

Pre-Proposal Conference Sign-in Sheet
K21-0056-40 RFP: Maryland Judiciary Architectural Services Master Contract

Name: <u>ATI / Cassandra Caleo</u> Company: <u>ATI, Inc.</u> Address: _____ City: _____ State, Zip: _____ Office: _____ Cell: _____ E-mail: _____	Certified MBE: <input checked="" type="radio"/> Yes <input type="radio"/> No Small Business: <input checked="" type="radio"/> Yes <input type="radio"/> No Veteran Owned: Yes <input checked="" type="radio"/> No Veteran Owned Small Business: Yes <input checked="" type="radio"/> No
Name: <u>Cassie Hays</u> Company: <u>Frederick Hard Associates</u> Address: _____ City: _____ State, Zip: _____ Office: _____ Cell: _____ E-mail: _____	Certified MBE: Yes <input type="radio"/> No Small Business: <input checked="" type="radio"/> Yes <input type="radio"/> No Veteran Owned: Yes <input type="radio"/> No Veteran Owned Small Business: Yes <input type="radio"/> No
Name: <u>Karen Walker</u> Company: <u>WFT Engineering</u> Address: _____ City: _____ State, Zip: _____ Office: _____ Cell: _____ E-mail: _____	Certified MBE: <input checked="" type="radio"/> Yes <input type="radio"/> No Small Business: <input checked="" type="radio"/> Yes <input type="radio"/> No Veteran Owned: Yes <input checked="" type="radio"/> No Veteran Owned Small Business: Yes <input checked="" type="radio"/> No
Name: <u>Ed Brundage</u> Company: <u>Axias, Inc</u> Address: _____ City: _____ State, Zip: _____ Office: _____ Cell: _____ E-mail: _____	Certified MBE: <input checked="" type="radio"/> Yes <input type="radio"/> No Small Business: <input checked="" type="radio"/> Yes <input type="radio"/> No Veteran Owned: Yes <input checked="" type="radio"/> No Veteran Owned Small Business: Yes <input checked="" type="radio"/> No

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<p>Name: <u>Kate McCullough / Normy</u></p> <p>Company: <u>Symmetry First Architects LLC</u></p> <p>Address: _____</p> <p>City: _____</p> <p>State, Zip: _____</p> <p>Office: _____ Cell: _____</p> <p>E-mail: _____</p>	<p>Certified MBE: <input checked="" type="radio"/> Yes <input type="radio"/> No</p> <p>Small Business: <input checked="" type="radio"/> Yes <input type="radio"/> No</p> <p>Veteran Owned: Yes <input checked="" type="radio"/> No</p> <p>Veteran Owned Small Business: Yes <input checked="" type="radio"/> No</p>
<p>Name: <u>JEFF Purcell</u></p> <p>Company: <u>DLR Group</u></p> <p>Address: _____</p> <p>City: _____</p> <p>State, Zip: _____</p> <p>Office: _____ Cell: _____</p> <p>E-mail: _____</p>	<p>Certified MBE: Yes <input type="radio"/> No</p> <p>Small Business: Yes <input type="radio"/> No</p> <p>Veteran Owned: Yes <input type="radio"/> No</p> <p>Veteran Owned Small Business: Yes <input type="radio"/> No</p>
<p>Name: <u>Charles Bergeron</u></p> <p>Company: <u>Sheludia Associates Inc</u></p> <p>Address: _____</p> <p>City: _____</p> <p>State, Zip: _____</p> <p>Office: _____ Cell: _____</p> <p>E-mail: _____</p>	<p>Certified MBE: <input checked="" type="radio"/> Yes <input type="radio"/> No</p> <p>Small Business: Yes <input type="radio"/> No</p> <p>Veteran Owned: Yes <input type="radio"/> No</p> <p>Veteran Owned Small Business: Yes <input type="radio"/> No</p>
<p>Name: <u>Michelle Monnett</u></p> <p>Company: <u>Page</u></p> <p>Address: _____</p> <p>City: _____</p> <p>State, Zip: _____</p> <p>Office: _____ Cell: _____</p> <p>E-mail: _____</p>	<p>Certified MBE: Yes <input checked="" type="radio"/> No</p> <p>Small Business: Yes <input checked="" type="radio"/> No</p> <p>Veteran Owned: Yes <input checked="" type="radio"/> No</p> <p>Veteran Owned Small Business: Yes <input checked="" type="radio"/> No</p>

