DATE/TIME: Monday, November 14th, 10:00 a.m.



1	Name: Mariah Kimpton			Email:
	Company: City of Springfield			Cell Phone:
	Address:225 Fifth Street			Office Phone:
	City: Springfield	State: OR	Zip: 97477	Fax:
2	Name: Brock Jabush			Email:
	Company: City of Springfield			Cell Phone:
	Address: 225 Fifth Street			Office Phone:
	City: Springfield	State: OR	Zip: 97477	Fax:
3	Name: Amanda Clinton			Email:
	Company: City of Springfield			Cell Phone:
	Address: 225 Fifth Street			Office Phone:
	City: Springfield	State: OR	Zip: 97477	Fax:
4	Name: William Webb			Email: office@hjconstructioninc.com
	Company: H&J Construction			Cell Phone:
	Address:			Office Phone:
	City:	State:	Zip:	Fax:
5	Name: Justin Besotes			Email: justinb@wildish.com
	Company: Wildish Construction			Cell Phone: 541-520-4939
	Address:			Office Phone:
	City: State:	Zip:		Fax:

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6	Name: Nick Brabham			Email:	
	Company: Suulutaaq Inc			Cell Phone:	
	Address:			Office Phone:	
	City:	State:	Zip:	Fax:	
7	Name:			Email:	
	Company: P			Cell Phone:	
	Address:			Office Phone:	
	City:	State:	Zip:	Fax:	
8	Name:			Email:	
	Company:			Cell Phone:	
	Address:			Office Phone:	
	City:	State: Zip:		Fax:	
9	City: S	State: Zip:		Fax: Email:	
9		State: Zip:			
9	Name	State: Zip:		Email:	
9	Name Company	State: Zip:	Zip:	Email: Cell Phone:	
9	Name Company Address:		Zip:	Email: Cell Phone: Office Phone:	
	Name Company Address: City:		Zip:	Email: Cell Phone: Office Phone: Fax:	
	Name Company Address: City:		Zip:	Email: Cell Phone: Office Phone: Fax: Email:	
	Name Company Address: City: Name Company		Zip:	Email: Cell Phone: Office Phone: Fax: Email: Cell Phone:	
10	Name Company Address: City: Name Company Address:	State:		Email: Cell Phone: Office Phone: Fax: Email: Cell Phone: Office Phone:	

DATE/TIME: Monday, November 14th, 10:00 a.m.



	Address:			Office Phone:
	City:	State:	Zip:	Fax:
12	Name			Email:
	Company			Cell Phone:
	Address:			Office Phone:
	City:	State:	Zip:	Fax:
13	Name			Email:
	Company			Cell Phone:
	Address:			Office Phone:
	City:	State:	Zip:	Fax:
14	Name			Email:
	Company			Cell Phone:
	Address:			Office Phone:
	City:	State:	Zip:	Fax:
15	Name			Email:
	Company			Cell Phone:
	Address:			Office Phone:
	City:	State:	Zip:	Fax:
16	Name			Email:
	Company			Cell Phone:
	Address:			Office Phone:
	City:	State:	Zip:	Fax:

DATE/TIME: Monday, November 14th, 10:00 a.m.





17	Name			Email:
	Company			Cell Phone:
	Address:			Office Phone:
	City:	State:	Zip:	Fax:
18	Name			Email:
	Company			Cell Phone:
	Address:			Office Phone:
	City:	State:	Zip:	Fax:
19	Name			Email:
	Company			Cell Phone:
	Address:			Office Phone:
	City:	State:	Zip:	Fax:
20	Name			Email:
	Company			Cell Phone:
	Address:			Office Phone:
	City:	State:	Zip:	Fax:
21	Name			Email:
	Company			Cell Phone:
	Address:			Office Phone:
	City:	State:	Zip:	Fax:
22	Name			Email:
	Company			Cell Phone:

DATE/TIME: Monday, November 14th, 10:00 a.m.





	Address:			Office Phone:
	City:	State:	Zip:	Fax:
23	Name			Email:
	Company			Cell Phone:
	Address:			Office Phone:
	City:	State:	Zip:	Fax:
24	Name			Email:
	Company			Cell Phone:
	Address:			Office Phone:
	City:	State:	Zip:	Fax:
25	Name			Email:
	Company			Cell Phone:
	Address:			Office Phone:
	City:	State:	Zip:	Fax:
26	Name			Email:
	Company			Cell Phone:
	Address:			Office Phone:
	City:	State:	Zip:	Fax:
27	Name			Email:
	Company			Cell Phone:
	Address:			Office Phone:
	City:	State:	Zip:	Fax:

DATE/TIME: Monday, November 14th, 10:00 a.m.



28	Name			Email:
	Company			Cell Phone:
	Address:			Office Phone:
	City:	State:	Zip:	Fax:
29	Name			Email:
	Company			Cell Phone:
	Address:			Office Phone:
	City:	State:	Zip:	Fax:
30	Name			Email:
	Company			Cell Phone:
	Address:			Office Phone:
	City:	State:	Zip:	Fax: