

Torres Rojas, Genara

FOJ#13723

From: srosner@custommetalcrafters.com
Sent: Thursday, January 24, 2013 4:36 PM
To: Duffy, Daniel
Cc: Torres Rojas, Genara; Van Duyne, Sheree
Subject: Freedom of Information Online Request Form

Information:

First Name: Stephen
Last Name: Rosner
Company: CMI Barden LLC
Mailing Address 1: 16 McKinley Ave.
Mailing Address 2:
City: Albertson
State: NY
Zip Code: 11507
Email Address: srosner@custommetalcrafters.com
Phone: 516-509-4940
Required copies of the records: Yes

List of specific record(s):

All applications, documents and correspondence pertaining to DBE, MBE and WBE programs for Barden Contracting Serv LLC, Barden Contracting Services LLC, Barden, DAnn Ricketts, Barry Ricketts

THE PORT AUTHORITY OF NY & NJ

Daniel D. Duffy
FOI Administrator

February 7, 2013

Mr. Stephen Rosner
CMI Barden LLC
16 McKinley Avenue
Albertson, NY 11507

Re: Freedom of Information Reference No. 13723

Dear Mr. Rosner:

This is a response to your January 24, 2013 request, which has been processed under the Port Authority's Freedom of Information Code (the "Code") for copies of records related to all applications, documents and correspondence pertaining to DBE, MBE and WBE programs for Barden Contracting Services LLC, Barden, DAnn Ricketts, Barry Ricketts.

Material responsive to your request and available under the Code can be found on the Port Authority's website at <http://www.panynj.gov/corporate-information/foi/13723-O.pdf>. Paper copies of the available records are available upon request.

Certain material responsive to your request are exempt from disclosure pursuant to exemption (1) of the Code.

Please refer to the above FOI reference number in any future correspondence relating to your request.

Very truly yours,



Daniel D. Duffy
FOI Administrator

225 Park Avenue South
New York, NY 10003
T: 212 435 3642 F: 212 435 7555

Section 1: CERTIFICATION INFORMATION

A. Prior/Other Certifications

Is your firm currently certified for any of the following programs? (If Yes, check appropriate box(es))	<input type="checkbox"/> DBE	Name of certifying agency:
		Has your firm's state UCP conducted an on-site visit?
		<input type="checkbox"/> Yes, on ___ / ___ / ___ State: _____ <input type="checkbox"/> No
No	<input type="checkbox"/> 8(a)	⊗ STOP! If you checked either the 8(a) or SDB box, you <u>may not</u> have to complete this application. Ask your state UCP about the streamlined application process under the SBA-DOT MOU.
	<input type="checkbox"/> SDB	

B. Prior/Other Applications and Privileges

Has your firm (under any name) or any of its owners, Board of Directors, officers or management personnel, ever withdrawn an application for any of the programs listed above, or ever been denied certification, decertified, or debarred or suspended or otherwise had bidding privileges denied or restricted by any state or local agency, or Federal entity?

Yes, on ___ / ___ / ___ No

If Yes, identify State and name of state, local, or Federal agency and explain the nature of the action:

Section 2: GENERAL INFORMATION

A. Contact Information

(1) Contact person and Title: D' Ann Ricketts, Owner		(2) Legal name of firm: Barden Contracting Services, LLC	
(3) Phone #: 516-307-8275	(4) Other Phone #: 954-393-7468	(5) Fax #: 561-228-0989	
(6) E-mail: dee@bardencontracting.com		(7) Website (if have one): www.bardencontracting.com	
(8) Street address of firm (No P.O. Box): 16 McKinley Ave Albertson NY 11507	City:	County/Parish:	State: Zip:
(9) Mailing address of firm (if different): 50 West 72nd Street Suite 506-Shaw Manhattan NY 10023	City:	County/Parish:	State: Zip: (Manhattan County)

B. Business Profile

(1) Describe the primary activities of your firm: We are construction company that installs windows, exterior building panels, interior fit out.		(2) Federal Tax ID (if any): 27-2182262
(3) This firm was established on 03 / 20 / 2010		(4) I/We have owned this firm since: 03 / 20 / 2010
(5) Method of acquisition (check all that apply): <input checked="" type="checkbox"/> Started new business <input type="checkbox"/> Bought existing business <input type="checkbox"/> Inherited business <input type="checkbox"/> Secured concession <input type="checkbox"/> Merger or consolidation <input type="checkbox"/> Other (explain)		
(6) Is your firm "for profit"? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		⊗ STOP! If your firm is NOT for-profit, then you do NOT qualify for this program and do NOT need to fill out this application.

(7) Type of firm (check all that apply):

- Sole Proprietorship
- Partnership
- Corporation
- Limited Liability Partnership
- Limited Liability Corporation
- Joint Venture
- Other, Describe:

(8) Has your firm ever existed under different ownership, a different type of ownership, or a different name?
 Yes No
 If Yes, explain:

(9) Number of employees: Full-time 2 Part-time 3-6 Varies Varies Total

(10) Specify the gross receipts of the firm for the last 3 years:

Year <u>2011</u>	Total receipts \$ <u>57,785</u>
Year <u>2010</u>	Total receipts \$ <u>8,000</u>
Year <u>2009</u>	Total receipts \$ <u>N/A</u>

C. Relationships with Other Businesses

(1) Is your firm co-located at any of its business locations, or does it share a telephone number, P.O. Box, office space, yard, warehouse, facilities, equipment, or office staff, with any other business, organization, or entity?
 Yes No

If Yes, identify: Other Firm's name: _____
 Explain nature of shared facilities:

(2) At present, or at any time in the past, has your firm:

(a) been a subsidiary of any other firm?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
(b) consisted of a partnership in which one or more of the partners are other firms?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
(c) owned any percentage of any other firm?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
(d) had any subsidiaries?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

(3) Has any other firm had an ownership interest in your firm at present or at any time in the past? Yes No

(4) If you answered "Yes" to any of the questions in (2)(a)-(d) and/or (3), identify the following for each (attach extra sheets, if needed):

Name	Address	Type of Business
1.		
2.		
3.		

D. Immediate Family Member Businesses

Do any of your immediate family members own or manage another company? Yes No

If Yes, then list (attach extra sheets, if needed):

Name	Relationship	Company	Type of Business	Own or Manage?
1.				
2.				

Section 3: OWNERSHIP

Identify all individuals or holding companies with any ownership interest in your firm, providing the information requested below (If more than one owner, attach separate sheets for each additional owner):

A. Background Information

(1) Name: Barry Ricketts	(2) Title: Co-Owner	(3) Home Phone #:
(4) Home Address (street and number): _____ City: _____ State: _____ Zip: _____		
(5) Gender: <input checked="" type="checkbox"/> Male <input type="checkbox"/> Female	(6) Ethnic group membership (Check all that apply):	
(7) U.S. Citizen: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Black	<input type="checkbox"/> Hispanic <input type="checkbox"/> Native American
(8) Lawfully Admitted Permanent Resident: <input type="checkbox"/> Yes <input type="checkbox"/> No N/A	<input type="checkbox"/> Asian Pacific	<input type="checkbox"/> Subcontinent Asian
	<input type="checkbox"/> Other (specify) _____	

B. Ownership Interest

(1) Number of years as owner: 2.5	(2) Initial investment to acquire ownership interest in firm:	Type	Dollar Value
(3) Percentage owned: 40%		Cash	\$
(4) Familial relationship to other owners: Significant Other Spouse		Real Estate	\$
		Equipment	\$ 41,907
		Other	\$ Sweat Equity
(5) Shares of Stock:			
	Number	Percentage	Class
			Date acquired
			Method Acquired
N/A			
(6) Does this owner perform a management or supervisory function for any other business? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
If Yes, identify: Name of Business: _____ Function/Title: _____			
(7) Does this owner own or work for any other firm(s) that has a relationship with this firm (e.g., ownership interest, shared office space, financial investments, equipment, leases, personnel sharing, etc.)? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
If Yes, identify: Name of Business: _____ Function/Title: _____			
Nature of Business Relationship: _____			

C. Disadvantaged Status – NOTE: Complete this section only for each owner applying for DBE qualification (i.e., for each owner claiming to be socially and economically disadvantaged)

(1) What is the Personal Net Worth (PNW) of the owner(s) applying for DBE qualification? (Use and attach the Personal Net Worth calculator form at the end of this application; attach additional sheets if more than one owner is applying)
(2) Has any trust been created for the benefit of this disadvantaged owner(s)? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If Yes, explain (attach additional sheets if needed):

** N/A - WE ARE AN LLC **

Section 4: CONTROL

A. Identify your firm's Officers & Board of Directors (If additional space is required, attach a separate sheet):

	Name	Title	Date Appointed	Ethnicity	Gender
(1) Officers of the Company	(a)				
	(b)				
	(c)				
	(d)				
	(e)				
(2) Board of Directors	(a)				
	(b)				
	(c)				
	(d)				
	(e)				