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<p>Name: <u>Janet Ladd</u></p> <p>Company: <u>ADTEK Engineers, Inc</u></p> <p>Address: _____</p> <p>City: _____</p> <p>State, Zip: _____</p> <p>Office: _____ Cell: _____</p> <p>E-mail: _____</p>	<p>Certified MBE: Yes <input checked="" type="radio"/> No</p> <p>Small Business: Yes <input checked="" type="radio"/> No</p> <p>Veteran Owned: Yes <input checked="" type="radio"/> No</p> <p>Veteran Owned Small Business: Yes <input checked="" type="radio"/> No</p>
<p>Name: <u>Mark A. Manetta AIA</u></p> <p>Company: <u>BKV GROUP</u></p> <p>Address: _____</p> <p>City: _____</p> <p>State, Zip: _____</p> <p>Office: _____ Cell: _____</p> <p>E-mail: _____</p>	<p>Certified MBE: Yes <input checked="" type="radio"/> No</p> <p>Small Business: Yes <input checked="" type="radio"/> No</p> <p>Veteran Owned: Yes <input checked="" type="radio"/> No</p> <p>Veteran Owned Small Business: Yes <input checked="" type="radio"/> No</p>
<p>Name: <u>Leah Schultz</u></p> <p>Company: <u>KIPE Associates, Inc.</u></p> <p>Address: _____</p> <p>City: _____</p> <p>State, Zip: _____</p> <p>Office: _____ Cell: _____</p> <p>E-mail: _____</p>	<p>Certified MBE: Yes <input checked="" type="radio"/> No</p> <p>Small Business: <input checked="" type="radio"/> Yes No</p> <p>Veteran Owned: Yes <input checked="" type="radio"/> No</p> <p>Veteran Owned Small Business: Yes <input checked="" type="radio"/> No</p>
<p>Name: <u>Leslie Harris</u></p> <p>Company: <u>Harris-Kupfer Architects, Inc</u></p> <p>Address: _____</p> <p>City: _____</p> <p>State, Zip: _____</p> <p>Office: _____ Cell: _____</p> <p>E-mail: _____</p>	<p>Certified MBE: <input checked="" type="radio"/> Yes No</p> <p>Small Business: <input checked="" type="radio"/> Yes No</p> <p>Veteran Owned: Yes <input checked="" type="radio"/> No</p> <p>Veteran Owned Small Business: Yes <input checked="" type="radio"/> No</p>

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<p>Name: <u>Bernie Leipold</u></p> <p>Company: <u>CSI Engineering</u></p> <p>Address: _____</p> <p>City: _____</p> <p>State, Zip: _____</p> <p>Office: _____ Cell: _____</p> <p>E-mail: _____</p>	<p>Certified MBE: <input checked="" type="radio"/> Yes <input type="radio"/> No</p> <p>Small Business: <input checked="" type="radio"/> Yes <input type="radio"/> No</p> <p>Veteran Owned: Yes <input checked="" type="radio"/> No</p> <p>Veteran Owned Small Business: Yes <input checked="" type="radio"/> No</p>
<p>Name: <u>Matthew Ernest</u></p> <p>Company: <u>A. Morton Thomas and Associates, inc</u></p> <p>Address: _____</p> <p>City: _____</p> <p>State, Zip: _____</p> <p>Office: _____ Cell: _____</p> <p>E-mail: _____</p>	<p>Certified MBE: Yes <input checked="" type="radio"/> No</p> <p>Small Business: Yes <input checked="" type="radio"/> No</p> <p>Veteran Owned: Yes <input checked="" type="radio"/> No</p> <p>Veteran Owned Small Business: Yes <input checked="" type="radio"/> No</p>
<p>Name: <u>Beth Sherb 4</u></p> <p>Company: <u>USA Architects, planners + Interior Designers Ltd.</u></p> <p>Address: _____</p> <p>City: _____</p> <p>State, Zip: _____</p> <p>Office: _____ Cell: _____</p> <p>E-mail: _____</p>	<p>Certified MBE: Yes <input type="radio"/> No</p> <p>Small Business: Yes <input type="radio"/> No</p> <p>Veteran Owned: Yes <input type="radio"/> No</p> <p>Veteran Owned Small Business: Yes <input type="radio"/> No</p>
<p>Name: <u>Keith Fentress</u></p> <p>Company: <u>Fentress Incorporated</u></p> <p>Address: _____</p> <p>City: _____</p> <p>State, Zip: _____</p> <p>Office: _____ Cell: _____</p> <p>E-mail: _____</p>	<p>Certified MBE: Yes <input checked="" type="radio"/> No</p> <p>Small Business: <input checked="" type="radio"/> Yes <input type="radio"/> No</p> <p>Veteran Owned: Yes <input checked="" type="radio"/> No</p> <p>Veteran Owned Small Business: Yes <input checked="" type="radio"/> No</p>

