



Technical Proposal: 1995

For

FIRE FUELS REDUCTION SERVICES



Part I A- Technical Proposal

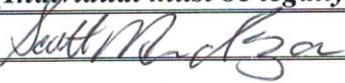
RFP Title:	Fire Fuels Reduction Services
RFP:	1995
Vendor Name:	Select Services
Address:	4205 W. Tompkins Ave.,#3 Las Vegas, NV 89103
Proposal Opening Date:	September 19,2012
Proposal Opening Time:	2:00 PM

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Technical Proposal

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VENDOR INFORMATION SHEET FOR RFP 1995

V1	Firm Name	Select Services		
V2	Street Address	4205 W. Tompkins Ave., #3		
V3	City, State, ZIP	Las Vegas, NV 89103		
V4	Telephone Number			
	Area Code: 702	Number: 479-3019	Extension:	
V5	Facsimile Number			
	Area Code: 702	Number: 566-2849	Extension:	
V6	Toll Free Number			
	Area Code:	Number:	Extension:	
V7	Contact Person for Questions / Contract Negotiations, including address if different than above			
	Name: Terry Kelley			
	Title: Arborist			
	Address: 4205 W. Tompkins Ave., Las Vegas, NV			
	Email Address: Terry@arborpest.com			
V8	Telephone Number for Contact Person			
	Area Code: 702	Number: 354-5853	Extension:	
V9	Facsimile Number for Contact Person			
	Area Code: 702	Number: 566-2849	Extension:	
V10	Name of Individual Authorized to Bind the Organization			
	Name: John Ruiz or Scott Mendoza		Title: Manager	
V11	Signature (<i>Individual must be legally authorized to bind the vendor per NRS 333.337</i>)			
	Signature:		Date: 9/18/12	
V11	Signature (<i>Individual must be legally authorized to bind the vendor per NRS 333.337</i>)			
	Signature:		Date: 9-18-12	



SUBJECT: Amendment No. 1 to Request for Proposal No. 1995
DATE OF AMENDMENT: August 31, 2012
DATE OF RFP RELEASE: August 15, 2012
DATE AND TIME OF OPENING: September 19, 2012 @ 2:00 P.M.
AGENCY CONTACT: Teri Smith, Procurement Staff Member

The following shall be a part of RFP No. **1995** for **Fire Fuels Reduction Services**. If a vendor has already returned a proposal and any of the information provided below changes that proposal, please submit the changes along with this amendment. You need not re-submit an entire proposal prior to the opening date and time.

1. Can you provide the prior pricing for the contractors who were awarded this contract?

All of the documents can be downloaded from our website at [http://purchasing.state.nv.us/Fire Fuels/Fuels.htm](http://purchasing.state.nv.us/Fire_Fuels/Fuels.htm)

Pricing is contained in the attachments to the contracts labeled Contractor's Response.

2. RFP Section 1.1.3: There are 9 different scopes of work identified in section 1.1.2. If, for instance, vendor wants to bid on 3 different scopes of work, must vendor submit 3 separate packages, with each addressing a particular scope of work, and including the rest of the redundant information that will be the same in each master binder? Or, is only one package required (with correlating copies) for each vendor, regardless of the number of scopes of work on which the vendor bids?

Section 1.1 of the RFP is Goals and Objectives, and is a summary of the scopes of work. The scopes of work are detailed in Section 3 of the RFP. Only one package is required from each vendor (with correlating copies). The individual scopes of work that the vendor is responding to should be separated by tabs in the appropriate section of the response (as per section 9.2.2.6 of the RFP).

3. What are the "minimum requirements that the successful bidder must meet" as referenced in NRS 333.335(3)(b) and NRS 333.311?

Minimum requirements as are detailed in the RFP.

4. How can we obtain from you samples of what you consider to be “proper” proposals and/or winning proposals that we could use to assist us in preparing our proposal?

All statewide contracts are posted on our website at http://purchasing.state.nv.us/services_index.htm or you can submit a public records request for specific contract information.

5. Are there any other guidelines or written materials that the State would recommend in helping a vendor prepare the proposal?

Please visit our website at http://purchasing.state.nv.us/pur_info/tipsrfp.htm for 10 Tips for a Successful RFP Response.

6. In section 3.3.2.2, the State describes Brush masticators as “light, medium and heavy duty”. Please give more guidance on what falls under each of those qualifications, i.e. what size equipment and/or horsepower range falls within each of those designations.

A light masticator is defined as a wheeled or tracked vehicle having up to a 150 HP engine capable of supplying simultaneous power to the wheels/tracks and to all hydraulics. The light masticator can be equipped with a hydraulically or PTO operated rotary mastication head or a flail type power head. Both types of masticator must be capable of masticating brush and small trees up to 6 inches in diameter.

A medium masticator is defined as a wheeled or tracked vehicle having between 150 and 350 HP engine capable of supplying simultaneous power to drive components, all hydraulics, and to the masticator head. The medium masticator can be equipped with a hydraulically operated rotary masticator head or flail type power head. Both types of power heads must be capable of masticating brush and trees up to 12 inches in diameter.

A heavy masticator is defined as a wheeled or traced vehicle having between 350 and 600+ HP engine capable of supplying simultaneous power to the wheels/tracks and to all hydraulics. The heavy masticator can be equipped with a hydraulically operated rotary masticator head or a flail type power head. A heavy masticator is fully capable of masticating trees up to 20 inches in diameter and virtually all forest and range shrubs found in Nevada.

All masticating equipment will be equipped with a Roll-Over Protection System and a Falling Object Protection System.

7. In section 3.3.2.2, the State describes Brush masticators as “light, medium and heavy duty”. Does vendor decide which mastication equipment will be used on each job? What factors does the State consider in the selection of which mastication equipment to use?

The vendor can make recommendations based on past experiences in different terrains and job specifics. If the state agency requesting bids want a specific type of masticator, that will be specified in each individual project bid. The State will then consider such factors as fuel type, topography, soil impact, proximity to water

sources, and others as specified in each individual project plan when bidding for equipment.

8. Are there any special technical formatting directions for the CDs?

No. The CDs must contain the information as outlined in Section 9 of the RFP.

9. Section 9.2.2.6 says that, "Written responses must be in bold/italics and placed immediately following the applicable RFP question, statement and/or section." What is the response information the State is looking for? There are no questions; rather just defined scopes listed. So, what "response" information is desired there?

Section 9.2.2.6 is referring to the vendor's response to the Scope of Work identified in Section 3 of the RFP. Vendors must acknowledge each question, statement and/or section in some way. A response to each question, statement and/or section is important because this is where the vendor will demonstrate and be scored on capabilities, experience, etc., for each specific scope as outlined.

ALL ELSE REMAINS THE SAME FOR RFP 1995.

Vendor shall sign and return this amendment with proposal submitted.

NAME OF VENDOR

Select Services

AUTHORIZED
SIGNATURE

Scott Rodriguez

TITLE

Manager

DATE

9-18-12

RFP 1995 Amendment 1

This document must be submitted in the "State Documents" section/tab of vendors' technical proposal

CONFIDENTIALITY AND CERTIFICATION OF INDEMNIFICATION

Submitted proposals, which are marked “confidential” in their entirety, or those in which a significant portion of the submitted proposal is marked “confidential” **will not** be accepted by the State of Nevada. Pursuant to NRS 333.333, only specific parts of the proposal may be labeled a “trade secret” as defined in NRS 600A.030(5). All proposals are confidential until the contract is awarded; at which time, both successful and unsuccessful vendors’ technical and cost proposals become public information.

In accordance with the Submittal Instructions of this RFP, vendors are requested to submit confidential information in separate binders marked “**Part I B Confidential Technical**” and “**Part III Confidential Financial**”.

The State will not be responsible for any information contained within the proposal. Should vendors not comply with the labeling and packing requirements, proposals will be released as submitted. In the event a governing board acts as the final authority, there may be public discussion regarding the submitted proposals that will be in an open meeting format, the proposals will remain confidential.