(3) Do any of the persons listed in (1) and/or (2) above perform a management or supervisory function for any other business? Yes No

If Yes, identify for each: Person: N/A Title: _____
 Business: _____ Function: _____

(4) Do any of the persons listed (1) and/or (2) above own or work for any other firm(s) that has a relationship with this firm (e.g., ownership interest, shared office space, financial investments, equipment, leases, personnel sharing, etc.)? Yes No

If Yes, identify for each: Firm Name: N/A Person: _____
 Nature of Business Relationship: _____

B. Identify your firm's management personnel who control your firm in the following areas (If more than two persons, attach a separate sheet):

	Name	Title	Ethnicity	Gender
(1) Financial Decisions <i>(responsibility for acquisition of lines of credit, surety bonding, supplies, etc.)</i>	a. D' Ann Ricketts	Owner	Blk	F
	b. Barry Ricketts	Owner	Blk	M
(2) Estimating and bidding	a. Barry Ricketts	Owner	" " "	" " "
	b.			
(3) Negotiating and Contract Execution	a. D' Ann Ricketts	Owner		
	b. Barry Ricketts	" "		
(4) Hiring/firing of management personnel	a. D' Ann Ricketts			
	b. Barry Ricketts			
(5) Field/Production Operations Supervisor	a. Barry Ricketts			
	b.			
(6) Office management	a. D' Ann Ricketts			
	b.			
(7) Marketing/Sales	a. D' Ann Ricketts			
	b.			
(8) Purchasing of major equipment	a. Barry Ricketts			
	b. D' Ann Ricketts			
(9) Authorized to Sign Company Checks (for any purpose)	a. Barry Ricketts			
	b. D' Ann Ricketts			
(10) Authorized to make Financial Transactions	a. D' Ann Ricketts			
	b. Barry Ricketts	" " "	" " "	" " "

(11) Do any of the persons listed in (1) through (10) above perform a management or supervisory function for any other business? Yes No

If Yes, identify for each: Person: _____ Title: _____
Business: _____ Function: _____

(12) Do any of the persons listed in (1) through (10) above own or work for any other firm(s) that has a relationship with this firm (e.g., ownership interest, shared office space, financial investments, equipment, leases, personnel sharing, etc.)?

Yes No

If Yes, identify for each: Firm Name: _____ Person: _____
Nature of Business Relationship: _____

C. Indicate your firm's inventory in the following categories (attach additional sheets if needed):

(1) Equipment

Type of Equipment	Make/Model	Current Value	Owned or Leased?
(a) N/A	N/A		
(b) MISC TOOLS & SOFTWARE & COMPUTERS		41,907	OWNED
(c)			

(2) Vehicles N/A

Type of Vehicle	Make/Model	Current Value	Owned or Leased?
(a)	N/A		
(b)			
(c)			

(3) Office Space

Street Address	Owned or Leased?	Current Value of Property or Lease
(a) 16 McKinley Ave Albertson NY 11507	Leased	N/A
(b)		

(4) Storage Space N/A

Street Address	Owned or Leased?	Current Value of Property or Lease
(a)		
(b)		

D. Does your firm rely on any other firm for management functions or employee payroll? Yes No

If Yes, explain:

E. Financial Information

(1) Banking Information:

(a) Name of bank: Bank of America (b) Phone No: () 1-888-BUSINESS
(c) Address of bank: Palm Aire / Fort Lauderdale City: Ft Lauderdale State: FL Zip: _____

(2) Bonding Information: If you have bonding capacity, identify: (a) Binder No: _____
 (b) Name of agent/broker N/A (c) Phone No: () _____
 (d) Address of agent/broker: _____ City: _____ State: _____ Zip: _____
 (e) Bonding limit: Aggregate limit \$ _____ Project limit \$ _____

F. Identify all sources, amounts, and purposes of money loaned to your firm, including the names of any persons or firms securing the loan, if other than the listed owner: N/A * No Loans at this time.

Name of Source	Address of Source	Name of Person Securing the Loan	Original Amount	Current Balance	Purpose of Loan
1.					
2.					
3.					

G. List all contributions or transfers of assets to/from your firm and to/from any of its owners over the past two years (attach additional sheets if needed): N/A * SEE LETTER EXPLAINING ASSETS

Contribution/Asset	Dollar Value	From Whom Transferred	To Whom Transferred	Relationship	Date of Transfer
1.					
2.					
3.					

H. List current licenses/permits held by any owner and/or employee of your firm (e.g., contractor, engineer, architect, etc.) (attach additional sheets if needed): N/A

Name of License/Permit Holder	Type of License/Permit	Expiration Date	License Number and State
1.	<u>N/A</u>		
2.			
3.			

I. List the three largest contracts completed by your firm in the past three years, if any:

Name of Owner/Contractor	Name/Location of Project	Type of Work Performed	Dollar Value of Contract
1. Owner - NYCEDC	FDNY Marine 9 Staten Island	Installation of Exterior Bldg Panels	\$41k
2. ** We originally was the PM Coordinator for the Original Company installing the panels, however once the contractor walked off the job for financial troubles Barden Contracting Services picked up the remaining			
3. work to complete under a new contract to finish remaining. Prior Contractors Contract that Barden PM was at			

\$160k

J. List the three largest active jobs on which your firm is currently working:

Name of Prime Contractor and Project Number	Location of Project	Type of Work	Project Start Date	Anticipated Completion Date	Dollar Value of Contract
1. Kel-Mar Designs F175SOUND	Bronx, NY	Building Envelope	7/20/2012	6/2013	\$888,000
2. Kel-Mar Designs F175SOUND	Bronx, NY	Curtain Wall	7/20/2012	6/2013	\$282,000
3.					

* Please note that we are in the scheduling and shop drawings, and meetings stage - no man power is on location as of yet.

AFFIDAVIT OF CERTIFICATION

This form must be signed and notarized for each owner upon which disadvantaged status is relied.

A MATERIAL OR FALSE STATEMENT OR OMISSION MADE IN CONNECTION WITH THIS APPLICATION IS SUFFICIENT CAUSE FOR DENIAL OF CERTIFICATION, REVOCATION OF A PRIOR APPROVAL, INITIATION OF SUSPENSION OR DEBARMENT PROCEEDINGS, AND MAY SUBJECT THE PERSON AND/OR ENTITY MAKING THE FALSE STATEMENT TO ANY AND ALL CIVIL AND CRIMINAL PENALTIES AVAILABLE PURSUANT TO APPLICABLE FEDERAL AND STATE LAW.

I Barry Ricketts (full name printed), swear or affirm under penalty of law that I am Co-Owner (title) of applicant firm Barden Contracting Services (firm name) and that I have read and understood all of the questions in this application and that all of the foregoing information and statements submitted in this application and its attachments and supporting documents are true and correct to the best of my knowledge, and that all responses to the questions are full and complete, omitting no material information. The responses include all material information necessary to fully and accurately identify and explain the operations, capabilities and pertinent history of the named firm as well as the ownership, control, and affiliations thereof.

I recognize that the information submitted in this application is for the purpose of inducing certification approval by a government agency. I understand that a government agency may, by means it deems appropriate, determine the accuracy and truth of the statements in the application, and I authorize such agency to contact any entity named in the application, and the named firm's bonding companies, banking institutions, credit agencies, contractors, clients, and other certifying agencies for the purpose of verifying the information supplied and determining the named firm's eligibility.

I agree to submit to government audit, examination and review of books, records, documents and files, in whatever form they exist, of the named firm and its affiliates, inspection of its place(s) of business and equipment, and to permit interviews of its principals, agents, and employees. I understand that refusal to permit such inquiries shall be grounds for denial of certification.

If awarded a contract or subcontract, I agree to promptly and directly provide the prime contractor, if any, and the Department, recipient agency, or federal funding agency on an ongoing basis, current, complete and accurate information regarding (1) work performed on the project; (2) payments; and (3) proposed changes, if any; to the foregoing arrangements.

I agree to provide written notice to the recipient agency or Unified Certification Program (UCP) of any material change in the information contained in the original application within 30 calendar days of such change (e.g., ownership, address, telephone number, etc.).

I acknowledge and agree that any misrepresentations in this application or in records pertaining to a contract or subcontract will be grounds for terminating any contract or subcontract which may be awarded; denial or revocation of certification; suspension and debarment; and for initiating action under federal and/or state law concerning false statement, fraud or other applicable offenses.

I certify that I am a socially and economically disadvantaged individual who is an owner of the above-referenced firm seeking certification as a Disadvantaged Business Enterprise (DBE). In support of my application, I certify that I am a member of one or more of the following groups, and that I have held myself out as a member of the group(s) (circle all that apply):

Female Black American Hispanic American
 Native American Asian-Pacific American
 Subcontinent Asian American
 Other (specify) _____

I certify that I am socially disadvantaged because I have been subjected to racial or ethnic prejudice or cultural bias, or have suffered the effects of discrimination, because of my identity as a member of one or more of the groups identified above, without regard to my individual qualities.