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Name: <u>Oscar Izaguirre</u> Company: <u>Beyer Blinder Belle</u> Address: _____ City: _____ State, Zip: _____ Office: _____ Cell: _____ E-mail: _____	Certified MBE: Yes <input checked="" type="radio"/> No Small Business: Yes <input checked="" type="radio"/> No Veteran Owned: Yes <input checked="" type="radio"/> No Veteran Owned Small Business: Yes <input checked="" type="radio"/> No
Name: <u>Pilar Quartarolo</u> Company: <u>K. Dixon Architecture, P LLC</u> Address: _____ City: _____ State, Zip: _____ Office: _____ Cell: _____ E-mail: _____	Certified MBE: Yes <input type="radio"/> No Small Business: Yes <input type="radio"/> No Veteran Owned: Yes <input type="radio"/> No Veteran Owned Small Business: Yes <input type="radio"/> No
Name: <u>Maria Arhise</u> Company: <u>INTEGaeC</u> Address: _____ City: _____ State, Zip: _____ Office: _____ Cell: _____ E-mail: _____	Certified MBE: <input checked="" type="radio"/> Yes <input type="radio"/> No Small Business: <input checked="" type="radio"/> Yes <input type="radio"/> No Veteran Owned: Yes <input checked="" type="radio"/> No Veteran Owned Small Business: Yes <input checked="" type="radio"/> No
Name: <u>Melissa Blum</u> Company: <u>OCMI, Inc</u> Address: _____ City: _____ State, Zip: _____ Office: _____ Cell: _____ E-mail: _____	Certified MBE: <input checked="" type="radio"/> Yes <input type="radio"/> No Small Business: Yes <input type="radio"/> No Veteran Owned: Yes <input type="radio"/> No Veteran Owned Small Business: <input checked="" type="radio"/> Yes <input type="radio"/> No

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Name: <u>Owen DiDonna</u> Company: <u>KPN Architects, LLC</u> Address: _____ City: _____ State, Zip: _____ Office: _____ Cell: _____ E-mail: _____	Certified MBE: <input checked="" type="radio"/> Yes <input type="radio"/> No Small Business: <input type="radio"/> Yes <input type="radio"/> No Veteran Owned: <input type="radio"/> Yes <input checked="" type="radio"/> No Veteran Owned Small Business: <input type="radio"/> Yes <input checked="" type="radio"/> No
Name: <u>Roark Redwood</u> Company: <u>LEO A DALY</u> Address: _____ City: _____ State, Zip: _____ Office: _____ Cell: _____ E-mail: _____	Certified MBE: <input type="radio"/> Yes <input checked="" type="radio"/> No Small Business: <input type="radio"/> Yes <input checked="" type="radio"/> No Veteran Owned: <input type="radio"/> Yes <input checked="" type="radio"/> No Veteran Owned Small Business: <input type="radio"/> Yes <input checked="" type="radio"/> No
Name: <u>Tee Smith</u> Company: <u>L3N Technologies</u> Address: _____ City: _____ State, Zip: _____ Office: _____ Cell: _____ E-mail: _____	Certified MBE: <input checked="" type="radio"/> Yes <input type="radio"/> No Small Business: <input checked="" type="radio"/> Yes <input type="radio"/> No Veteran Owned: <input checked="" type="radio"/> Yes <input type="radio"/> No Veteran Owned Small Business: <input checked="" type="radio"/> Yes <input type="radio"/> No
Name: <u>Kate McCullough</u> Company: <u>Symmetry First Architects, LLC</u> Address: _____ City: _____ State, Zip: _____ Office: _____ Cell: _____ E-mail: _____	Certified MBE: <input checked="" type="radio"/> Yes <input type="radio"/> No Small Business: <input checked="" type="radio"/> Yes <input type="radio"/> No Veteran Owned: <input type="radio"/> Yes <input checked="" type="radio"/> No Veteran Owned Small Business: <input type="radio"/> Yes <input checked="" type="radio"/> No

