 89118

Name / Title: Brenda Gastineau - Project Manager

Area Code/Phone Number: 702-367-2512

Area Code/Fax Number: 702-367-2152

Email Address: brenda@gdclv.com

FAX THIS CONFIRMATION FORM TO: (702) 383-2609
Or EMAIL TO: jim.haining@umcsn.com
TYPE or PRINT CLEARLY

University Medical Center Of Southern Nevada

CONFIRMATION FORM FOR RECEIPT OF

BID NO. 2009-28
Sterile Processing Department Remodel

If you are interested in this invitation, immediately upon receipt, please fax this confirmation form to the fax number provided at the bottom of this page.

Failure to do so means you are not interested in the project and do not want any associated addenda sent to you.

VENDOR ACKNOWLEDGES RECEIVING THE FOLLOWING RFP DOCUMENT:

PROJECT NO. **RFP NO. 2009-28**

DESCRIPTION: **Sterile Processing Department Remodel**

VENDOR MUST COMPLETE THE FOLLOWING INFORMATION:

Company Name: FREMONT CONSTRUCTION CO. INC.

Company Address: 3425 BUNKERHILL DR.

City / State / Zip: N. LAS VEGAS, NV 89032

Name / Title: CHRISTOPHER KEELS / PROJECT MANAGER

Area Code/Phone Number: (702) 646-6787

Area Code/Fax Number: (702) 646-6904

Email Address: CKEELS@FREMONTCONSTRUCTION.NET

FAX THIS CONFIRMATION FORM TO: (702) 383-2609
Or EMAIL TO: jim.haining@umcsn.com
TYPE or PRINT CLEARLY

University Medical Center Of Southern Nevada

CONFIRMATION FORM FOR RECEIPT OF

BID NO. 2009-28
Sterile Processing Department Remodel

If you are interested in this invitation, immediately upon receipt, please fax this confirmation form to the fax number provided at the bottom of this page.

Failure to do so means you are not interested in the project and do not want any associated addenda sent to you.

VENDOR ACKNOWLEDGES RECEIVING THE FOLLOWING RFP DOCUMENT:

PROJECT NO. **RFP NO. 2009-28**

DESCRIPTION: **Sterile Processing Department Remodel**

VENDOR MUST COMPLETE THE FOLLOWING INFORMATION:

Company Name: BRITIM CONSTRUCTION, INC.

Company Address: 4279 BERTSOS DR.

City / State / Zip: LAS VEGAS, NV 89103

Name / Title: DANIEL THIESMEYER - PROJECT MANAGER

Area Code/Phone Number: 702 / 248-4866

Area Code/Fax Number: 702 / 362-1392

Email Address: DTHIESMEYER@AMILV.COM

FAX THIS CONFIRMATION FORM TO: (702) 383-2609
Or EMAIL TO: jim.haining@umcsn.com
TYPE or PRINT CLEARLY

Daniel Thiesmeyer
Project Manager
LEED AP

BRITIM CONSTRUCTION INC.
NMBC LIC# 62788

702-248-4866 P
702-362-1392 F
702-524-4866 C
dthiesmeyer@amilv.com

4279 Bertsos Dr.
Las Vegas, Nv 89103

University Medical Center Of Southern Nevada

CONFIRMATION FORM FOR RECEIPT OF

BID NO. 2009-28
Sterile Processing Department Remodel

If you are interested in this invitation, immediately upon receipt, please fax this confirmation form to the fax number provided at the bottom of this page.

Failure to do so means you are not interested in the project and do not want any associated addenda sent to you.

VENDOR ACKNOWLEDGES RECEIVING THE FOLLOWING RFP DOCUMENT:

PROJECT NO. **RFP NO. 2009-28**

DESCRIPTION: **Sterile Processing Department Remodel**

VENDOR MUST COMPLETE THE FOLLOWING INFORMATION:

Company Name: Construction Notebook

Company Address: 3131 Meade Avenue, Suite B

City / State / Zip: Las Vegas, NV 89102

Name / Title: Jennifer Holcombe / Plan Desk Coordinator

Area Code/Phone Number: (702) 876-8660

Area Code/Fax Number: (702) 876-5683

Email Address: JenniferH@ConstructionNotebook.com

FAX THIS CONFIRMATION FORM TO: (702) 383-2609
Or EMAIL TO: jim.haining@umcsn.com
TYPE or PRINT CLEARLY

University Medical Center Of Southern Nevada

CONFIRMATION FORM FOR RECEIPT OF

BID NO. 2009-28
Sterile Processing Department Remodel

If you are interested in this invitation, immediately upon receipt, please fax this confirmation form to the fax number provided at the bottom of this page.