I further certify that my personal net worth does not exceed \$750,000, and that I am economically disadvantaged because my ability to compete in the free enterprise system has been impaired due to diminished capital and credit opportunities as compared to others in the same or similar line of business who are not socially and economically disadvantaged.

I declare under penalty of perjury that the information provided in this application and supporting documents is true and correct.

Executed on _____ (Date)

Signature _____
(DBE Applicant)

NOTARY CERTIFICATE.

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I D' Ann Ricketts (full name printed), swear or affirm under penalty of law that I am Co-Owner (title) of applicant firm Barden Contracting Services (firm name) and that I have read and understood all of the questions in this application and that all of the foregoing information and statements submitted in this application and its attachments and supporting documents are true and correct to the best of my knowledge, and that all responses to the questions are full and complete, omitting no material information. The responses include all material information necessary to fully and accurately identify and explain the operations, capabilities and pertinent history of the named firm as well as the ownership, control, and affiliations thereof.

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I further certify that my personal net worth does not exceed \$750,000, and that I am economically disadvantaged because my ability to compete in the free enterprise system has been impaired due to diminished capital and credit opportunities as compared to others in the same or similar line of business who are not socially and economically disadvantaged.

I declare under penalty of perjury that the information provided in this application and supporting documents is true and correct.

Executed on _____ (Date)

Signature _____
(DBE Applicant)

NOTARY CERTIFICATE

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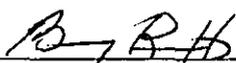
Female Black American Hispanic American
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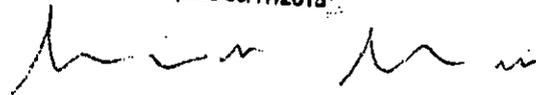
I declare under penalty of perjury that the information provided in this application and supporting documents is true and correct.

Executed on 10/2/12 (Date)

Signature 
(DBE Applicant)

NOTARY CERTIFICATE

Chandradat Chanchell
Notary Public State Of New York
Qualified In Queens County
No. 01CH6024729
Commission Expires 05/17/2015



AFFIDAVIT OF CERTIFICATION

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I, D' Ann Ricketts (full name printed), swear or affirm under penalty of law that I am Co-Owner (title) of applicant firm Barden Contracting Services (firm name) and that I have read and understood all of the questions in this application and that all of the foregoing information and statements submitted in this application and its attachments and supporting documents are true and correct to the best of my knowledge, and that all responses to the questions are full and complete, omitting no material information. The responses include all material information necessary to fully and accurately identify and explain the operations, capabilities and pertinent history of the named firm as well as the ownership, control, and affiliations thereof.

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If awarded a contract or subcontract, I agree to promptly and directly provide the prime contractor, if any, and the Department, recipient agency, or federal funding agency on an ongoing basis, current, complete and accurate information regarding (1) work performed on the project; (2) payments; and (3) proposed changes, if any, to the foregoing arrangements.

I agree to provide written notice to the recipient agency or Unified Certification Program (UCP) of any material change in the information contained in the original application within 30 calendar days of such change (e.g., ownership, address, telephone number, etc.).

I acknowledge and agree that any misrepresentations in this application or in records pertaining to a contract or subcontract will be grounds for terminating any contract or subcontract which may be awarded; denial or revocation of certification; suspension and debarment; and for initiating action under federal and/or state law concerning false statement, fraud or other applicable offenses.

I certify that I am a socially and economically disadvantaged individual who is an owner of the above-referenced firm seeking certification as a Disadvantaged Business Enterprise (DBE). In support of my application, I certify that I am a member of one or more of the following groups, and that I have held myself out as a member of the group(s) (circle all that apply):

Female Black American Hispanic American
 Native American Asian- Pacific American
 Subcontinent Asian American
 Other (specify) _____

I certify that I am socially disadvantaged because I have been subjected to racial or ethnic prejudice or cultural bias, or have suffered the effects of discrimination, because of my identity as a member of one or more of the groups identified above, without regard to my individual qualities.

I further certify that my personal net worth does not exceed \$750,000, and that I am economically disadvantaged because my ability to compete in the free enterprise system has been impaired due to diminished capital and credit opportunities as compared to others in the same or similar line of business who are not socially and economically disadvantaged.

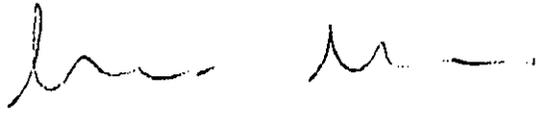
I declare under penalty of perjury that the information provided in this application and supporting documents is true and correct.

Executed on 10/2/12 (Date)

Signature 
(DBE Applicant)

NOTARY CERTIFICATE

Chandradat Chanchall
Notary Public State Of New York
Qualified in Queens County
No. 01CH6024729
Commission Expires 05/17/2015



DISADVANTAGED BUSINESS ENTERPRISE PROGRAM
49 C.F.R. PART 26

UNIFORM CERTIFICATION APPLICATION

RECEIVED
OCT 02 2003
BY:

ROADMAP FOR APPLICANTS

- ① **Should I apply?**
- Is your firm at least 51%-owned by a socially and economically disadvantaged individual(s) who also controls the firm?
 - Is the disadvantaged owner a U.S. citizen or lawfully admitted permanent resident of the U.S.?
 - Is your firm a small business that meets the Small Business Administration's (SBA's) size standard and does not exceed \$17.42 million in gross annual receipts?
 - Is your firm organized as a for-profit business?
- ⇒ If you answered "Yes" to all of the questions above, you may be eligible to participate in the U.S. DOT DBE program.
- ② **Is there an easier way to apply?**
If you are currently certified by the SBA as an 8(a) and/or SDB firm, you may be eligible for a streamlined certification application process. Under this process, the certifying agency to which you are applying will accept your current SBA application package in lieu of requiring you to fill out and submit this form.
NOTE: You must still meet the requirements for the DBE program, including undergoing an on-site review.
- ③ **Be sure to attach all of the required documents listed in the Documents Check List at the end of this form with your completed application.**
- ④ **Where can I find more information?**
- U.S. DOT – <http://osdbjweb.dot.gov/business/dbe/index.html> (this site provides useful links to the rules and regulations governing the DBE program, questions and answers, and other pertinent information)
 - SBA – <http://www.ntis.gov/naics> (provides a listing of NAICS codes) and <http://www.sba.gov/size/index.html> (provides a listing of NAICS codes)
 - 49 CFR Part 26 (the rules and regulations governing the DBE program)

Under Sec. 26.107 of 49 CFR Part 26, dated February 2, 1999, if at any time, the Department or a recipient has reason to believe that any person or firm has willfully and knowingly provided incorrect information or made false statements, the Department may initiate suspension or debarment proceedings against the person or firm under 49 CFR Part 29, Governmentwide Debarment and Suspension (nonprocurement) and Governmentwide Requirements for Drug-free Workplace (grants), take enforcement action under 49 CFR Part 31, Program Fraud and Civil Remedies, and/or refer the matter to the Department of Justice for criminal prosecution under 18 U.S.C. 1001, which prohibits false statements in Federal programs.

THE PORT AUTHORITY OF NY & NJ

Certification Application for the Minority and Women-owned
Business Enterprise Program

PLEASE PRINT OR TYPE CLEARLY

General Instructions:

- DO NOT LEAVE ANY SPACES BLANK ON THE APPLICATION - if a question is not applicable to your business insert "N/A" in the space provided for your answer
- Whenever the space is insufficient to answer the questions completely, attach additional sheets as necessary. Use the question number to identify any answer continued on an additional sheet
- For questions, call the Certification Helpline at 212-435-7808 or E-mail objocert@panynj.gov.
- Once you have completed the application, please return it and all required documentation to:

The Port Authority of NY & NJ
Office of Business & Job Opportunity - Certification Unit
233 Park Avenue South, 4th floor
New York, NY 10003

SECTION I: MAIN COMPANY INFORMATION



1. Business Name

Barden Contracting Services, LLC

Legal name of company applying to be certified

2. D.B.A.

"Doing Business As"- Complete if company does business under a name which is different from its legal name.