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<p>Name: <u>Ruoke Chen</u></p> <p>Company: <u>ULBN, Inc.</u></p> <p>Address: _____</p> <p>City: _____</p> <p>State, Zip: _____</p> <p>Office: _____ Cell: _____</p> <p>E-mail: _____</p>	<p>Certified MBE: <input checked="" type="radio"/> Yes <input type="radio"/> No</p> <p>Small Business: <input checked="" type="radio"/> Yes <input type="radio"/> No</p> <p>Veteran Owned: Yes <input checked="" type="radio"/> No</p> <p>Veteran Owned Small Business: Yes <input checked="" type="radio"/> No</p>
<p>Name: <u>Sarah Keane</u></p> <p>Company: <u>HOK</u></p> <p>Address: _____</p> <p>City: _____</p> <p>State, Zip: _____</p> <p>Office: _____ Cell: _____</p> <p>E-mail: _____</p>	<p>Certified MBE: Yes <input checked="" type="radio"/> No</p> <p>Small Business: Yes <input checked="" type="radio"/> No</p> <p>Veteran Owned: Yes <input checked="" type="radio"/> No</p> <p>Veteran Owned Small Business: Yes <input checked="" type="radio"/> No</p>
<p>Name: <u>Chris Peacher</u></p> <p>Company: <u>Munns Woodward studios, Inc.</u></p> <p>Address: _____</p> <p>City: _____</p> <p>State, Zip: _____</p> <p>Office: _____ Cell: _____</p> <p>E-mail: _____</p>	<p>Certified MBE: Yes <input checked="" type="radio"/> No</p> <p>Small Business: <input checked="" type="radio"/> Yes <input type="radio"/> No</p> <p>Veteran Owned: Yes <input checked="" type="radio"/> No</p> <p>Veteran Owned Small Business: Yes <input checked="" type="radio"/> No</p>
<p>Name: <u>Steve White</u></p> <p>Company: <u>Fentress Architects</u></p> <p>Address: _____</p> <p>City: _____</p> <p>State, Zip: _____</p> <p>Office: _____ Cell: _____</p> <p>E-mail: _____</p>	<p>Certified MBE: Yes <input checked="" type="radio"/> No</p> <p>Small Business: Yes <input checked="" type="radio"/> No</p> <p>Veteran Owned: Yes <input checked="" type="radio"/> No</p> <p>Veteran Owned Small Business: Yes <input checked="" type="radio"/> No</p>