Failure to do so means you are not interested in the project and do not want any associated addenda sent to you.

VENDOR ACKNOWLEDGES RECEIVING THE FOLLOWING RFP DOCUMENT:

PROJECT NO. RFP NO. 2009-28

DESCRIPTION: Sterile Processing Department Remodel

VENDOR MUST COMPLETE THE FOLLOWING INFORMATION:

Company Name: AFFORDABLE CONCEPTS INC.

Company Address: 2975 W. LAKE MEAD BLVD

City / State / Zip: N. LAS VEGAS NV. 89032

Name / Title: SCOTT WEISHEIM, EX V.P.

Area Code/Phone Number: 702 - 399 - 3330

Area Code/Fax Number: 702 - 399 - 1930

Email Address: SWEISHEIM @ ACILV.COM

FAX THIS CONFIRMATION FORM TO: (702) 383-2609
Or EMAIL TO: jim.haining@umcsn.com
TYPE or PRINT CLEARLY

University Medical Center Of Southern Nevada

CONFIRMATION FORM FOR RECEIPT OF

BID NO. 2009-28
Sterile Processing Department Remodel

If you are interested in this invitation, immediately upon receipt, please fax this confirmation form to the fax number provided at the bottom of this page.

Failure to do so means you are not interested in the project and do not want any associated addenda sent to you.

VENDOR ACKNOWLEDGES RECEIVING THE FOLLOWING RFP DOCUMENT:

PROJECT NO. **RFP NO. 2009-28**

DESCRIPTION: **Sterile Processing Department Remodel**

VENDOR MUST COMPLETE THE FOLLOWING INFORMATION:

Company Name: REED CONSTRUCTION DATA

Company Address: 30 TECHNOLOGY PKWY S. STE 500

City / State / Zip: NORCROSS, GA 30092

Name / Title: LARRY WALKER

Area Code/Phone Number: 800-876-4045

Area Code/Fax Number: 800-642-2437

Email Address: LARRY.WALKER@REEDBUSINESS.COM

FAX THIS CONFIRMATION FORM TO: (702) 383-2609
Or EMAIL TO: jim.haining@umcsn.com
TYPE or PRINT CLEARLY

University Medical Center Of Southern Nevada

CONFIRMATION FORM FOR RECEIPT OF

BID NO. 2009-28
Sterile Processing Department Remodel

If you are interested in this invitation, immediately upon receipt, please fax this confirmation form to the fax number provided at the bottom of this page.

Failure to do so means you are not interested in the project and do not want any associated addenda sent to you.

VENDOR ACKNOWLEDGES RECEIVING THE FOLLOWING RFP DOCUMENT:

PROJECT NO. **RFP NO. 2009-28**

DESCRIPTION: **Sterile Processing Department Remodel**

VENDOR MUST COMPLETE THE FOLLOWING INFORMATION:

Company Name: McCARTHY BUILDING Co., INC.

Company Address: 2340 CORPORATE CIRCLE, SUITE 125

City / State / Zip: HENDERSON, NV 89074

Name / Title: MATT PARKINS, VICE PRESIDENT PRECONSTRUCTION

Area Code/Phone Number: 702.990.6707

Area Code/Fax Number: 702.990.6714

Email Address: mparkins@mccarthy.com

FAX THIS CONFIRMATION FORM TO: (702) 383-2609
Or EMAIL TO: jim.haining@umcsn.com
TYPE or PRINT CLEARLY

University Medical Center Of Southern Nevada

CONFIRMATION FORM FOR RECEIPT OF

BID NO. 2009-28
Sterile Processing Department Remodel

If you are interested in this invitation, immediately upon receipt, please fax this confirmation form to the fax number provided at the bottom of this page.

Failure to do so means you are not interested in the project and do not want any associated addenda sent to you.