3. Business Address (must represent a physical location; cannot be a Post-Office Box)

174 Bogart St.

309

Street Address

Suite / Apt / Room/ Unit

Brooklyn

NY

11206

City

State

Zip/Zip+4

Kings

County

4. Business Mailing Address (complete only if different from the address given in Question 3)

621 NW 16th Ave

Street Address

Suite / Apt / Room/ Unit

Pompano Beach

FL 33069

City

State

Zip/Zip+4

5. Business Phone

(954) 393-7468 ---

5a. Business Fax

(561) 228-0989 ---

6. Business Website

www.bardencontracting.com

7. Your E-mail Address

dee@bardencontracting.com

7a. Your Cell Phone Number

()

8. Federal EIN or SSN

9. Name/title of an authorized representative to contact during the application review process:

Ms. D' Ann Ricketts
 Mr./Miss/Mrs./Ms. First Name Last Name
 President 954-393-7468 dee@bardencontracting.com
 Title Phone Ext. E-Mail Address

10. This company is applying for certification as ("X"all that apply)

Minority-owned Business Enterprise (MBE) Refer to page _____ of the Application Guidelines to determine the appropriate designation for your company.
 Women-owned Business Enterprise (WBE)

11. Are you currently involved in the bidding process or other contract/purchase order negotiations with the Port Authority or Port Authority tenants?

Yes No _____

If "Yes", identify the department within the Port Authority and/or name of tenant and contact name
 (Holt Construction - GC)

*Not directly with the tenant however we are directly bidding with the GC that is bidding for tenant(s).

12. Has your company ever applied for certification as an M/W/SBE, or a DBE (whether SBA 8(a), Transportation, or other) with another governmental agency, department, or authority?

Yes No _____

If "Yes", provide the following details

Name of Governmental Entity	Program (MBE, WBE, SBE, DBE)	Status (Pending, Certified, Decertified, Denied, Rejected, Revoked, On Appeal)	Date (mm/yy)
DSNY -Dormitory of NY	M/WBE	Certified	12/11
NYC - Small Bus Serv	MBE	Pending	

13. How did you first hear about The Port Authority of NY & NJ's M/W/DBE Certification program(s)?

(please choose only one)

Letter/Call/E-mail

Port Authority Web site

Event

Please specify name or sponsor of event and date

Other

Please specify what and when

SECTION II: COMPANY OWNERSHIP

14. **Business Structure**

- Sole Proprietorship Partnership (including LLP)
 Limited Liability Company (LLC) Corporation (including S-Corp.)

15. Date company was established 03 / 20 / 2010

16. Has the business existed under a different type of business structure prior to the Date Established indicated in question? 16

Yes _____ No X

If "Yes", please provide copy of original Business Certificate

17. Has your Certificate of Incorporation, Business Certificate, or Certificate of Trade Name been amended?

Yes _____ No X

If "Yes", please provide copy of amended Business Certificate

18. Method of Business Origination or Acquisition (check all applicable)

- Started New Business Secured Franchise
 Bought Existing Business Secured Concession
 Merger or Consolidation Inherited Business
 Other _____

19. Date of origination (or acquisition, if later) March / 20 / 2010

For the remaining questions in Section II which ask for ethnic identification of owners, shareholders, officers, board members, and managers, please use the following group codes to identify the ethnicity of each individual where required.

01 Black	02c Spanish	04 Native American
02a Hispanic	03a Asian-Pacific	05 White (Non-Minority)
02b Portuguese	03b Asian-Indian	06 Other

20. Please provide the following information for all person(s) with ownership interest in the company (all proprietors, partners, and members OR, in the case of a corporation, all shareholders).

Name (First and Last)	Position In Company	% Owned	Date Ownership Established (mm/yy)	Gender (M/F)	Ethnicity (see group code table)	US Citizen or Permanent Resident Alien (Y/N)
D' Ann Ricketts	Pres	60	03/10	F	01	Y
Barry Ricketts	VP	40	03/10	M	01	Y

*** QUESTIONS 22-24 APPLY ONLY TO CORPORATIONS. *** IF YOUR COMPANY IS NOT A CORPORATION, SKIP TO QUESTION 25 ***

21. If the company is a corporation, please provide the following information for all shareholders identified in Question 21 (N/A)

Name (First and Last)	Position in Company	Number of Shares Owned	Unit Share Price Paid When Purchased
N/A			

22. State the number of company shares in each of the following

Common Authorized	<u> N/A </u>	Common Issued	<u> N/A </u>
Preferred Authorized	<u> N/A </u>	Preferred Issued	<u> N/A </u>

23. Name and position of current Officers and/or Board of Directors

Name (First and Last)	Position	Position Effective Date (mm/yy)	Gender (M/F)	Ethnicity (see group code table)
N/A				

**** ALL APPLICANTS SHOULD RESUME COMPLETING THE APPLICATION HERE ****

24. Please identify the capital contributions to the company by each person identified in Question 21, including cash, equipment, property, and expertise

Name (First and Last)	Type of Contribution	Total Dollar Value	Date of Contribution (mm/yy)
D' Ann Ricketts	Cash, Equipment, Expertise, Sweat Equity	\$45,544.00	3/20/2010
Barry Ricketts	Cash, Equipment, Expertise, Sweat Equity	\$30,363.00	3/20/2010

25. If your company is owned in whole or in part by another company, please identify the company and the percentage of ownership interest. Include venture capitalists and other similar investors (N/A)

Company Name	Percentage Owned	Date Ownership Established (mm/yy)
N/A		

SECTION III: COMPANY MANAGEMENT

26. Identify individuals responsible for managerial operations (state if owner or non-owner). Refer to group code definitions on prior page.

Name & Title	Gender (M/F)	Group Code	Owner? (Y/N)
a) Financial Decisions			
D' Ann Ricketts, Manager / Owner	F	01	Y
b) Estimating			
Barry Ricketts, Manager / Owner	M	01	Y
c) Preparing Bids			
D' Ann Ricketts	F	01	Y
Barry Ricketts	M	01	Y
d) Negotiating Bonding			
D' Ann Ricketts	F	01	Y
e) Marketing & Sales			
D' Ann Ricketts	F	01	Y
f) Hiring & Firing			
D' Ann Ricketts	F	01	Y
Barry Ricketts	M	01	Y
g) Supervising Field Operations			
D' Ann Ricketts	F	01	Y
Barry Ricketts	M	01	Y
h) Purchasing Equipment/Supplies			
D' Ann Ricketts	F	01	Y
Barry Ricketts	M	01	Y
i) Managing & Signing Payroll			
D' Ann Ricketts	F	01	Y
j) Negotiating Contracts			
D' Ann Ricketts	F	01	Y
Barry Ricketts	M	01	Y
k) Signatures for Business Accounts			
D' Ann Ricketts	F	01	Y
Barry Ricketts	B	01	Y

27. Do any principals, officers, employees and/or owners of the firm have an affiliation, i.e. business interest or employment with any other firm?

Yes X No _____ (If "Yes", complete the following)

Name (First and Last)	Name and Address of Affiliated Firm	Nature of Business	Nature of Affiliation
Barry Ricketts	Barden Contracting LLC	Construction	Owner
D' Ann Ricketts	Barden Contracting, LLC 821 NW 18th Ave, Pompano Beach FL 33068		Owner

28. Number of Employees (if necessary, average over the past year)

<u>Permanent</u>	<u>Temporary</u>	<u>Field</u>
Full-Time _____	Full-Time _____	Full-Time _____
Part-Time _____	Part-Time _____	Part-Time <u>3</u>

SECTION IV: COMPANY FINANCES

29. Does your company have a Line of Credit?

Yes _____ No X If "Yes", please provide details:

- | Bank | Dollar Limit | Name of Guarantor(s) |
|---|--------------|----------------------|
| 30. Please list all major current lenders to the company <u>N/A</u> | | |

Name of Lender	Amount of Loan	Terms of Repayment

31. Identify bank(s) where company accounts are maintained

Bank Name	Address	Contact Name	Contact Title	Type of Account
Bank of America	Palm Aire / Ft Lauderdale Florida	Customer Ser	N/A	Bus Checking

32. Please provide gross receipts (sales) for each of the last three fiscal years. (If in business for less than three years, complete as applicable)

Current Year	<u>2011</u>	\$ <u>291,901.00</u>
Last Year	<u>2010</u>	\$ <u>8,000.00</u>
Previous Year	<u>N/A</u>	\$ <u>N/A</u>

SECTION V: COMPANY OPERATIONS

33. Check the industry which best describes your PRIMARY line of business

- Construction-related
- Consultants
- Consumer Service
- Manufacturer/Supplier
- Professional Service
- Purchasing
- Technical Service
- Other _____

34. If a license, permit or certification (e.g. Master Electrical License, PE for engineers, CDL for truck drivers, etc.) is required to conduct any part of your company's business, please identify the individual(s) holding the license, permit or certification and provide a copy **N/A**

Name of the Holder/Registrant	Type of License/ Permit/Certification	Issued by	Issue Date (mm/yy)	Exp. Date (mm/yy)

35. Is your company bonded? Yes ___ No X

If "Yes", please provide detail:

In process

Name of Agent/Broker	Surety Co.	Bonding Limit	
		Single \$	Aggregate \$

36. Is your company insured? Yes X No ___ If "Yes", please provide detail:

AC Insurance Services - Endurance / State Insur Fund **\$2,000,000.00**
 Carrier Name \$ Amount of Liability Insurance

37. Please list the company's major equipment or machinery

Type	Depreciated \$ Value	Acquisition Date (mm/yy)	Owned or Leased
Furniture & Accessories	6,057.00	05/05	Owned
Laptop (2)	2,200.00	02/08	Owned
Tablet -(2)	1,250.00	04/05	Owned
Peripherals	950.00	2004 thru 2011	Owned
Notebook (2)	750.00	12/09	Owned
Software	13,400.00	2004 thru 2011	Owned
Tools	17,300.00	2004 thru 2011	Owned

38. List rented, leased or owned warehouse, plant and office facilities – Submit copy of lease, deed or mortgage

Facility Type	Owner or Name of Lessor and/or rental agent	Amt of yearly payment
Office / Warehouse	EFB Corporation	\$750.00

39. Does your company share office space, personnel or equipment with any other company?

Yes ___ No X

If "Yes", please provide details.