By signing below, I understand it is my responsibility as the vendor to act in protection of the labeled information and agree to defend and indemnify the State of Nevada for honoring such designation. I duly realize failure to so act will constitute a complete waiver and all submitted information will become public information; additionally, failure to label any information that is released by the State shall constitute a complete waiver of any and all claims for damages caused by the release of the information.

This proposal contains Confidential Information, Trade Secrets and/or Proprietary information as defined in ***Section 2 “ACRONYMS/DEFINITIONS.”***

Please initial the appropriate response in the boxes below and provide the justification for confidential status.

Part I B – Confidential Technical Information			
YES		<input checked="" type="radio"/> NO	NO
Justification for Confidential Status			

A Public Records CD has been included for the Technical and Cost Proposal			
<input checked="" type="radio"/> YES	YES	NO	

Part III – Confidential Financial Information			
<input checked="" type="radio"/> YES		NO	
Justification for Confidential Status			
Financial condition of a private organization is included in Part III			

Select Services

Company Name

Scott Mendoza

Signature

Scott Mendoza

Print Name

9/17/2012

Date

VENDOR CERTIFICATIONS

Vendor agrees and will comply with the following:

Any and all prices that may be charged under the terms of the contract do not and will not violate any existing federal, State or municipal laws or regulations concerning discrimination and/or price fixing. The vendor agrees to indemnify, exonerate and hold the State harmless from liability for any such violation now and throughout the term of the contract.

All proposed capabilities can be demonstrated by the vendor.

The price(s) and amount of this proposal have been arrived at independently and without consultation, communication, agreement or disclosure with or to any other contractor, vendor or potential vendor.

All proposal terms, including prices, will remain in effect for a minimum of 180 days after the proposal due date. In the case of the awarded vendor, all proposal terms, including prices, will remain in effect throughout the contract negotiation process.

No attempt has been made at any time to induce any firm or person to refrain from proposing or to submit a proposal higher than this proposal, or to submit any intentionally high or noncompetitive proposal. All proposals must be made in good faith and without collusion.

All conditions and provisions of this RFP are deemed to be accepted by the vendor and incorporated by reference in the proposal, except such conditions and provisions that the vendor expressly excludes in the proposal. Any exclusion must be in writing and included in the proposal at the time of submission.

Each vendor must disclose any existing or potential conflict of interest relative to the performance of the contractual services resulting from this RFP. Any such relationship that might be perceived or represented as a conflict should be disclosed. By submitting a proposal in response to this RFP, vendors affirm that they have not given, nor intend to give at any time hereafter, any economic opportunity, future employment, gift, loan, gratuity, special discount, trip, favor, or service to a public servant or any employee or representative of same, in connection with this procurement. Any attempt to intentionally or unintentionally conceal or obfuscate a conflict of interest will automatically result in the disqualification of a vendor's proposal. An award will not be made where a conflict of interest exists. The State will determine whether a conflict of interest exists and whether it may reflect negatively on the State's selection of a vendor. The State reserves the right to disqualify any vendor on the grounds of actual or apparent conflict of interest.

All employees assigned to the project are authorized to work in this country.

The company has a written equal opportunity policy that does not discriminate in employment practices with regard to race, color, national origin, physical condition, creed, religion, age, sex, marital status, sexual orientation, developmental disability or handicap.

The company has a written policy regarding compliance for maintaining a drug-free workplace.

Vendor understands and acknowledges that the representations within their proposal are material and important, and will be relied on by the State in evaluation of the proposal. Any vendor misrepresentations shall be treated as fraudulent concealment from the State of the true facts relating to the proposal.

Vendor must certify that any and all subcontractors comply with Sections 7, 8, 9, and 10, above.

The proposal must be signed by the individual(s) legally authorized to bind the vendor per NRS 333.337.

Select Services

Vendor Company Name

Scott Mendoza

Vendor Signature

Scott Mendoza

Print Name

9/17/2012

Date

CERTIFICATION REGARDING LOBBYING

Certification for Contracts, Grants, Loans, and Cooperative Agreements

The undersigned certifies, to the best of his or her knowledge and belief, that:

No Federal appropriated funds have been paid or will be paid, by or on behalf of the undersigned, to any person for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with the awarding of any Federal contract, the making of any Federal grant, the making of any Federal loan, the entering into of any cooperative agreement, and the extension, continuation, renewal, amendment, or modification of any Federal contract, grant, loan, or cooperative agreement.

(2) If any funds other than Federally appropriated funds have been paid or will be paid to any person for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with this Federal contract, grant, loan, or cooperative agreement, the undersigned shall complete and submit Standard Form-LLL, "Disclosure of Lobbying Activities," in accordance with its instructions.

(3) The undersigned shall require that the language of this certification be included in the award documents for all sub awards at all tiers (including subcontracts, sub grants, and contracts under grants, loans, and cooperative agreements) and that all sub recipients shall certify and disclose accordingly.

This certification is a material representation of fact upon which reliance was placed when this transaction was made or entered into. Submission of this certification is a prerequisite for making or entering into this transaction imposed by section 1352, U.S. Code. Any person who fails to file the required certification shall be subject to a civil penalty of not less than \$10,000 and not more than \$100,000 for each such failure.

By: Scott M. Dyer 9/17/2012
Signature of Official Authorized to Sign Application Date

For: Select Services
Vendor Name

Request for Proposal: 1995
Project Title

CLARK COUNTY BUSINESS LICENSE

LICENSE NUMBER: 2000191-511

NAICS CODE: 561730.34

LICENSE PERIOD BEGINS: 03/01/2012

LICENSE EXPIRATION DATE: 02/28/2013

POST IN A CONSPICUOUS PLACE AT THE BUSINESS LOCATION

ISSUED TO:

Select Services
4205 W Tompkins Ave
Las Vegas, NV 89103

BUSINESS LOCATION ADDRESS:

4205 W Tompkins Ave
Las Vegas, NV 89103

TYPE OF LICENSE: Tree Trimmers

LAND USE: M-1

DISCLAIMER

ISSUANCE OF A BUSINESS LICENSE IS NOT AN ENDORSEMENT OF THE BUSINESS PRACTICE OF THE LICENSEE.

Please See Reverse Side For Additional Information

Jacqueline R. Holloway

JACQUELINE R. HOLLOWAY
Director of Business License

DEPARTMENT OF BUSINESS LICENSE

500 S Grand Central Pky
Box 551810
Las Vegas NV 89155-1810
Phone: (702) 455-4252

BUSINESS LICENSE

City of Las Vegas • Las Vegas, Nevada

IN ACCORDANCE WITH THE PROVISIONS OF THE LAS VEGAS MUNICIPAL CODE, AS AMENDED, LICENSE IS HEREBY GRANTED TO OPERATE THE BUSINESS REFERENCED BELOW.

LICENSE #: T09-00238-E-146455

DATE ISSUED: 04/04/12

TYPE OF LICENSE: TREE TRIMMING

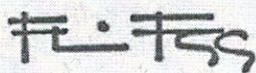
BUSINESS LOCATION: 4205 W TOMPKINS AV 3

ISSUED TO: ARBORPEST COMPANIES LLC

DBA:
SELECT SERVICES
4205 W TOMPKINS AV 3
LAS VEGAS NV 89103

PRINCIPAL(S)

RUIZ, JOHN A. MBR [REDACTED]
MENDOZA, SCOTT, MBR [REDACTED]



Planning Director

*Failure to maintain an active state license or SNHD health permit,
if required, renders this business license invalid.*

Post in a conspicuous place.