VENDOR ACKNOWLEDGES RECEIVING THE FOLLOWING RFP DOCUMENT:

PROJECT NO. **RFP NO. 2009-28**

DESCRIPTION: **Sterile Processing Department Remodel**

VENDOR MUST COMPLETE THE FOLLOWING INFORMATION:

Company Name: KALB CONSTRUCTION COMPANY

Company Address: 5670 WYNN RD.

City / State / Zip: LAS VEGAS NV 89118

Name / Title: JASON CHRISTENSEN / ESTIMATOR

Area Code/Phone Number: 702-365-5252

Area Code/Fax Number: 702-262-5898

Email Address: JASON@KALBLV.COM

FAX THIS CONFIRMATION FORM TO: (702) 383-2609
Or EMAIL TO: jim.haining@umcsn.com
TYPE or PRINT CLEARLY

Faxed 12-15-09

University Medical Center Of Southern Nevada

CONFIRMATION FORM FOR RECEIPT OF

BID NO. 2009-28
Sterile Processing Department Remodel

If you are interested in this invitation, immediately upon receipt, please fax this confirmation form to the fax number provided at the bottom of this page.

Failure to do so means you are not interested in the project and do not want any associated addenda sent to you.

VENDOR ACKNOWLEDGES RECEIVING THE FOLLOWING RFP DOCUMENT:

PROJECT NO. **RFP NO. 2009-28**

DESCRIPTION: **Sterile Processing Department Remodel**

VENDOR MUST COMPLETE THE FOLLOWING INFORMATION:

Company Name: P3 CONSTRUCTION MANAGEMENT

Company Address: 4780 WEST HARMON, SUITE 11

City / State / Zip: LAS VEGAS, NV 89103

Name / Title: STEVE JACKSON - PROJECT MANAGER

Area Code/Phone Number: 702-560-7326

Area Code/Fax Number: 702-562-9157

Email Address: SJACKSON@P3CM.COM

FAX THIS CONFIRMATION FORM TO: (702) 383-2609
Or EMAIL TO: jim.haining@umcsn.com
TYPE or PRINT CLEARLY

University Medical Center Of Southern Nevada

CONFIRMATION FORM FOR RECEIPT OF

BID NO. 2009-28
Sterile Processing Department Remodel

If you are interested in this invitation, immediately upon receipt, please fax this confirmation form to the fax number provided at the bottom of this page.

Failure to do so means you are not interested in the project and do not want any associated addenda sent to you.

VENDOR ACKNOWLEDGES RECEIVING THE FOLLOWING RFP DOCUMENT:

PROJECT NO. **RFP NO. 2009-28**

DESCRIPTION: **Sterile Processing Department Remodel**

VENDOR MUST COMPLETE THE FOLLOWING INFORMATION:

Company Name: WEST POINT DEVELOPMENT GROUP

Company Address: 6350 W. CHEYENNE

City / State / Zip: LV, NV 89108

Name / Title: SANDY ONDORE / PROJECT MANAGER

Area Code/Phone Number: 702-739-8033

Area Code/Fax Number: 702-432-4462

Email Address: SANDY@WESTPOINTDEVELOPMENT.COM

FAX THIS CONFIRMATION FORM TO: (702) 383-2609
Or EMAIL TO: jim.haining@umcsn.com
TYPE or PRINT CLEARLY

University Medical Center Of Southern Nevada

CONFIRMATION FORM FOR RECEIPT OF

BID NO. 2009-28
Sterile Processing Department Remodel

If you are interested in this invitation, immediately upon receipt, please fax this confirmation form to the fax number provided at the bottom of this page.

Failure to do so means you are not interested in the project and do not want any associated addenda sent to you.

VENDOR ACKNOWLEDGES RECEIVING THE FOLLOWING RFP DOCUMENT:

PROJECT NO. RFP NO. 2009-28

DESCRIPTION: Sterile Processing Department Remodel

VENDOR MUST COMPLETE THE FOLLOWING INFORMATION:

Company Name: MC GRAW HILL

Company Address: 150 N. DURANGO

City / State / Zip: L. V. Nev.