Company Name	Phone	Personnel (X)	Office Space ("X")	Yard Space (X)	Equipment ("X")	Machinery (X)

ACKNOWLEDGEMENTS AND VERIFICATION

FIRST, this certification application form, the supporting documents, and any other information provided in support of the application is considered part of the application. Any false statements or misrepresentations in the application may result in the applicant's disqualification from certification as Minority and/or Woman-owned Business Enterprise (M/WBE) by The Port Authority of New York and New Jersey for him/herself and its subsidiaries, which are included in the term "Port Authority".

SECOND, the information contained herein is subject to the Port Authority's Freedom of Information policy as reflected in the resolution adopted by the Committee on Operations of the Port Authority on August 13, 1992.

THIRD, the Port Authority may require further proof of eligibility for certification in addition to the information disclosed in this application and the applicant shall cooperate with the Port Authority in supplying the additional information. By completing this application, the applicant agrees to submit the additional proof required and acknowledges that the Port Authority may decide to deny the application if the additional proof is not submitted within 30 days after it is requested.

FOURTH, by filing this application, the applicant consents to examination of its books and records and interviews of its principals and employees by the Port Authority for the purpose of determining whether the applicant is, or continues to be, an eligible M/WBE. The applicant acknowledges that its certification may be denied if such examinations or interviews are refused or if the Port Authority determines, as a result of the examinations or interviews, that the applicant does not qualify for certification as a M/WBE.

FIFTH, by filing this application, the applicant consents to inquiries being directed by the Port Authority to the applicant's bonding companies, banking institutions, credit agencies, contractors, clients and other certifying agencies for the purpose of ascertaining the applicant's eligibility for certification. If the applicant fails to permit such inquiring to be made, such failure may be grounds for denying or revoking the applicant's certification.

SIXTH, the applicant agrees that it will advise the Port Authority of any change in the ownership or operational and managerial control of applicant's business after the certification application has been filed within 30 days of such change.

SEVENTH, certification is normally granted for a period of five (5) years. However, the Port Authority may require submission of a new application, additional information, examinations of the applicant's principals and employees at any time before the expiration of the five-year certification period. The applicant's failure to submit such material or to consent to such examinations and interviews will be grounds for revocation of certification.

EIGHT, the filing of this application, its acceptance by the Port Authority, and any subsequent certification of the applicant by the Port Authority, is not intended to and does not create any procedural or substantive rights enforceable at law by the applicant against the Port Authority, its Commissioners, officers, agents or employees and any such certification is only intended to facilitate the identification of qualified and bona fide M/WBEs.

NINTH, the Code of Ethics certification attached hereto shall be considered part of this certification application and the applicant is advised to familiarize him/herself with the terms of the certification prior to submitting this application.

TENTH, in submitting this application the applicant and each person signing on behalf of the applicant certifies that, to the best of their knowledge and belief, the following statements are true and correct:

A) No individual who is current or former employee of the Port Authority or its subsidiaries (i.e., Port Authority Trans-Hudson Corporation (PATH), Newark Legal and Communications Center Urban Renewal Corporation) other than those individuals identified in the space immediately below (1) owns an interest in; or (2) has involvement in a relationship with the applicant firm (a) from or as a result of which the individual has received within the past year, or is entitled to receive in any future year, more than \$1,000 or its equivalent; or (b) which has a market value in excess of \$1,000. *(List here any such current or former Port Authority Employee (s))

B) No individual who is a current or former employee of the Port Authority or its subsidiaries other than those individuals identified in the space immediately below (1) holds a position in the applicant firm such as an officer, director, trustee, partner, employee, or a position of management; or (2) acts as a consultant, agent or representative of the firm in any capacity. *(List here any current or former Port Authority Employee (s))

*Included within the scope of this certification are the individuals identified by the applicant in response to questions 4, 4a, 8d, 9, 10, 10a, 17, 18, 19, 24 and 25.

ELEVENTH, the criteria for certification by the Port Authority as a Small Business Enterprise are outlined in the documentation entitled "Small Business Enterprise Program (SBE) Administered by The Port Authority of New York and New Jersey" which accompanies this application. If the applicant believes that he/she is eligible for SBE certification, he/she may request that this application also be treated as an SBE certification application by signing below. If signature is provided, all acknowledgments and provisions of this M/WBE certification shall also apply.

Applicant  Date 1-3-12

VERIFICATION

STATE OF New York)

SS:

COUNTY OF Kings)

(A) (For Sole Proprietorships, Partnerships, and Limited Liability Partnerships)

_____, being duly sworn, states that he or she is the owner of (or a Partner in) the entity making the foregoing application and that the statements and representations made in the application are true to his/her own knowledge.

Signature Date

(B) (For Corporations and Limited Liability Companies)

D' Ann Ricketts, being duly sworn, states that he/she is the
Name of Corporate Officer

Managing Member / President of Barden Contracting Services LLC
Title of Corporate Officer Name of Corporation

the entity making the foregoing application, that he/she has read the application and knows its contents, that the statements and representations made in the application are true to his/her knowledge, and that the application is made at the direction of the Board of Directors of the Corporation.

Corporate Seal Signature Date 1/3/12

Sworn to before me this 3 day of JANUARY, 2012

Notary Public

exp 9/25/2014
1259#
01W06152913

Mail to: **The Port Authority of New York and New Jersey
Office of Business & Job Opportunity - Certification Unit
233 Park Avenue South, 4th Floor
New York, NY 10003**

CODE OF ETHICS CERTIFICATION

In signing and submitting the annexed Certification Application, each applicant and each person signing on behalf of any applicant certifies that they have not made any offers or agreements or given or agreed to give anything of value or taken any other action with respect to any employee or former employee of The Port Authority of New York and New Jersey or any of its subsidiaries (hereinafter referred to as the "Authority") or any immediate family member of either which would constitute a breach of ethical standards under the Code of Ethics and Financial Disclosure dated as of July 18, 1994 (a copy of which is available upon request to the Office of Regional and Economic Development /Business & Job Opportunity), nor do they have any knowledge of any act on the part of such employee or former employee relating either directly or indirectly to the applicant which constitutes a breach of the ethical standards set forth in said code.

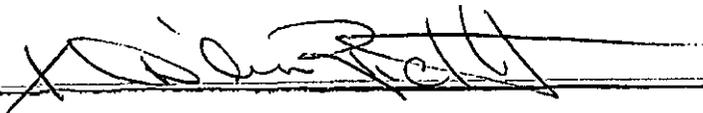
As used herein, "anything of value" shall include but not be limited to any (a) favors, such as meals, entertainment, transportation (other than that contemplated by an Authority contract), etc., which might tend to obligate the Authority employee to the Contractor and (b) gift, gratuity, money, goods, equipment, services, lodging, discounts not available to the general public, offers or promises of employment, loans or the cancellation thereof, preferential treatment or business opportunity. Such term shall not include compensation contemplated by any Authority contract.

The foregoing certification shall be deemed to have been made by the applicant as follows: If the applicant is a corporation, such certification shall be deemed to have been made not only with respect to the application itself, but also with respect to each director and officer, as well as, to the best of the certifier's knowledge and belief, each stockholder with an ownership interest in excess of 10%; if the applicant is a partnership, such certification shall be deemed to have been made not only with respect to the applicant itself, but also with respect to each partner. Moreover, the foregoing certification, if made by a corporate applicant, shall be deemed to have been authorized by the Board of Directors of the applicant, and such authorization shall be deemed to include the signing and submission of the bid and the inclusion therein of such certification as the act and deed of the corporation.

In any case where the applicant cannot make the foregoing certification, the applicant shall so state and shall furnish with the application, a signed statement that sets forth in detail the reasons thereof.