CLARK COUNTY BUSINESS LICENSE

LICENSE NUMBER: 2000174-355

NAICS CODE: 581710.2

LICENSE PERIOD BEGINS: 08/01/2012

LICENSE EXPIRATION DATE: 01/31/2013

POST IN A CONSPICUOUS PLACE AT THE BUSINESS LOCATION

ISSUED TO:

Select Services
4205 W Tompkins Ave Suite 3
Las Vegas, NV 89103

BUSINESS LOCATION ADDRESS:
4205 W Tompkins Ave Suite 3
Las Vegas, NV 89103

TYPE OF LICENSE: Exterminator

LAND USE: M-1

Current Planning Comments :

M-1 zone. Approved for exterminator.

DISCLAIMER

ISSUANCE OF A BUSINESS LICENSE IS NOT AN ENDORSEMENT OF THE BUSINESS PRACTICE OF THE LICENSEE.

Please See Reverse Side For Additional Information

Jacqueline R. Holloway

JACQUELINE R. HOLLOWAY
Director of Business License

DEPARTMENT OF BUSINESS LICENSE
500 S Grand Central Pky
Box 551810
Las Vegas NV 89155-1810
Phone: (702) 455-4252

COMPANY #2179

NEVADA

PEST CONTROL BUSINESS LICENSE

EXPIRES DECEMBER 31, 2012

This Is To Certify That ARBORPEST COMPANIES LLC

dba SELECT SERVICES

4205 W TOMPKINS AVE STE 3, LAS VEGAS, NV 89103

is a licensed commercial pest control operator in the State of Nevada.



Permanent Nevada License No: 2179

**NEVADA STATE DEPARTMENT OF AGRICULTURE
405 South 21st Street, Sparks, NV 89431**

Date Issued: 1/1/2012 Issued by JS

SELECT SERVICES EASTON D BLACKBURN III
CO# 2179 Issued: 10/4/2005 Expires: 12/31/2012

B1 B2 C1 C2 C3 C4 C5 C6 C7
O O O

Certified for Restricted Use Pesticides Only in Categories Marked PP

A=Agent O=Operator P=Principal PP=Primary Principal
AGRICULTURAL GROUND: B1 Insecticides, B2 Herbicides, B3 Dessiccants & Defoliant
B4 Fungicides & Bactericides, B5 Rodenticides
URBAN STRUCTURAL: C1 Ornamental & Turf, C2 Industrial / Institutional, C3 Structural,
C4 Fumigation, C5 Aquatic, C6 Right-of-Way, C7 Preservation of Wood

SELECT SERVICES SARA J. MENDOZA
CO# 2179 Issued: 8/15/2000 Expires: 12/31/2012

B1 B2 C1 C2 C3 C4 C5 C6 C7
O O O

Certified for Restricted Use Pesticides Only in Categories Marked PP

A=Agent O=Operator P=Principal PP=Primary Principal
AGRICULTURAL GROUND: B1 Insecticides, B2 Herbicides, B3 Dessiccants & Defoliant
B4 Fungicides & Bactericides, B5 Rodenticides
URBAN STRUCTURAL: C1 Ornamental & Turf, C2 Industrial / Institutional, C3 Structural,
C4 Fumigation, C5 Aquatic, C6 Right-of-Way, C7 Preservation of Wood

SELECT SERVICES SCOTT MENDOZA
CO# 2179 Issued: 12/20/1999 Expires: 12/31/2012

B1 B2 C1 C2 C3 C4 C5 C6 C7
PP PP PP PP PP

Certified for Restricted Use Pesticides Only in Categories Marked PP

A=Agent O=Operator P=Principal PP=Primary Principal
AGRICULTURAL GROUND: B1 Insecticides, B2 Herbicides, B3 Dessiccants & Defoliant
B4 Fungicides & Bactericides, B5 Rodenticides
URBAN STRUCTURAL: C1 Ornamental & Turf, C2 Industrial / Institutional, C3 Structural,
C4 Fumigation, C5 Aquatic, C6 Right-of-Way, C7 Preservation of Wood

SELECT SERVICES KEVIN W. PRITCHETT
CO# 2179 Issued: 6/30/2010 Expires: 12/31/2012

B1 B2 C1 C2 C3 C4 C5 C6 C7
O O

Certified for Restricted Use Pesticides Only in Categories Marked PP

A=Agent O=Operator P=Principal PP=Primary Principal
AGRICULTURAL GROUND: B1 Insecticides, B2 Herbicides, B3 Dessiccants & Defoliant
B4 Fungicides & Bactericides, B5 Rodenticides
URBAN STRUCTURAL: C1 Ornamental & Turf, C2 Industrial / Institutional, C3 Structural,
C4 Fumigation, C5 Aquatic, C6 Right-of-Way, C7 Preservation of Wood



International
Society
of Arboriculture

CERTIFIED ARBORIST

Fitu Perry

Certificate Number: MI-0380A

Expiration Date: Jun 30, 2014

TECHNICAL PROPOSAL CERTIFICATION OF COMPLIANCE WITH TERMS AND CONDITIONS OF RFP

I have read, understand and agree to comply with the terms and conditions specified in this Request for Proposal.

YES X I agree to comply with the terms and conditions specified in this RFP.

NO I do not agree to comply with the terms and conditions specified in this RFP.

In order for any exceptions and/or assumptions to be considered they **MUST** be documented in detail in the tables below. The State will not accept additional exceptions and/or assumptions if submitted after the proposal submission deadline. Vendors must be specific. Nonspecific exceptions or assumptions may not be considered. If the exception or assumption requires a change in the terms or wording of the contract, the scope of work, or any incorporated documents, vendors must provide the specific language that is being proposed in the tables below.

Select Services

Company Name

Scott Mendez

Signature

Scott Mendez

Print Name

9/17/2012

Date

Vendors MUST use the following format. Attach additional sheets if necessary.

EXCEPTION SUMMARY FORM

EXCEPTION #	RFP SECTION NUMBER	RFP PAGE NUMBER	EXCEPTION (Complete detail regarding exceptions must be identified)

ASSUMPTION SUMMARY FORM

ASSUMPTION #	RFP SECTION NUMBER	RFP PAGE NUMBER	ASSUMPTION (Complete detail regarding assumptions must be identified)



Scope of Work

- 3.1 Our staff has over 30 years experience in Tree Cutting, Felling, Limbing, Bucking, Brush Clearing and Chipping.
- 3.2 Our staff has over 30 years experience in Large Tree Removal.
- 3.3 N/A
- 3.4 Our staff has over 23 years experience in pesticide treatment applications.
- 3.5 N/A
- 3.6 N/A
- 3.7 N/A
- 3.8 N/A
- 3.9 N/A



Company Background

Arborpest Companies, LLC, (DBA: Select Services) is the culmination of Arborscape Tree Care and PestFree pest control. We are one of the largest and most well respected Tree Care, Plant Health Care and Pest Management companies in southern Nevada. Although Select Services was legally formed in 2011, the businesses that make up the company have extensive experience.

Select Services offers professional tree services performed by ISA Certified Arborists and highly trained crews that can help you create an outdoor living environment that is beautiful, healthy and safe. Our professional Arborists each have over 30 years of experience in the tree care industry.

Select Services is ready to help whether you need emergency or scheduled service. Our ISA Certified Arborists will help diagnose and treat tree disease or insect infestation. We also have crews that are specially trained in Palm Tree Services including palm tree trimming, de-fruiting, palm skinning & dyeing, and specimen palms.

Our licensed landscape spray specialists also have over 20 years of experience.