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<p>Name: <u>Chris Yago</u></p> <p>Company: <u>HDA Architecture, Inc</u></p> <p>Address: _____</p> <p>City: _____</p> <p>State, Zip: _____</p> <p>Office: _____ Cell: _____</p> <p>E-mail: _____</p>	<p>Certified MBE: Yes <input type="radio"/> No <input checked="" type="radio"/></p> <p>Small Business: Yes <input type="radio"/> No <input checked="" type="radio"/></p> <p>Veteran Owned: Yes <input type="radio"/> No <input checked="" type="radio"/></p> <p>Veteran Owned Small Business: Yes <input type="radio"/> No <input checked="" type="radio"/></p>
<p>Name: <u>Liling Tien</u></p> <p>Company: <u>P.E.L.A. Design, Inc.</u></p> <p>Address: _____</p> <p>City: _____</p> <p>State, Zip: _____</p> <p>Office: _____ Cell: _____</p> <p>E-mail: _____</p>	<p>Certified MBE: <input checked="" type="radio"/> Yes <input type="radio"/> No</p> <p>Small Business: Yes <input type="radio"/> No</p> <p>Veteran Owned: Yes <input type="radio"/> No</p> <p>Veteran Owned Small Business: Yes <input type="radio"/> No</p>
<p>Name: <u>Rhea Dones</u></p> <p>Company: <u>Leuteria Thomas, LLC</u></p> <p>Address: _____</p> <p>City: _____</p> <p>State, Zip: _____</p> <p>Office: _____ Cell: _____</p> <p>E-mail: _____</p>	<p>Certified MBE: <input checked="" type="radio"/> Yes <input type="radio"/> No</p> <p>Small Business: <input checked="" type="radio"/> Yes <input type="radio"/> No</p> <p>Veteran Owned: Yes <input type="radio"/> No <input checked="" type="radio"/></p> <p>Veteran Owned Small Business: Yes <input type="radio"/> No <input checked="" type="radio"/></p>
<p>Name: <u>Jessica Collins</u></p> <p>Company: <u>VIRA Maryland, LLC</u></p> <p>Address: _____</p> <p>City: _____</p> <p>State, Zip: _____</p> <p>Office: _____ Cell: _____</p> <p>E-mail: _____</p>	<p>Certified MBE: Yes <input type="radio"/> No <input checked="" type="radio"/></p> <p>Small Business: Yes <input type="radio"/> No <input checked="" type="radio"/></p> <p>Veteran Owned: Yes <input type="radio"/> No <input checked="" type="radio"/></p> <p>Veteran Owned Small Business: Yes <input type="radio"/> No <input checked="" type="radio"/></p>

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<p>Name: <u>Bridget Jones</u></p> <p>Company: <u>James Posey Associates, Inc.</u></p> <p>Address: _____</p> <p>City: _____</p> <p>State, Zip: _____</p> <p>Office: _____ Cell: _____</p> <p>E-mail: _____</p>	<p>Certified MBE: Yes <input checked="" type="radio"/> No</p> <p>Small Business: Yes <input checked="" type="radio"/> No</p> <p>Veteran Owned: Yes <input checked="" type="radio"/> No</p> <p>Veteran Owned Small Business: Yes <input checked="" type="radio"/> No</p>
<p>Name: <u>Kretchen Pfaehler</u></p> <p>Company: <u>Beyer Blinder Belle, LLP</u></p> <p>Address: _____</p> <p>City: _____</p> <p>State, Zip: _____</p> <p>Office: _____ Cell: _____</p> <p>E-mail: _____</p>	<p>Certified MBE: Yes <input checked="" type="radio"/> No</p> <p>Small Business: Yes <input checked="" type="radio"/> No</p> <p>Veteran Owned: Yes <input checked="" type="radio"/> No</p> <p>Veteran Owned Small Business: Yes <input checked="" type="radio"/> No</p>
<p>Name: <u>Kristine Johnson</u></p> <p>Company: <u>AIECOM</u></p> <p>Address: _____</p> <p>City: _____</p> <p>State, Zip: _____</p> <p>Office: _____ Cell: _____</p> <p>E-mail: _____</p>	<p>Certified MBE: Yes <input checked="" type="radio"/> No</p> <p>Small Business: Yes <input checked="" type="radio"/> No</p> <p>Veteran Owned: Yes <input checked="" type="radio"/> No</p> <p>Veteran Owned Small Business: Yes <input checked="" type="radio"/> No</p>
<p>Name: <u>Daniel Bailey</u></p> <p>Company: <u>Penza Bailey Architects</u></p> <p>Address: _____</p> <p>City: _____</p> <p>State, Zip: _____</p> <p>Office: _____ Cell: _____</p> <p>E-mail: _____</p>	<p>Certified MBE: Yes <input checked="" type="radio"/> No</p> <p>Small Business: <input checked="" type="radio"/> Yes <input type="radio"/> No</p> <p>Veteran Owned: Yes <input checked="" type="radio"/> No</p> <p>Veteran Owned Small Business: Yes <input checked="" type="radio"/> No</p>