Name / Title: Betty Miller

Area Code/Phone Number: 702 735 2141

Area Code/Fax Number: 702/737-747C

Email Address: Betty_Miller@mcgraw-hill.com

FAX THIS CONFIRMATION FORM TO: (702) 383-2609
Or EMAIL TO: jim.haining@umcsn.com
TYPE or PRINT CLEARLY

University Medical Center Of Southern Nevada

CONFIRMATION FORM FOR RECEIPT OF

BID NO. 2009-28
Sterile Processing Department Remodel

If you are interested in this invitation, immediately upon receipt, please fax this confirmation form to the fax number provided at the bottom of this page.

Failure to do so means you are not interested in the project and do not want any associated addenda sent to you.

VENDOR ACKNOWLEDGES RECEIVING THE FOLLOWING RFP DOCUMENT:

PROJECT NO. **RFP NO. 2009-28**

DESCRIPTION: **Sterile Processing Department Remodel**

VENDOR MUST COMPLETE THE FOLLOWING INFORMATION:

Company Name: RAFAEL CONSTRUCTION, INC.

Company Address: 7170 RAFAEL RIDGE WAY

City / State / Zip: LAS VEGAS, NV. 89119

Name / Title: BOB JEFFREYS, CHIEF ESTIMATOR

Area Code/Phone Number: 702. 451. 5511

Area Code/Fax Number: 702. 451. 6555

Email Address: BOBJ @ RAFAEL. BZ

FAX THIS CONFIRMATION FORM TO: (702) 383-2609
Or EMAIL TO: jim.haining@umcsn.com
TYPE or PRINT CLEARLY

University Medical Center Of Southern Nevada

CONFIRMATION FORM FOR RECEIPT OF

BID NO. 2009-28
Sterile Processing Department Remodel

If you are interested in this invitation, immediately upon receipt, please fax this confirmation form to the fax number provided at the bottom of this page.

Failure to do so means you are not interested in the project and do not want any associated addenda sent to you.

VENDOR ACKNOWLEDGES RECEIVING THE FOLLOWING RFP DOCUMENT:

PROJECT NO. **RFP NO. 2009-28**

DESCRIPTION: **Sterile Processing Department Remodel**

VENDOR MUST COMPLETE THE FOLLOWING INFORMATION:

Company Name: Taylor International Corporation

Company Address: 4040 Dean Martin Drive

City / State / Zip: Las Vegas, NV 89103

Name / Title: Pat McCleskey, Project Manager

Area Code/Phone Number: 702-734-6871

Area Code/Fax Number: 702-732-1687

Email Address: patm@taylor-usa.com

FAX THIS CONFIRMATION FORM TO: (702) 383-2609
Or EMAIL TO: jim.haining@umcsn.com
TYPE or PRINT CLEARLY

University Medical Center Of Southern Nevada

CONFIRMATION FORM FOR RECEIPT OF

BID NO. 2009-28
Sterile Processing Department Remodel

If you are interested in this invitation, immediately upon receipt, please fax this confirmation form to the fax number provided at the bottom of this page.

Failure to do so means you are not interested in the project and do not want any associated addenda sent to you.

VENDOR ACKNOWLEDGES RECEIVING THE FOLLOWING RFP DOCUMENT:

PROJECT NO. **RFP NO. 2009-28**

DESCRIPTION: **Sterile Processing Department Remodel**

VENDOR MUST COMPLETE THE FOLLOWING INFORMATION:

Company Name: Pacific Electric, Inc.
Company Address: 2919 Meade Avenue, Suite A
City / State / Zip: Las Vegas, NV 89102
Name / Title: Teresa Peters, Construction Secretary
Area Code/Phone Number: (702) 433-8777
Area Code/Fax Number: (702) 433-1785
Email Address: teresa@pacificelectriclv.com

FAX THIS CONFIRMATION FORM TO: (702) 383-2609
Or EMAIL TO: jim.haining@umcsn.com
TYPE or PRINT CLEARLY

University Medical Center Of Southern Nevada

CONFIRMATION FORM FOR RECEIPT OF

BID NO. 2009-28
Sterile Processing Department Remodel

If you are interested in this invitation, immediately upon receipt, please fax this confirmation form to the fax number provided at the bottom of this page.

Failure to do so means you are not interested in the project and do not want any associated addenda sent to you.