Select Services's staff has been providing tree services for more than 30 years and always use an environmentally-sensible approach. Enjoy peace of mind when you choose to work with a company that is passionate about tree care, offers an unconditional satisfaction guarantee and has a long list of credentials that include:

- Full insurance coverage
- International Society of Arboriculture (ISA) Certified Arborists
- State certification and licenses
- Southern Nevada Arborist Group
- Member of the International Society of Arboriculture
- Member of the Western Chapter ISA
- Licensed pest control experts on staff
- 3 Boom Trucks
- 5 Chip Trucks
- 7 Service Trucks
- 4 Chippers
- Over 25 chainsaws
- Over 30 highly experienced employees

4. COMPANY BACKGROUND AND REFERENCES

4.1 VENDOR INFORMATION

4.1.1 Vendors must provide a company profile in the table format below.

Question	Response
Company name:	Select Services
Ownership (sole proprietor, partnership, etc.):	L.L.C.
State of incorporation:	Nevada
Date of incorporation:	1/1/2011
# of years in business:	2
List of top officers:	Scott Mendoza & John Ruiz
Location of company headquarters:	4205 W. Tompkins Ave., #3 Las Vegas, NV 89103
Location(s) of the company offices:	4205 W. Tompkins Ave., #3 Las Vegas, NV 89103
Location(s) of the office that will provide the services described in this RFP:	4205 W. Tompkins Ave., #3 Las Vegas, NV 89103
Number of employees locally with the expertise to support the requirements identified in this RFP:	39
Number of employees nationally with the expertise to support the requirements in this RFP:	39
Location(s) from which employees will be assigned for this project:	4205 W. Tompkins Ave., #3 Las Vegas, NV 89103

4.1.2 **Please be advised**, pursuant to NRS 80.010, a corporation organized pursuant to the laws of another state must register with the State of Nevada, Secretary of State's Office, as a foreign corporation before a contract can be executed between the State of Nevada and the awarded vendor, unless specifically exempted by NRS 80.015.

4.1.3 The selected vendor, prior to doing business in the State of Nevada, must be appropriately licensed by the State of Nevada, Secretary of State's Office, pursuant to NRS76. Information regarding the Nevada Business License can be located at <http://sos.state.nv.us>.

Question	Response
Nevada Business License Number:	NV20101855548
Legal Entity Name:	Arborpest Companies LLC

Is "Legal Entity Name" the same name as vendor is doing business as?

Yes	<input type="checkbox"/>	No	<input checked="" type="checkbox"/>
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If "No", provide explanation.

4.1.4 Vendors are cautioned that some services may contain licensing requirement(s). Vendors shall be proactive in verification of these requirements prior to proposal submittal. Proposals that do not contain the requisite licensure may be deemed non-responsive.

4.1.5 Has the vendor ever been engaged under contract by any State of Nevada agency?

Yes	X	No	
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If "Yes", complete the following table for each State agency for whom the work was performed. Table can be duplicated for each contract being identified.

Question	Response
Name of State agency:	Department of Weights and Measures
State agency contact name:	JoAnn Warner
Dates when services were performed:	September 2012
Type of duties performed:	Tree Felling and Tree Removal
Total dollar value of the contract:	\$6,300

4.1.6 Are you now, or have you been within the last two (2) years, an employee of the State of Nevada, or any of its agencies, departments, or divisions?

Yes		No	X
-----	--	----	---

If "Yes", please explain when the employee is planning to render services, while on annual leave, compensatory time, or on their own time?

If you employ (a) any person who is a current employee of an agency of the State of Nevada, or (b) any person who has been an employee of an agency of the State of Nevada within the past two (2) years, and if such person will be performing or producing the services which you will be contracted to provide under this contract, you must disclose the identity of each such person in your response to this RFP, and specify the services that each person will be expected to perform.

4.1.7 Disclosure of any significant prior or ongoing contract failures, contract breaches, civil or criminal litigation in which the vendor has been alleged to be liable or held liable in a matter involving a contract with the State of Nevada or any other governmental entity. Any pending claim or litigation occurring within the past six (6) years which may adversely affect the vendor's ability to perform or fulfill its obligations if a contract is awarded as a result of this RFP must also be disclosed.

Does any of the above apply to your company?

Yes		No	X
-----	--	----	---

If “Yes”, please provide the following information. Table can be duplicated for each issue being identified.

Question	Response	
Date of alleged contract failure or breach:	N/A	
Parties involved:		
Description of the contract failure, contract breach, or litigation, including the products or services involved:		
Amount in controversy:		
Resolution or current status of the dispute:		
If the matter has resulted in a court case:	Court	Case Number
Status of the litigation:		

- 4.1.8 Vendors must review the insurance requirements specified in **Attachment E, Insurance Schedule for RFP 1995**. Does your organization currently have or will your organization be able to provide the insurance requirements as specified in **Attachment E**?

Yes	X	No	
-----	---	----	--

Any exceptions to the insurance requirements **must** be identified on **Attachment B, Technical Proposal Certification of Compliance with Terms and Conditions of RFP**. In order for any exceptions to the insurance requirements to be considered they must be documented in detail in **Attachment B**. The State will not accept additional exceptions and/or assumptions if submitted after the proposal submission.

Upon contract award, the successful vendor **must** provide the Certificate of Insurance identifying the coverages as specified in **Attachment E, Insurance Schedule for RFP 1995**.

- 4.1.9 Company background/history and why vendor is qualified to provide the services described in this RFP. Limit response to no more than five (5) pages.
- 4.1.10 Length of time vendor has been providing services described in this RFP to the public and/or private sector. Please provide a brief description.
- 4.1.11 Financial information and documentation to be included in Part III, Confidential Financial of vendor’s response in accordance with **Section 9.5, Part III – Confidential Financial**.
- 4.1.11.1 Dun and Bradstreet Number
 - 4.1.11.2 Federal Tax Identification Number
 - 4.1.11.3 The last two (2) years and current year interim:

4.2 SUBCONTRACTOR INFORMATION

4.2.1 Does this proposal include the use of subcontractors? Check the appropriate response in the table below.

Yes		No	X
-----	--	----	---

If “Yes”, vendor must:

- 4.2.1.1 Identify specific subcontractors and the specific requirements of this RFP for which each proposed subcontractor will perform services.
- 4.2.1.2 If any tasks are to be completed by subcontractor(s), vendors must:
 - 4.2.1.2.1 Describe the relevant contractual arrangements;
 - 4.2.1.2.2 Describe how the work of any subcontractor(s) will be supervised, channels of communication will be maintained and compliance with contract terms assured; and
 - 4.2.1.2.3 Describe your previous experience with subcontractor(s).
- 4.2.1.3 Vendors must describe the methodology, processes and tools utilized for:
 - 4.2.1.3.1 Selecting and qualifying appropriate subcontractors for the project/contract;
 - 4.2.1.3.2 Ensuring subcontractor compliance with the overall performance objectives for the project;
 - 4.2.1.3.3 Ensuring that subcontractor deliverables meet the quality objectives of the project/contract; and
 - 4.2.1.3.4 Providing proof of payment to any subcontractor(s) used for this project/contract, if requested by the State. Proposal should include a plan by which, at the State’s request, the State will be notified of such payments.
- 4.2.1.4 Provide the same information for any proposed subcontractors as requested in **Section 4.1, Vendor Information.**
- 4.2.1.5 Business references as specified in **Section 4.3, Business References** must be provided for any proposed subcontractors.

- 4.2.1.6 Vendor shall not allow any subcontractor to commence work until all insurance required of the subcontractor is provided to the vendor.
- 4.2.1.7 Vendor must notify the using agency of the intended use of any subcontractors not identified within their original proposal and provide the information originally requested in the RFP in **Section 4.2, Subcontractor Information**. The vendor must receive agency approval prior to subcontractor commencing work.

4.3 BUSINESS REFERENCES

- 4.3.1 Vendors should provide a minimum of three (3) business references from similar projects performed for private, state and/or large local government clients within the last three (3) years.
- 4.3.2 Vendors must provide the following information for every business reference provided by the vendor and/or subcontractor:

The “Company Name” must be the name of the proposing vendor or the vendor’s proposed subcontractor.