The foregoing certification or signed statement shall be deemed to have been made by the applicant with full knowledge that it would become part of the records of the Authority and that the Authority will rely on its truth and accuracy in granting certification.

Applicants are advised that knowingly providing a false certification or statement pursuant hereto may be the basis for prosecution for offering a false instrument for filing (see e.g., New York Penal Law, Section 175.30 et. Seq.). Applicants are also advised that the inability to make such certification will not, in and of itself disqualify an applicant, and that in each instance the Authority will evaluate the reasons therefore provided by the applicant.

A handwritten signature in black ink, appearing to be "Richard R. Bell", is written over a horizontal line. The signature is cursive and somewhat stylized.

THE PORT AUTHORITY OF NY & NJ

Certification Application for the Minority and Woman-owned
Business Enterprise Program

RECEIVED
OCT 03 2012

PLEASE PRINT OR TYPE CLEARLY

BY:

General Instructions:

- DO NOT LEAVE ANY SPACES BLANK ON THE APPLICATION - if a question is not applicable to your business insert "N/A" in the space provided for your answer
- Whenever the space is insufficient to answer the questions completely, attach additional sheets as necessary. Use the question number to identify any answer continued on an additional sheet
- For questions, call the Certification Helpline at (212) 435-7808 or E-mail objocert@panynj.gov.
- Once you have completed the application, please return it and all required documentation to:

The Port Authority of NY & NJ
 Office of Business Diversity and Civil Rights - Certification Unit
 233 Park Avenue South, 4th floor
 New York, NY 10003

SECTION I: MAIN COMPANY INFORMATION

1. Business Name

Barden Contracting Services, LLC

Legal name of company applying to be certified

2. D.B.A.

"Doing Business As"- Complete if company does business under a name which is different from its legal name.

3. Federal EIN or SSN

4. Business Address (must represent a physical location; cannot be a Post Office Box)

16 McKinley Ave. 1st floor

Street Address

Suite / Apt / Room / Unit

Albertson

NY 11507

City

State

Zip/Zip+4

Nassau

County

5. Business Mailing Address (complete only if different from the address given in Question 3)

50 West 72nd Street Suite 506-Shaw

Street Address

Suite / Apt / Room / Unit

Manhattan

NY 10023

City

State

Zip/Zip+4

6. Business Phone

516-307-8275

6a. Business Fax

*FL area code eFax # 561-228-0989

7. Business Website

www.bardencontracting.com

7a. Your E-mail Address

dee@bardencontracting.com

8. Your Cell Phone Number

9. Name/title of an authorized representative to contact during the application review process:

Ms. D' Ann Ricketts
 Mr./Miss/Mrs./Ms. First Name Last Name
President 954-393-7468 dee@bardencontracting.com
 Title Phone Ext. E-Mail Address

10. This company is applying for certification as ("X"all that apply)

Minority-owned Business Enterprise (MBE)

Refer to page _____ of the Application Guidelines to determine the appropriate designation for your company.

Women-owned Business Enterprise (WBE)

11. Are you currently involved in the bidding process or other contract/purchase order negotiations with the Port Authority or Port Authority tenants?

Yes No

If "Yes", identify the department within the Port Authority and/or name of tenant and contact name
 Currently we are bidding with the short list CM's for the TZB, Goethals, Etc...

*Not directly with the tenant however we are directly bidding with the GC that is bidding for tenant(s). EWR

12. Has your company ever applied for certification as an M/W/SBE, or a DBE (whether SBA 8(a), Transportation, or other) with another governmental agency, department, or authority?

Yes No

If "Yes", provide the following details

Name of Governmental Entity	Program (MBE, WBE, SBE, DBE)	Status (Pending, Certified, Decertified, Denied, Rejected, Revoked, On Appeal)	Date (mm/yy)
DSNY -Dormitory of NY	M/WBE	Certified	12/11
NYC - Small Bus Serv	MBE	Certified	1/23/2012
NYS - Empire State Development	MBE	Certified	3/23/2012

13. How did you first hear about The Port Authority of NY & NJ's M/W/DBE Certification program(s)?

(please choose only one)

Letter/Call/E-mail

Port Authority Web site

Prior Certification Events, Various

Event

Please specify name or sponsor of event and date

Other

Please specify what and when

Worked with GC's many years ago on work at the local airports.

* New York Metro Area

27. Do any principals, officers, employees and/or owners of the firm have an affiliation, i.e. business interest or employment with any other firm? * Note: This company has since become an inactive company in Florida, & never in NY.
 Yes No (If "Yes", complete the following)

Name (First and Last)	Name and Address of Affiliated Firm	Nature of Business	Nature of Affiliation
Barry Ricketts	Barden Contracting LLC	Construction	Owner
D' Ann Ricketts	Barden Contracting, LLC 821 NW 16th Ave, Pompano Beach, FL 33069		Owner

28. Number of Employees (if necessary, average over the past year)

<u>Permanent</u>	<u>Temporary</u>	<u>Field</u>
Full-Time <u>2 - Owners</u>	Full-Time _____	Full-Time _____
Part-Time _____	Part-Time _____	Part-Time <u>3- On Call / Union</u>

SECTION IV: COMPANY FINANCES

29. Does your company have a Line of Credit?
 Yes _____ No If "Yes", please provide details:

Bank	Dollar Limit	Name of Guarantor(s)
30. Please list all major current lenders to the company N/A		

Name of Lender	Amount of Loan	Terms of Repayment

31. Identify bank(s) where company accounts are maintained

Bank Name	Address	Contact Name	Contact Title	Type of Account
Bank of America	Palm Aire / Ft Lauderdale Florida	Customer Ser	N/A	Bus Checking

32. Please provide gross receipts (sales) for each of the last three fiscal years. (If in business for less than three years, complete as applicable)

Current Year	<u>2011</u>	\$ <u>\$57,785.00</u> *Corrected Amount
Last Year	<u>2010</u>	\$ <u>8,000.00</u>
Previous Year	<u>N/A</u>	\$ <u>N/A</u>

* NOTE: I have no idea where the amount for Current Year 2011 as it does not jive with anything I can only imagine where this number came from and since it's been so much time that has passed I cannot account for the error, I can only correct it at this time.

38. List rented, leased or owned warehouse, plant and office facilities – Submit copy of lease, deed or mortgage

Facility Type	Owner or Name of Lessor and/or rental agent	Amt of yearly payment
Office / Work Space	16 McKinley LLC	\$6,600.00/yr

39. Does your company share office space, personnel or equipment with any other company?

Yes _____ No X

If "Yes", please provide details.

Company Name	Phone	Personnel (X)	Office Space ("X")	Yard Space (X)	Equipment ("X")	Machinery (X)

Small Business Enterprise (SBE) Certification Application

Please Answer All Questions. Indicate N/A where not applicable.

1. Name of Firm: Barden Contracting Services LLC Federal Taxpayer's I.D.: _____
2. Address: 16 McKinley Ave
City: Albertsno County: Nassau State: NY Zip: 11507
Phone Number: () 516-307-8275 FAX Number: () 561-228-0989 (561 is correct code)
Cell Phone Number: _____ E-mail Address: dee@bardencontracting.com
Contact Person: D' Ann Ricketts Title: President / Owner

3. Type of Ownership:
 Sole Proprietorship Partnership Corporation LLC LLP
(a) The above type of ownership since: 3/20/2010
(b) Date established: 3/20/2010
(c) Method of acquisition (Explain): New Business
(d) Date of Acquisition: Month N/A Year: N/A

4. Names of Officers, Owners, or Partners:
President: D' Ann Ricketts Vice President: Barry Ricketts
Treasurer: N/A Secretary: N/A
Owners or Partners (not listed above) N/A

5. Are you a subsidiary of another company? Yes No
If yes, name of parent company: N/A
(Parent Company must submit SBE application and meet SBE guidelines.)

For assistance in completing this application, please contact the Office of Business & Job Opportunity at: (212) 435-7808 or OBJobCert@panynj.gov

6. What are the gross receipts of the firm reported for each of the last three (3) fiscal years (Copies of completed tax returns must be submitted to substantiate your income.)

<u>Month/Year</u>		
Year ending	2011	\$ 57,785.00
Year ending	2010	\$ 8,000.00
Year ending	N/A	\$ N/A

7. Please list principal types of services and/or supplies furnished. If available, specify

S.I.C. No. 1700 Product(s): G/C, Windows, Interior Fit-Out, Exterior, & Building Envelope

For Information Use Only

The Port Authority also sponsors a good faith minority and woman-owned business enterprise (M/WBE) program. If you wish to participate in such a program, please provide the information in questions 8 and 9.

8. Ethnicity and gender of principal owners:

- Black Native American Female
 Hispanic White (Non-Hispanic) Male
 Asian Other (specify) _____

9. Is this firm currently certified as a minority, woman-owned or disadvantaged business with any agency?
 Yes No If yes, state agency and type of certification.