VENDOR ACKNOWLEDGES RECEIVING THE FOLLOWING RFP DOCUMENT:

PROJECT NO. **RFP NO. 2009-28**

DESCRIPTION: **Sterile Processing Department Remodel**

VENDOR MUST COMPLETE THE FOLLOWING INFORMATION:

Company Name: Southern Nevada Plumbing, Inc.

Company Address: 5485 Tolentino Drive

City / State / Zip: Las Vegas, NV 89156

Name / Title: Estela Sol / Office Manager

Area Code/Phone Number: (702) 452-2931

Area Code/Fax Number: (702) 438-2930

Email Address: Estela@sonvplumb.com

FAX THIS CONFIRMATION FORM TO: (702) 383-2609
Or EMAIL TO: jim.haining@umcsn.com
TYPE or PRINT CLEARLY

University Medical Center Of Southern Nevada

CONFIRMATION FORM FOR RECEIPT OF

BID NO. 2009-28
Sterile Processing Department Remodel

If you are interested in this invitation, immediately upon receipt, please fax this confirmation form to the fax number provided at the bottom of this page.

Failure to do so means you are not interested in the project and do not want any associated addenda sent to you.

VENDOR ACKNOWLEDGES RECEIVING THE FOLLOWING RFP DOCUMENT:

PROJECT NO. **RFP NO. 2009-28**

DESCRIPTION: **Sterile Processing Department Remodel**

VENDOR MUST COMPLETE THE FOLLOWING INFORMATION:

Company Name: Martin-Harris Construction

Company Address: 3030 S. Highland Drive

City / State / Zip: Las Vegas, Nevada 89109

Name / Title: Todd O'Bier / Director of Estimating

Area Code/Phone Number: (702) 385-5257

Area Code/Fax Number: (702) 334-7736.

Email Address: tobier@martinharris.com

FAX THIS CONFIRMATION FORM TO: (702) 383-2609
Or EMAIL TO: jim.haining@umcsn.com
TYPE or PRINT CLEARLY

University Medical Center Of Southern Nevada

CONFIRMATION FORM FOR RECEIPT OF

BID NO. 2009-28
Sterile Processing Department Remodel

If you are interested in this Invitation, immediately upon receipt, please fax this confirmation form to the fax number provided at the bottom of this page.

Failure to do so means you are not interested in the project and do not want any associated addenda sent to you.

VENDOR ACKNOWLEDGES RECEIVING THE FOLLOWING RFP DOCUMENT:

PROJECT NO. **RFP NO. 2009-28**

DESCRIPTION: **Sterile Processing Department Remodel**

VENDOR MUST COMPLETE THE FOLLOWING INFORMATION:

Company Name: Burke + Associates, Inc.
Company Address: 3365 Wynn Rd.
City / State / Zip: Las Vegas, NV 89102
Name / Title: Nancy Ortiz / Estimating Coordinator
Area Code/Phone Number: (702) 367-1040
Area Code/Fax Number: (702) 367-2662
Email Address: nortiz@burkegc.com

FAX THIS CONFIRMATION FORM TO: (702) 383-2609
Or EMAIL TO: jim.haining@umcsn.com
TYPE or PRINT CLEARLY

University Medical Center Of Southern Nevada

CONFIRMATION FORM FOR RECEIPT OF

BID NO. 2009-28
Sterile Processing Department Remodel

If you are interested in this invitation, immediately upon receipt, please fax this confirmation form to the fax number provided at the bottom of this page.

Failure to do so means you are not interested in the project and do not want any associated addenda sent to you.

VENDOR ACKNOWLEDGES RECEIVING THE FOLLOWING RFP DOCUMENT:

PROJECT NO. **RFP NO. 2009-28**

DESCRIPTION: **Sterile Processing Department Remodel**

VENDOR MUST COMPLETE THE FOLLOWING INFORMATION:

Company Name: Hardy Construction Inc

Company Address: 4845 Judson Ave.

City / State / Zip: Las Vegas, NV 89115

Name / Title: Flavio Ramirez Estimator

Area Code/Phone Number: 702-257-8918

Area Code/Fax Number: 702 257-8924

Email Address: flavio@hcigc.com

FAX THIS CONFIRMATION FORM TO: (702) 383-2609
Or EMAIL TO: jim.haining@umcsn.com
TYPE or PRINT CLEARLY