Reference #:	1		
Company Name:	Ribeiro Corporation		
<i>Identify role company will have for this RFP project (Check appropriate role below):</i>			
<input checked="" type="checkbox"/>	VENDOR	<input type="checkbox"/>	SUBCONTRACTOR
Project Name:	Park 2000		
Primary Contact Information			
Name:	Mark Cummings		
Street Address:	195 E. Reno Ave.		
City, State, Zip	Las Vegas, NV 89119		
Phone, including area code:	702-292-7680		
Facsimile, including area code:			
Email address:	mactreeguy@aol.com		
Alternate Contact Information			
Name:			
Street Address:			
City, State, Zip			
Phone, including area code:			
Facsimile, including area code:			
Email address:			
Project Information			
Brief description of the project/contract and description of services performed, including technical environment (i.e., software applications, data communications, etc.) if applicable:	Trim pine, mesquite and palm trees throughout the 40 acre commercial project.		

Original Project/Contract Start Date:	2004
Original Project/Contract End Date:	Current
Original Project/Contract Value:	\$150,000 annually
Final Project/Contract Date:	N/A
Was project/contract completed in time originally allotted, and if not, why not?	Yes
Was project/contract completed within or under the original budget/cost proposal, and if not, why not?	Yes

Reference #:	2		
Company Name:	Valley Crest		
<i>Identify role company will have for this RFP project (Check appropriate role below):</i>			
<input checked="" type="checkbox"/>	VENDOR	<input type="checkbox"/>	SUBCONTRACTOR
Project Name:	Silverstone		
Primary Contact Information			
Name:	Brian Shelah		
Street Address:	4021 W. Carey Ave		
City, State, Zip	Las Vegas, NV 89103		
Phone, including area code:	702-597-2556		
Facsimile, including area code:	702-739-6840		
Email address:	bshelah@valleycrest.com		
Alternate Contact Information			
Name:			
Street Address:			
City, State, Zip			
Phone, including area code:			
Facsimile, including area code:			
Email address:			
Project Information			
Brief description of the project/contract and description of services performed, including technical environment (i.e., software applications, data communications, etc.) if applicable:	Provide pesticide and growth regulator on vegetation throughout the community. Also, trim palm and deciduous trees throughout the community.		
Original Project/Contract Start Date:	4/2012		
Original Project/Contract End Date:	N/A		
Original Project/Contract Value:	\$100,000		
Final Project/Contract Date:	N/A		
Was project/contract completed in time originally allotted, and if not, why not?	Yes		
Was project/contract completed within or under the original budget/cost proposal, and if not, why not?	Yes		

Reference #:	3
Company Name:	Gothic Grounds Management
Identify role company will have for this RFP project (Check appropriate role below):	
X	VENDOR
	SUBCONTRACTOR
Project Name:	South Shores at Lake Las Vegas
Primary Contact Information	
Name:	Rick Blitzstein
Street Address:	6325 South Valley View Blvd
City, State, Zip	Las Vegas, NV 89118
Phone, including area code:	702-676-1185
Facsimile, including area code:	661-702-8277
Email address:	rblitzstein@gothiclandscape.com
Alternate Contact Information	
Name:	
Street Address:	
City, State, Zip	
Phone, including area code:	
Facsimile, including area code:	
Email address:	
Project Information	
Brief description of the project/contract and description of services performed, including technical environment (i.e., software applications, data communications, etc.) if applicable:	Trimming and removals of all pine, mesquite, acacia, palo verde, ash, cottonwood, mulberry, and elm trees throughout the property.
Original Project/Contract Start Date:	October 2011
Original Project/Contract End Date:	N/A
Original Project/Contract Value:	\$500,000+
Final Project/Contract Date:	N/A
Was project/contract completed in time originally allotted, and if not, why not?	Yes
Was project/contract completed within or under the original budget/cost proposal, and if not, why not?	Yes



ROSS MILLER
 Secretary of State
 204 North Carson Street, Suite 4
 Carson City, Nevada 89701-4520
 (775) 684-5708
 Website: www.nvsos.gov



050102

**Articles of Organization
 Limited-Liability Company**
 (PURSUANT TO NRS CHAPTER 86)

Filed in the office of <i>[Signature]</i> Ross Miller Secretary of State State of Nevada	Document Number 20100902012-97 Filing Date and Time 11/29/2010 7:37 AM Entity Number E0583802010-6
--	--

USE BLACK INK ONLY - DO NOT HIGHLIGHT

ABOVE SPACE IS FOR OFFICE USE ONLY

1. Name of Limited-Liability Company: (must contain approved limited-liability company wording; see instructions)	ArborPest Companies LLC	Check box if a Series Limited-Liability Company <input type="checkbox"/>	Check box if a Restricted Limited-Liability Company <input type="checkbox"/>
2. Registered Agent for Service of Process: (check only one box)	<input type="checkbox"/> Commercial Registered Agent <input checked="" type="checkbox"/> Noncommercial Registered Agent (name and address below) OR <input type="checkbox"/> Office or Position with Entity (name and address below) Name Woodbury, Morris & Brown Name of Noncommercial Registered Agent OR Name of Title of Office or Other Position with Entity 701 N. Green Valley Parkway, Ste. 110 Henderson Nevada 89074 Street Address City State Zip Code 701 N. Green Valley Parkway, Ste. 110 Henderson Nevada 89074 Mailing Address (if different from street address) City State Zip Code		
3. Dissolution Date: (optional)	Latest date upon which the company is to dissolve (if existence is not perpetual): perpetual		
4. Management: (required)	Company shall be managed by: <input checked="" type="checkbox"/> Manager(s) OR <input type="checkbox"/> Member(s) (check only one box)		
5. Name and Address of each Manager or Managing Member: (attach additional page if more than 3)	1) A Affordable Pest Free Services, Inc. Name 35 East Horizon Ridge Pkwy, Suite 110-130 Henderson NV 89002 Street Address City State Zip Code 2) Arborscape, Inc. Name 5581 S. Cameron Street, Suite B Las Vegas NV 89118 Street Address City State Zip Code 3) _____ Name _____ Street Address City State Zip Code		
6. Name, Address and Signature of Organizer: (attach additional page if more than 1 organizer)	Marilyn Kurz Name <i>[Signature]</i> Organizer Signature 701 N. Green Valley Parkway, Suite 110 Henderson NV 89074 Address City State Zip Code		
7. Certificate of Acceptance of Appointment of Registered Agent:	I hereby accept appointment as Registered Agent for the above named Entity. <input checked="" type="checkbox"/> <i>[Signature]</i> Authorized Signature of Registered Agent or On Behalf of Registered Agent Entity 11-23-2010 Date		

This form must be accompanied by appropriate fees.

ARBORPEST COMPANIES LLC

Business Entity Information

Status:	Active	File Date:	11/29/2010
Type:	Domestic Limited-Liability Company	Entity Number:	E0583802010-6
Qualifying State:	NV	List of Officers Due:	11/30/2012
Managed By:	Managers	Expiration Date:	
NV Business ID:	NV20101855548	Business License Exp:	11/30/2012

Registered Agent Information

Name:	WOODBURY, MORRIS & BROWN	Address 1:	701 N. GREEN VALLEY PKWY
Address 2:	SUITE 110	City:	HENDERSON
State:	NV	Zip Code:	89074
Phone:		Fax:	
Mailing Address 1:		Mailing Address 2:	
Mailing City:		Mailing State:	
Mailing Zip Code:			
Agent Type:	Noncommercial Registered Agent		

Officers

 Include Inactive Officers

Manager - ARBORSCAPE INC.			
Address 1:	4205 WEST TOMPKINS, SUITE 3	Address 2:	
City:	LAS VEGAS	State:	NV
Zip Code:	89103	Country:	
Status:	Active	Email:	
Manager - A AFFORDABLE PEST FREE SERVICES, INC.			
Address 1:	35 EAST HORIZON RIDGE PARKWAY, SUITE 110-130	Address 2:	
City:	HENDERSON	State:	NV
Zip Code:	89002	Country:	USA
Status:	Active	Email:	

Actions\Amendments

Action Type:	Articles of Organization		
Document Number:	20100902012-97	# of Pages:	1
File Date:	11/29/2010	Effective Date:	