Agency	Date	Type
Empire State Department (ESD)	3/23/2012	MBE
New York City Small Business Services (NYCSBS)	1/23/2012	MBE
Dormitory State of New York (DASNY)	1/12/2012	MWBE

Do you wish to apply for certification as a Minority or Woman Business Enterprise with the Port Authority?
 Yes No

Do Not Write Below This Line

For Office Use Only

Status _____ M/WBE ID No. _____

CONSTRUCTION REFERENCE SHEET

INSTRUCTIONS: Please fill in *all* requested information. VERIFICATION AND EVALUATION OF CONSTRUCTION CONTRACTOR'S REFERENCES WILL BE PERFORMED BY THE PORT AUTHORITY'S ENGINEERING DEPARTMENT. Four different company references are required for each specialty code (see att. #). A separate contractor reference sheet is required for each specialty code. Note: THE SAME REFERENCES ARE PERMITTED FOR DIFFERENT SPECIALTIES. Please feel free to make as many copies of this form as needed to submit your references.

Contractor: Barden Contracting Services LLC Specialty Code: 02.300
Address: 16 McKinley Avenue, Albertson NY 11507
Contact: D' Ann Ricketts Telephone No.: (516) 307-8275
(954) 393-7468 - Mobile

REFERENCE NO. 1

Name of Company: Optimum Construction Inc. (NYC Dept of Parks and Recreation)
Address: 2373 48th Street Astoria, NY 11103
Contact: Danny Markopoulos Telephone No.: (718) 956-6100
Scope of work performed: Site Work
Date Work Completed: 12/5/2012 Amount of Contract: \$ 30,000

REFERENCE NO. 2

Name of Company: Optimum Construction Inc. (NYC Dept of Parks and Recreation)
Address: 2373 48th Street Astoria, NY 11103
Contact: Danny Markopoulos Telephone No.: (718) 956-6100
Scope of work performed: Site Work
Date Work Completed: In-Process Amount of Contract: \$ 211,000

REFERENCE NO. 3

Name of Company: Kel - Mar Designs Inc. (NYC Dept of Design & Construction, FDNY)
Address: 111 John Street, New York NY 10038
Contact: Steve Allen Telephone No.: (212) 285-0400
Scope of work performed: Supply and Install Building Envelope
Date Work Completed: In Process Amount of Contract: \$ 868,000

REFERENCE NO. 4

Name of Company: Kel - Mar Designs Inc. (NYC Dept of Design & Construction, FDNY)
Address: 111 John Street, New York NY 10038
Contact: Steve Allen Telephone No.: (212) 285-0400
Scope of work performed: Curtain Wall
Date Work Completed: In Process Amount of Contract: \$ 282,000

CONSTRUCTION REFERENCE SHEET

INSTRUCTIONS: Please fill in all requested information. VERIFICATION AND EVALUATION OF CONSTRUCTION CONTRACTOR'S REFERENCES WILL BE PERFORMED BY THE PORT AUTHORITY'S ENGINEERING DEPARTMENT. Four different company references are required for each specialty code (see att. #). A separate contractor reference sheet is required for each specialty code. *Note: THE SAME REFERENCES ARE PERMITTED FOR DIFFERENT SPECIALTIES.*
Please feel free to make as many copies of this form as needed to submit your references.

Contractor: Barden Contracting Services LLC Specialty Code: 02.300
Address: 16 McKinley Avenue, Albertson NY 11507
Contact: D' Ann Ricketts Telephone No.: (516) 307-8275
(954) 393-7468 - Mobile

REFERENCE NO. 1

Name of Company: Volmar Construction Inc. (NYC Economic Development Corp., FDNY)
Address: 4400 Second Avenue, Brooklyn NY 11232
Contact: George Vrettos Telephone No.: (917) 807-2482
Scope of work performed: Building Envelope
Date Work Completed: 2/20/2012 Amount of Contract: \$ 200,074

REFERENCE NO. 2

Name of Company: Genrus Corp.
Address: 107-50 Guy Brewer Blvd., Jamaica NY
Contact: Nigel Marcellin Telephone No.: (718) 291-5054
Scope of work performed: Site Lay-Out, Estimating, Project Management, Consulting, Ser.
Date Work Completed: Services As Needed Amount of Contract: \$ 11,900

REFERENCE NO. 3

Name of Company: FDNY - Bureau of Facilities Management
Address: 48-34 35th Street, LIC, NY 11101
Contact: Gurpreet Singh Hans Telephone No.: (718) 609 1047
Scope of work performed: Remove and Re-Install Composite Panels on Bldg Exterior
Date Work Completed: 01/11/2013 Amount of Contract: \$ 2,900

REFERENCE NO. 4

Name of Company: Rockaway Development & Revitalization Corporation
Address: 1920 Mott Avenue, Far Rockaway, NY 11691
Contact: Kevin Alexander Telephone No.: (718) 327-5300
Scope of work performed: Phase Contract for Complete Building Demo & Renovation
Date Work Completed: In Process Amount of Contract: \$ Cost Plus
Est Max Aprox., \$1,000,000

THE PORT AUTHORITY OF NY & NJ

December 7, 2012

Mrs. D'Ann Ricketts
President
Barden Contracting Services, LLC
50 West 72nd Street
Suite 506-Shaw
New York, NY 10023

Re: MWBE Certification

Dear Mrs. Ricketts:

We are pleased to inform you that Barden Contracting Services, LLC has been certified and included in The Port Authority of NY & NJ's on-line directory of certified MWBEs. However, to participate in our construction program for MWBEs, your firm must be qualified. Your construction references are being reviewed by our Engineering Department. Once the review is completed, you will be notified under separate letter.

Please be advised that we periodically review all certifications and reserve the right to decertify any firm that no longer meets our guidelines. You must notify the Office of Business Diversity and Civil Rights in writing within 30 days of any significant changes to your business. These include, but are not limited to, a change of officers, directors, location and business name. Failure to advise us of these changes can result in decertification of your business. Your firm's identification number is **31894**.

This certification will remain in effect for five years or until December 6, 2017, after which you must submit a recertification application with supporting documentation. The application can be accessed from our Web site: www.panynj.gov/supplierdiversity

If you have any questions regarding your certification, you may email the Office of Business Diversity and Civil Rights at certhelp@panynj.gov or contact me at (212) 435-7807.

Sincerely,



Danny Washington
Certification Analyst
Office of Business Diversity and Civil Rights

Enclosure: Certificate

233 Park Avenue South, 4th Floor
New York, NY 10003
www.panynj.gov/supplierdiversity



THE PORT AUTHORITY OF NY & NJ

David Samson
Chairman

Patrick J. Foye
Executive Director

Barden Contracting Services, LLC

PA ID Number – 31894

This certificate acknowledges that the above-named firm is certified as a Minority/Woman-owned Business Enterprise.

Certification Date: December 7, 2012
Re-Evaluation Date: December 6, 2017



Lash Green, Director
Office of Business Diversity and Civil Rights

THE PORT AUTHORITY OF NY & NJ

December 7, 2012

Mrs. D'Ann Ricketts
President
Barden Contracting Services, LLC
50 West 72nd Street
Suite 506-Shaw
New York, NY 10023

Dear Mrs. Ricketts:

We are pleased to inform you that The Port Authority of NY & NJ has certified your business as a Disadvantaged Business Enterprise (DBE) on behalf of the New Jersey and New York State Unified Certification Program (NJ/NYS UCP) partners.

Your certification will remain in effect until **December 7, 2015**, provided your business continues to meet the eligibility criteria set forth in U.S. Department of Transportation, Code of Federal Regulations Title 49 Part 26. Annually, you must submit a signed and notarized "DBE No Change Affidavit" with supporting documentation. It is your responsibility to notify this office in writing within 30 days of any changes. Failure to do so may result in decertification of your business. Your firm's identification number is 31894.

The following table lists the North American Industry Classification System (NAICS) code(s) and description(s) that have been assigned to your business in accordance with the service(s) it render(s).

NAICS CODE	DESCRIPTION	NAICS CODE	DESCRIPTION
328310	Dry Wall and Insulation Contractors	237210	Land Subdivision
238350	Finish Carpentry Contractors	238330	Flooring Contractors
238190	Other Foundation Structure and Building Exterior Contractors	238340	Tile and Terrazzo Contractors
238130	Framing Contractors		

We have also added your firm to the NJ and NYS UCP directories, which can be accessed at <http://www.njucp.net/> and <http://www.nysucp.net/>, respectively.

If you have any questions regarding your certification, you may email the Office of Business Diversity and Civil Rights at certhelp@panynj.gov or contact me at 212 435-7807.