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Name: <u>Jamie Sliker</u> Company: <u>Spiezle Architectural Group, Inc</u> Address: _____ City: _____ State, Zip: _____ Office: _____ Cell: _____ E-mail: _____	Certified MBE: Yes <input checked="" type="radio"/> No Small Business: Yes <input checked="" type="radio"/> Veteran Owned: Yes <input checked="" type="radio"/> Veteran Owned Small Business: Yes <input checked="" type="radio"/>
Name: <u>Allie Acquah</u> Company: <u>Decuberry Architects Inc.</u> Address: _____ City: _____ State, Zip: _____ Office: _____ Cell: _____ E-mail: _____	Certified MBE: Yes <input checked="" type="radio"/> No Small Business: Yes <input checked="" type="radio"/> Veteran Owned: Yes <input checked="" type="radio"/> Veteran Owned Small Business: Yes <input checked="" type="radio"/>
Name: <u>J. Michael O'Alway</u> Company: <u>Loring Consulting Engineers Inc</u> Address: _____ City: _____ State, Zip: _____ Office: _____ Cell: _____ E-mail: _____	Certified MBE: Yes <input checked="" type="radio"/> No Small Business: Yes <input checked="" type="radio"/> Veteran Owned: Yes <input checked="" type="radio"/> Veteran Owned Small Business: Yes <input checked="" type="radio"/>
Name: <u>Berie Leopold</u> Company: <u>CSI Engineering P.C.</u> Address: _____ City: _____ State, Zip: _____ Office: _____ Cell: _____ E-mail: _____	Certified MBE: <input checked="" type="radio"/> Yes No Small Business: Yes No Veteran Owned: Yes <input checked="" type="radio"/> Veteran Owned Small Business: Yes <input checked="" type="radio"/>

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<p>Name: <u>Sierra Nguyen</u></p> <p>Company: <u>Setty & Associates International, PLLC</u></p> <p>Address: _____</p> <p>City: _____</p> <p>State, Zip: _____</p> <p>Office: _____ Cell: _____</p> <p>E-mail: _____</p>	<p>Certified MBE: <input checked="" type="radio"/> Yes <input type="radio"/> No</p> <p>Small Business: <input type="radio"/> Yes <input type="radio"/> No</p> <p>Veteran Owned: <input type="radio"/> Yes <input checked="" type="radio"/> No</p> <p>Veteran Owned Small Business: <input type="radio"/> Yes <input checked="" type="radio"/> No</p>
<p>Name: <u>Hiren Shah</u></p> <p>Company: <u>IBI Group</u></p> <p>Address: _____</p> <p>City: _____</p> <p>State, Zip: _____</p> <p>Office: _____ Cell: _____</p> <p>E-mail: _____</p>	<p>Certified MBE: <input type="radio"/> Yes <input checked="" type="radio"/> No</p> <p>Small Business: <input type="radio"/> Yes <input checked="" type="radio"/> No</p> <p>Veteran Owned: <input type="radio"/> Yes <input checked="" type="radio"/> No</p> <p>Veteran Owned Small Business: <input type="radio"/> Yes <input checked="" type="radio"/> No</p>
<p>Name: <u>Pamela Tetlow</u></p> <p>Company: <u>Buchey Freight Moren Architects Inc.</u></p> <p>Address: _____</p> <p>City: _____</p> <p>State, Zip: _____</p> <p>Office: _____ Cell: _____</p> <p>E-mail: _____</p>	<p>Certified MBE: <input checked="" type="radio"/> Yes <input type="radio"/> No</p> <p>Small Business: <input type="radio"/> Yes <input type="radio"/> No</p> <p>Veteran Owned: <input type="radio"/> Yes <input checked="" type="radio"/> No</p> <p>Veteran Owned Small Business: <input type="radio"/> Yes <input checked="" type="radio"/> No</p>
<p>Name: <u>Donald Silwick</u></p> <p>Company: <u>Henry Adam S, LLC</u></p> <p>Address: _____</p> <p>City: _____</p> <p>State, Zip: _____</p> <p>Office: _____ Cell: _____</p> <p>E-mail: _____</p>	<p>Certified MBE: <input type="radio"/> Yes <input type="radio"/> No</p> <p>Small Business: <input type="radio"/> Yes <input type="radio"/> No</p> <p>Veteran Owned: <input type="radio"/> Yes <input type="radio"/> No</p> <p>Veteran Owned Small Business: <input type="radio"/> Yes <input type="radio"/> No</p>