(No notes for this action)

Action Type:	Initial List		
Document Number:	20100929184-26	# of Pages:	1
File Date:	12/16/2010	Effective Date:	

(No notes for this action)

Action Type:	Annual List		
Document Number:	20110839606-46	# of Pages:	1
File Date:	11/29/2011	Effective Date:	

(No notes for this action)

ANNUAL LIST OF MANAGERS OR MANAGING MEMBERS AND REGISTERED AGENT AND STATE BUSINESS LICENSE APPLICATION OF:

FILE NUMBER

EO583802010-6

ArborPest Companies LLC

NAME OF LIMITED-LIABILITY COMPANY

FOR THE FILING PERIOD OF November 30, 2011 TO November 30, 2012

****YOU MAY FILE THIS FORM ONLINE AT www.nvsos.gov****



110401

The entity's duly appointed registered agent in the State of Nevada upon whom process can be served is:

Steven L. Morris Ltd.
2520 St. Rose Parkway, Suite 319
Henderson, Nevada 89074

A FORM TO CHANGE REGISTERED AGENT INFORMATION IS FOUND AT: www.nvsos.gov

(This document was filed electronically.)
ABOVE SPACE IS FOR OFFICE USE ONLY

USE BLACK INK ONLY - DO NOT HIGHLIGHT

Return one file stamped copy. (If filing not accompanied by order instructions, file stamped copy will be sent to registered agent.)

IMPORTANT: Read instructions before completing and returning this form.

1. Print or type names and addresses, either residence or business, for all manager or managing members. A **Manager, or if none, a Managing Member** of the LLC must sign the form. **FORM WILL BE RETURNED IF UNSIGNED.**
2. If there are additional managers or managing members, attach a list of them to this form.
3. Annual list fee is \$125.00. A \$75.00 penalty must be added for failure to file this form by the deadline. An annual list received more than 90 days before its due date shall be deemed an amended list for the previous year.
4. State business license fee is \$200.00. Effective 2/1/2010, \$100.00 must be added for failure to file form by deadline.
5. Make your check payable to the Secretary of State.
6. **Ordering Copies:** If requested above, one file stamped copy will be returned at no additional charge. To receive a certified copy, enclose an additional \$30.00 per certification. A **copy fee of \$2.00 per page** is required for **each additional copy** generated when ordering 2 or more file stamped or certified copies. Appropriate instructions must accompany your order.
7. Return the completed form to: Secretary of State, 202 North Carson Street, Carson City, Nevada 89701-4201, (775) 684-5708.
8. Form must be in the possession of the Secretary of State on or before the last day of the month in which it is due. (Postmark date is not accepted as receipt date.) Forms received after due date will be returned for additional fees and penalties. Failure to include annual list and business license fees will result in rejection of filing.

ANNUAL LIST FILING FEE: \$125.00 LATE PENALTY: \$75.00 BUSINESS LICENSE FEE: \$200.00 LATE PENALTY: \$100.00

Complete only if applicable

Section 7(2) Exemption Codes

- 001 - Governmental Entity
- 002 - 501(c) Nonprofit Entity
- 003 - Home-based Business
- 004 - Natural Person with 4 or less rental dwelling units
- 005 - Motion Picture Company
- 006 - NRS 680B.020 Insurance Co.

Pursuant to NRS, this corporation is exempt from the business license fee. Exemption code:

Month and year your State Business License expires: 20

NAME
A Affordable Pest Free Service, Inc.

(DOCUMENT WILL BE REJECTED IF TITLE NOT INDICATED)

MANAGER MANAGING MEMBER

ADDRESS
35 E horizon Ridge Pkwy, Suite 110-130

CITY STATE ZIP CODE
Henderson NV 89002

NAME
Arborscape, Inc.

(DOCUMENT WILL BE REJECTED IF TITLE NOT INDICATED)

MANAGER MANAGING MEMBER

ADDRESS
4205 W Tompkins Ave, Suite 3

CITY STATE ZIP CODE
Las Vegas NV 89103

NAME

(DOCUMENT WILL BE REJECTED IF TITLE NOT INDICATED)

MANAGER MANAGING MEMBER

ADDRESS

CITY STATE ZIP CODE

NAME

(DOCUMENT WILL BE REJECTED IF TITLE NOT INDICATED)

MANAGER MANAGING MEMBER

ADDRESS

CITY STATE ZIP CODE

I declare, to the best of my knowledge under penalty of perjury, that the above mentioned entity has complied with the provisions of sections 6 to 18 of AB 146 of the 2009 session of the Nevada Legislature and acknowledge that pursuant to NRS 239.330, it is a category C felony to knowingly offer any false or forged instrument for filing in the Office of the Secretary of State.

X Scott Mendoza

Title Manager Date November 29, 2011

Signature of Manager or Managing Member

Nevada Secretary of State Annual List ManOrMem
Revised: 8-5-09

(PROFIT) ANNUAL LIST OF OFFICERS, DIRECTORS AND REGISTERED AGENT AND STATE BUSINESS LICENSE APPLICATION OF:

FILE NUMBER

A AFFORDABLE PEST FREE SERVICES, INC.

C5819-1993

NAME OF CORPORATION

FOR THE FILING PERIOD OF 5/2012 TO 5/2013

****YOU MAY FILE THIS FORM ONLINE AT www.nvsos.gov****



110101

The entity's duly appointed registered agent in the State of Nevada upon whom process can be served is:

WOODBURY, MORRIS & BROWN
701 N. GREEN VALLEY PARKWAY
SUITE 110
HENDERSON, NV 89074

Filed in the office of Ross Miller Secretary of State State of Nevada	Document Number
	20120335588-57
	Filing Date and Time
	05/11/2012 11:37 AM
	Entity Number
	C5819-1993

A FORM TO CHANGE REGISTERED AGENT INFORMATION IS FOUND AT: www.nvsos.gov

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Return one file stamped copy. (If filing not accompanied by order instructions, file stamped copy will be sent to registered agent.)

IMPORTANT: Read instructions before completing and returning this form.

- Print or type names and addresses, either residence or business, for all officers and directors. A President, Secretary, Treasurer, or equivalent of and all Directors must be named. There must be at least one director. An **Officer** must sign the form. **FORM WILL BE RETURNED IF UNSIGNED.**
- If there are additional officers, attach a list of them to this form.
- Return the complete form with the filing fee. Annual list fee is based upon the current total authorized stock as explained in the Annual List Fee Schedule For Profit Corporations. A \$75.00 penalty must be added for failure to file this form by the deadline. An annual list received more than 90 days before its due date shall be deemed an amended list for the previous year.
- State business license fee is \$200.00. Effective 2/1/2010, \$100.00 must be added for failure to file form by deadline.
- Make your check payable to the Secretary of State.
- Ordering Copies:** If requested above, one file stamped copy will be returned at no additional charge. To receive a certified copy, enclose an additional \$30.00 per certification. A copy fee of \$2.00 per page is required for each additional copy generated when ordering 2 or more file stamped or certified copies. Appropriate instructions must accompany your order.
- Return the completed form to: Secretary of State, 202 North Carson Street, Carson City, Nevada 89701-4201, (775) 684-5708.
- Form must be in the possession of the Secretary of State on or before the last day of the month in which it is due. (Postmark date is not accepted as receipt date.) Forms received after due date will be returned for additional fees and penalties. Failure to include annual list and business license fees will result in rejection of filing.

CHECK ONLY IF APPLICABLE

- Pursuant to NRS, this corporation is exempt from the business license fee. Exemption code: _____
- Month and year your State Business License expires: _____ 20 _____
- This corporation is a publicly traded corporation. The Central Index Key number is: _____
- This publicly traded corporation is not required to have a Central Index Key number.

Section 7(2) Exemption Codes

- 001 - Governmental Entity
- 002 - 501(c) Nonprofit Entity
- 003 - Home-based Business
- 004 - Natural Person with 4 or less rental dwelling units
- 005 - Motion Picture Company
- 006 - NRS 680B.020 Insurance Co.

NAME SCOTT MENDOZA	TITLE(S) PRESIDENT (OR EQUIVALENT OF)
ADDRESS 35 E HORIZON RIDGE PKWY 110-130	CITY STATE ZIP CODE HENDERSON NV 89002
NAME SCOTT MENDOZA	TITLE(S) SECRETARY (OR EQUIVALENT OF)
ADDRESS 35 E HORIZON RIDGE PKWY 110-130	CITY STATE ZIP CODE HENDERSON NV 89002
NAME SARA MENDOZA	TITLE(S) TREASURER (OR EQUIVALENT OF)
ADDRESS 35 E HORIZON RIDGE PKWY 110-130	CITY STATE ZIP CODE HENDERSON NV 89002
NAME SCOTT MENDOZA	TITLE(S) DIRECTOR
ADDRESS 35 E HORIZON RIDGE PKWY 110-130	CITY STATE ZIP CODE HENDERSON NV 89002

I declare, to the best of my knowledge under penalty of perjury, that the above mentioned entity has complied with the provisions of sections 6 to 18 of AB 146 of the 2009 session of the Nevada Legislature and acknowledge that pursuant to NRS 239.330, it is a category C felony to knowingly offer any false or forged instrument for filing in the Office of the Secretary of State.

SCOTT S MENDOZA

X

Signature of Officer

Title	Date
PRESIDENT	5/11/2012 11:37:42 AM

(PROFIT) ANNUAL LIST OF OFFICERS, DIRECTORS AND REGISTERED AGENT AND STATE BUSINESS LICENSE APPLICATION OF:

FILE NUMBER

ARBORSCAPE, INC

E0194642009-2

NAME OF CORPORATION

FOR THE FILING PERIOD OF 4/2012 TO 4/2013



110101

****YOU MAY FILE THIS FORM ONLINE AT www.nvsos.gov****

The entity's duly appointed registered agent in the State of Nevada upon whom process can be served is:

JOHN ANTHONY RUIZ
5581 S CAMERON ST
STE B
LAS VEGAS, NV 89118 USA

A FORM TO CHANGE REGISTERED AGENT INFORMATION IS FOUND AT: www.nvsos.gov

Filed in the office of Ross Miller Secretary of State State of Nevada	Document Number 20120194234-88 Filing Date and Time 03/20/2012 3:10 PM Entity Number E0194642009-2
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Return one file stamped copy. (If filing not accompanied by order instructions, file stamped copy will be sent to registered agent.)

IMPORTANT: Read instructions before completing and returning this form.

- Print or type names and addresses, either residence or business, for all officers and directors. A President, Secretary, Treasurer, or equivalent of and all Directors must be named. There must be at least one director. An **Officer** must sign the form. **FORM WILL BE RETURNED IF UNSIGNED.**
- If there are additional officers, attach a list of them to this form.
- Return the complete form with the filing fee. Annual list fee is based upon the current total authorized stock as explained in the Annual List Fee Schedule For Profit Corporations. A \$75.00 penalty must be added for failure to file this form by the deadline. An annual list received more than 90 days before its due date shall be deemed an amended list for the previous year.
- State business license fee is \$200.00. Effective 2/1/2010, \$100.00 must be added for failure to file form by deadline.
- Make your check payable to the Secretary of State.
- Ordering Copies:** If requested above, one file stamped copy will be returned at no additional charge. To receive a certified copy, enclose an additional \$30.00 per certification. A copy fee of \$2.00 per page is required for each additional copy generated when ordering 2 or more file stamped or certified copies. Appropriate instructions must accompany your order.
- Return the completed form to: Secretary of State, 202 North Carson Street, Carson City, Nevada 89701-4201, (775) 684-5708.
- Form must be in the possession of the Secretary of State on or before the last day of the month in which it is due. (Postmark date is not accepted as receipt date.) Forms received after due date will be returned for additional fees and penalties. Failure to include annual list and business license fees will result in rejection of filing.

CHECK ONLY IF APPLICABLE

Pursuant to NRS, this corporation is exempt from the business license fee. Exemption code: _____

Month and year your State Business License expires: _____ 20 _____

This corporation is a publicly traded corporation. The Central Index Key number is: _____

This publicly traded corporation is not required to have a Central Index Key number.

Section 7(2) Exemption Codes
001 - Governmental Entity
002 - 501(c) Nonprofit Entity
003 - Home-based Business
004 - Natural Person with 4 or less rental dwelling units
005 - Motion Picture Company
006 - NRS 680B.020 Insurance Co.

NAME JOHN A RUIZ	TITLE(S) PRESIDENT (OR EQUIVALENT OF)
ADDRESS 4205 W TOMPKINS STE#3 , USA	CITY STATE ZIP CODE LAS VEGAS NV 89103

NAME JOHN A RUIZ	TITLE(S) SECRETARY (OR EQUIVALENT OF)
ADDRESS 4205 W TOMPKINS STE#3 , USA	CITY STATE ZIP CODE LAS VEGAS NV 89103

NAME SARA J MENDOZA	TITLE(S) TREASURER (OR EQUIVALENT OF)
ADDRESS 4205 W TOMPKINS STE#3 , USA	CITY STATE ZIP CODE LAS VEGAS NV 89103

NAME JOHN A RUIZ	TITLE(S) DIRECTOR
ADDRESS 4205 W TOMPKINS STE#3 , USA	CITY STATE ZIP CODE LAS VEGAS NV 89103

I declare, to the best of my knowledge under penalty of perjury, that the above mentioned entity has complied with the provisions of sections 6 to 18 of AB 146 of the 2009 session of the Nevada Legislature and acknowledge that pursuant to NRS 239.330, it is a category C felony to knowingly offer any false or forged instrument for filing in the Office of the Secretary of State.

X
JOHN A RUIZ
Signature of Officer

Title: PRESIDENT Date: 3/20/2012 3:07:26 PM

SECRETARY OF STATE



NEVADA STATE BUSINESS LICENSE

ARBORPEST COMPANIES LLC
Nevada Business Identification # NV20101855548

Expiration Date: November 30, 2012

In accordance with Title 7 of Nevada Revised Statutes, pursuant to proper application duly filed and payment of appropriate prescribed fees, the above named is hereby granted a Nevada State Business License for business activities conducted within the State of Nevada.

This license shall be considered valid until the expiration date listed above unless suspended or revoked in accordance with Title 7 of Nevada Revised Statutes.

IN WITNESS WHEREOF, I have hereunto set my hand and affixed the Great Seal of State, at my office on November 29, 2011


ROSS MILLER
Secretary of State

This document is not transferable and is not issued in lieu of any locally-required business license, permit or registration.

Please Post in a Conspicuous Location

**You may verify this Nevada State Business License
online at www.nvsos.gov under the Nevada Business Search.**

Certificate of Business: Fictitious Firm Name

Please Select One:

- New Application
 Renewal of existing name

Please Print or Type

The expiration date for such certificates shall be the last day of the sixtieth month from the date of filing.

The undersigned do/does hereby certify that ArborPest Companies, LLC.

with mailing address of 4205 W. Tompkins Ave #3, Las Vegas, NV, 89103
(Mailing Address for notification of renewal) (Street) (City) (State) (Zip)

is/are conducting business in Clark County, Nevada, under the fictitious name of Select Services

(Fictitious Firm Name) or (Doing Business As)

and that said firm is composed of the following person(s) whose name(s) and address(es) are as follows:

By signing below I do solemnly swear (or affirm), under penalty of perjury, that all statements made in this document are true.

(1) A Affordable Pest Free Services, Inc.

<u>4205 W. Tompkins #3</u>	<u>Las Vegas, NV 89103</u>	<u></u>
<small>Full Name and title (Type or Print)</small>	<small>Signature</small>	<small>Date</small>
<small>Street Address of Business or Residence</small>	<small>City, State, Zip</small>	
<small>Mailing Address, if different from above</small>	<small>City, State, Zip</small>	

(2) Arborscape, Inc.

<u>4205 W Tompkins #3</u>	<u>Las Vegas, NV, 89103</u>	<u></u>
<small>Full Name and title (Type or Print)</small>	<small>Signature</small>	<small>Date</small>
<small>Street Address of Business or Residence</small>	<small>City, State, Zip</small>	
<small>Mailing Address, if different from above</small>	<small>City, State, Zip</small>	

(3)

<u></u>	<u></u>	<u></u>
<small>Full Name and title (Type or Print)</small>	<small>Signature</small>	<small>Date</small>
<small>Street Address of Business or Residence</small>	<small>City, State, Zip</small>	
<small>Mailing Address, if different from above</small>	<small>City, State, Zip</small>	

(4)

<u></u>	<u></u>	<u></u>
<small>Full Name and title (Type or Print)</small>	<small>Signature</small>	<small>Date</small>
<small>Street Address of Business or Residence</small>	<small>City, State, Zip</small>	
<small>Mailing Address, if different from above</small>	<small>City, State, Zip</small>	

Mail to: Diana Alba, County Clerk, Attn. FFN, P.O. Box 551604, Las Vegas NV 89155-1604
Include: Filing Fee of \$20.00 with the certificate plus 2 copies and a self-addressed stamped envelope



John Ruiz

John Ruiz has been in the tree care industry for over 30 years, and has developed a strong reputation as an industry leader. As an ISA Certified Arborist John has vast experience in tree removal, trimming, and care.

John started his career in 1979 with Davey Tree Expert Company as a groundsman on a utility line clearing crew for the company's Nevada Power account. John quickly worked his way up in the Utility Division to climber and then to Supervisor of a six-man tree-clearing crew. In 1985 John transferred to the Residential & Commercial Tree Care Division as a Production Supervisor. One year later John was promoted to Sales Representative. Due to John's performance and work ethic, in 1988 he was promoted to District Manager of the Las Vegas, Nevada Division.

In 2007 John moved to Netco Landscape and Design to begin the company's Tree Care Division.

On May 1st, 2009 John purchased Netco's Tree Care Division and Arborscape, Inc. Tree Care Company was born. John saw a vision for his company to become a service oriented organization complete with the finest employees and equipment.

John continued his vision for Arborscape by join forces with PestFree in 2011 to create ArborPest Companies to better serve its valued customers.

John's professional training and certification include:

- O.S.H.A. Line Clearance Certified – 1987 (recertified in 1997)
- California Arborist Safety Training, Livermore, California – 1989
- Graduate of Davey Institute of Tree Sciences, Kent, Ohio – 1992
- International Society of Arboriculture – Certified Arborist WC-1363 – 1993 to present
- Dale Carnegie Institute – Leadership Training for Managers – 1996

John is also involved within the community:

- Member of the Western Chapter – ISA – 2007 -present
- Member of the International Society of Arboriculture – 1993-present
- Board Member, Southern Nevada Arborist Group – 1995-1997
- Charter President, Southern Nevada Arborist Group – 1994-1995



Scott Mendoza

Scott Mendoza has been the President of PestFree for nearly 20 years. He is a long time resident of Henderson, NV and very familiar with the pests that reside in southern Nevada.

Scott not only holds licenses from the Department of Agriculture for pest control and plant health care, but he is also a graduate from UNLV.

In 2011, Scott joined forces with John Ruiz of Arborscape Tree Care and formed the Arborpest Companies. Currently doing business as Select Services, this company is one of the largest tree care, plant health care, and pest management companies in southern Nevada.



Terry Kelley

Terry Kelley has been in the tree industry for over 30 years. Terry's career began in 1980 with the Tree Doctors in Denver, Colorado as a Climber on a residential and commercial trimming and removal crew. In 1981 Terry relocated to Arizona and worked for Arizona Tree Experts for 5 years. In 1986 Terry went to work for Knapp Associates Tree Care as a Manager in Riverside, California. It was there that Terry learned proper fuel reduction techniques by working in the San Gabriel Mountains. Terry's large tree removal projects were in Idyllwild, Big Bear, Arrowhead, and Crestline.

In 1997 Terry joined Davey Tree Expert Company in Las Vegas, Nevada. During this time Terry worked as a Production Supervisor and became the Safety and Training Manager for the Las Vegas division. After 11 years Terry moved to First Choice Tree Service as a Salesman and the Manager of the NDF, Fire Safety Counsel and U.S. Forestry contracts.

In 2009 Terry rejoined John Ruiz by joining his new company Arborscape, Inc. Tree Care. Terry is now one of the lead Arborists at Select Services.

Terry's professional training and certifications include:

- O.S.H.A. Line Clearance Certified – 1996 (recertified in 1999)
- Advanced Arborist Safety Training, Livermore, CA – 2000
- Graduate of Davey Institute of Tree Sciences, Kent, OH – 2000
- International Society of Arboriculture – Certified Arborist WE-3048A – 1996 to present

Terry is also actively involved within the community:

- Southern Nevada Arborist Group
- Member of the International Society of Arboriculture
- Member of the Western Chapter ISA
- Member of The Tree Care Industry Association



Fitu Perry

Fitu Perry started his career with Davey Tree in Detroit, MI as a ground-man in the Fall of 1990. Within the first year he became a crew leader. By the end of his first year at Davey he was promoted to Foreman because of his knowledge and work ethic. Fitu oversaw the Plant Health Care division for the Detroit office for 2 years before transferring to Las Vegas in 1996. This is where Fitu and John Ruiz first met and worked together for nearly 10 years.

Fitu joined Select Services in January of 2012. He is currently the General Manager of Operations.

Fitu is an ISA Certified Arborist (MI 0380A). He is a proud member of the Southern Nevada Arborist Group. Fitu also holds a Nevada Pest Control license (203464).



Employee Experience

Gabriel Chavez	Supervisor	4 year experience as a manger in Tree Care
Jose Elicerio	Tree Crew Foreman	12 years as a Foreman and Tree Climber
Melchor Granados	Tree Crew Foreman	10 years as a Foreman and Tree Climber
Valentin Orozco	Tree Crew Foreman	10 years as a Foreman and Tree Climber
Fermin Huerta	Tree Crew Foreman	10 years as a Foreman and Tree Climber
Gabriel Ventura	Tree Crew Foreman	6 years as a Foreman and Tree Climber
Octaviano Hernandez	Tree Crew Foreman	4 years as a Foreman and Tree Climber
Alejandro Mejia	Tree Climber	2 years as a Tree Climber
Fabian Mejia	Tree Climber	1 year as a Tree Climber
Cecilio Salazar	Tree Climber	1 year as a Tree Climber
Spencer Bjornsen	Tree Climber/Groundsman	3 years as a Groundsman & Tree Climber
Jose Butanda	Groundsman	8 years as a Groundsman
Wilfredo Leiva	Groundsman	7 years as a Groundsman
Martin Sanchez	Groundsman	7 years as a Groundsman
Rodrigo Hernandez	Groundsman	6 years as a Groundsman
Paul Adame	Groundsman	5 years as a Groundsman
Heriberto Lagunes	Groundsman	4 years as a Groundsman
Melvin Orellana	Groundsman	3 years as a Groundsman
Ricardo Carrera	Groundsman	2 years as a Groundsman
Hugo Estrada	Groundsman	2 years as a Groundsman
Elvin Ramos	Groundsman	1 year as a Groundsman
Ignacio Madrigal	Groundsman	1 year as a Groundsman
Jose Huerta	Groundsman	1 year as a Groundsman
James Pachosa	Groundsman	1 year as a Groundsman
Sara Mendoza	Plant Health Care Technician	7 years experience
Kevin Pritchett	Plant Health Care Technician	2 years experience



Other Information Material

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