Sincerely,



Danny Washington
Certification Analyst
Office of Business Diversity and Civil Rights
Enclosure: NJ UCP Certificate Only

233 Park Avenue South, 4th Floor
New York, NY 10003
www.panynj.gov/supplierdiversity

New Jersey Unified Certification Program



**THE PORT AUTHORITY
OF NY & NJ**

Certified

DISADVANTAGED BUSINESS ENTERPRISE *Barden Contracting Services, LLC*

This certificate acknowledges that the above named firm is certified as a Disadvantaged Business Enterprise as defined in Title 49, Part 26 of the US Code of Federal Regulations. This certification will remain in effect for three years from the certification date and must be updated annually. The Port Authority of New York & New Jersey's Office of Business Diversity and Civil Rights must be notified within 30 days of any changes in the business that may affect ownership and control.

The firm will be listed in the NJ and NYS UCP directories under the following NAICS Code(s):

328310	Dry Wall and Insulation Contractors	238130	Framing Contractors
238350	Finish Carpentry Contractors	238330	Flooring Contractors
238190	Other Foundation Structure, and Building Exterior Contractors	238340	Tile and Terrazzo Contractors
237210	Land Subdivision		

The Port Authority of New York & New Jersey certified your firm as a DBE on behalf of the NJ and NYS UCP partners.

Certification Date: December 7, 2012
Re-Evaluation Date: December 7, 2015

Lash Green, Director
Office of Business Diversity and Civil Right

Washington, Danny

From: Dee Ricketts [dee@bardencontracting.com]
Sent: Friday, December 07, 2012 4:21 PM
To: Washington, Danny
Subject: Certification

Expires: Monday, December 10, 2012 12:00 AM

Mr. Washington,

As per your request please see the following NACIS codes to be associated with Barden:

- ✓ • 238310 DRY WALL AND INSULATION CONTRACTORS ✓
- ✓ • 23835 FINISH CARPENTRY ~~GA~~ CONTRACTOR ✓
- ✓ • 238130 FRAMING CONTRACTOR
- ✓ • 238330 FLOORING CONTRACTORS
- 238340 TILE AND TERRAZZO CONTRACTORS
- ✓ • 238190 OTHER FOUNDATION, STRUCTURE, AND BUILDING EXTERIOR CONT
- 237210 LAND SUBDIVISION

If you have any questions please don't hesitate to call me.....

Thank You and Best Regards

D' Ann Ricketts
President
954-393-7468 (M)
516-307-8275 (O)
888-679-8270 (F)

16 McKinley Ave.
Albertson, NY 11507
NY Certified MWBE
T E A M
Together Everyone Achieves More!

BARDEN
CONTRACTING

dee@bardencontracting.com
www.bardencontracting.com

THE PORT AUTHORITY OF NY & NJ

CERTIFICATION INTERVIEW QUESTIONNAIRE

EXPLANATORY STATEMENT: (Must be read to applicant prior to interview)****

****The following questions are being asked to obtain additional information with regard to your M/WBE/DBE/SBE certification application. If there is any other information you'd like to present to support your application, you should do so during this interview.

NAME OF APPLICANT: BAIDEN CONTRACTING SERVICES, LLC

FEDERAL TAX I.D. NUMBER: _____

ADDRESS OF FIRM: 16 MCKINLEY AVENUE
ALBERTSON, NY 11507

PERSON (S) INTERVIEWED: D'ANN RICKETTS

INTERVIEWER (Business Representative): ROBERT K. FOREMAN

DATE: DECEMBER 5, 2012

1A. Type of interview: On Site In Office Telephone

1B. Type of business: LLC Corporation Partnership Sole Proprietorship

2. The address of the applicant's firm has been verified:
 Visual Applicant's Verbal Confirmation
If different from application, what is it?

Explain reasons for difference: _____

3. What is this firm's primary line of business?
GENERAL CONTRACTING

4A. Are there any other businesses located at this address:
 YES NO If yes, what businesses?
CUSTOM METAL CRAFTERS
JUST CURTAIN WALL

- 4B. Explain relationship with other firm(s), if any: TENANT - HAVE OCCASIONALLY
PACKED TOGETHER -
5. Is business name prominently displayed?:
 YES NO In NO, explain: _____
6. Explain how the business was capitalized (Loan, Savings, Etc.)
PERSONAL SAVINGS OF \$45,000 EARNED
INCOME, FLORIDA REAL ESTATE SALES,
SALARIES
7. As President of the company, describe your corporate duties and responsibilities:
OVERALL MANAGEMENT OF THE FIRM
8. As Vice President of the company, describe your corporate duties and responsibilities:
N/A
9. As Secretary/Treasurer of the company, describe your corporate duties and responsibilities:
N/A
10. Briefly recap the history of the firm, discuss where you are today and where you hope to be in the near future (five years)?
STARTED THIS ENTITY IN 2010,
JUST D'ANN + \$1,000 IN INCOME TODAY
D'ANN HAS 5 EMPLOYEES AND INCOME
2.9 MILLION
11. Explain and describe the day to day operation of the company
REGARDING TO
BIDS, RFI, SENDING OUT QUOTES, TAKE OFFS
ADMINISTRATIVE, WORKING THE JOBS (HANDSON)
12. Explain the process for solving field construction (or operational) problems
ANY PROBLEMS IN THE FIELD THEY WOULD D'ANN
13. Explain the process used to monitor cost
QUICKBOOKS, QUICK BID
+ ONCENTER.

14. How many supervisors does the company employ? JOB DEPENDENT
Explain their duties and responsibilities DAVE WILSON - SITE SUPER RESPONSIBLE FOR JOB SUPERVISION

15. Explain and describe the bidding and estimating process COLLABORATION BETWEEN BARRY & ANN

16. Explain the job/contract process N/A

17. If the firm were to add or delete services or specialties, who would make the decision?
D'ANN

18. When was the last time you hired an employee? DECEMBER, 2012
Explain the procedures UNION

19. When was the last time you fired an employee? NEVER
Explain the procedures

20. How does the firm recruit employees: UNION HALL

21. Who authorizes and signs payroll checks? BANN

Is this a separate account from your regular disbursement account? Yes No

22. How are funds disbursed? CHECK
How many signatures are required? 1
Are there any limitations? Yes No or amount authorized Yes No

23. Who signs contracts D'ANN

24. Are there any outstanding loans? Yes No If yes, provide details including terms and payback

25. How much time is spent with the business? 100% Explain time spent with other occupations N/A employment N/A or other endeavors N/A

26. How many hours per day and days per week does the M/W/DBE owner(s) spend doing work related to the operation of the firm: Hours per day: 12 Days per week: 5-6

OTHER OWNERS BARRY Hours per day: 12 Days per week: 5-6
Hours per day: _____ Days per week: _____
Hours per day: _____ Days per week: _____

27. Which of the owners are actively involved in the business and what is their principal involvement?
DANN - PRESIDENT - OVERALL MANAGEMENT
BARRY - VICE-PRESIDENT - ESTIMATING

28. What are the other owners' daily duties? ESTIMATING + PROJECT MANAGEMENT

29. Explain how the financial statements are used for managerial decisions
NOT RECENTLY

30. Is the M/W/DBE owner(s) presently employed elsewhere? Yes _____ No
Where? _____

31A. What is the net worth of your company \$ 75 K

31B. Are the other owners combined net worth less than \$ 1,325,000 Yes No _____

32. Financial Statements: Explain the loans to and from officers and/or stockholders
N/A

33. Explain and describe the negotiation process for banking, bonding, loans and letters of credit
DANN

34. How are the owners compensated for their work and ownership interest? (Verify the documents)
DANN - PAYROLL + DISTRIBUTION
BARRY - PAYROLL + DISTRIBUTION

35 Other than the owners, who are the key employees? What are their primary functions?
NO KEY EMPLOYEES AT THIS TIME

36 Explain and describe the company's marketing process. Who does it?
WEBSITE, NETWORKING, M/WBE CERTIFICATION, ATTEND JOINT VENTURE FUNCTIONS

37 How many signatures are required for payroll? 1 and other checks 1
Who signs the checks? DAWN

38 Have you ever subcontracted any of your company's contracts? Yes No
To whom? _____
Why? _____
Dollar Value \$ _____

39 Please explain the Company's Policy decision making process for employee benefits
UNION CONTRACTOR

40 Explain how you acquired expertise and experience in the firm's primary field of operations
DEGREE IN BUSINESS ADMINISTRATION + ACCOUNTING. REAL ESTATE BACKGROUND, SEVERAL CONSTRUCTION TRADE CERTIFICATES.

41 Explain how you hope to benefit from the certification program. MORE WORK

42 Explain how the M/W/DBE owner(s) acquired ownership in the firm
STARTED FIRM

43 Describe any arrangements or agreement this firm has with any other firm(s) to provide assistance in human resources, equipment or space
NONE

44A. Describe the M/W/DBE owner's spousal involvement in this business
V.P / ESTIMATOR - ACTIVE HERE

44B. What is the spouse's occupation? ESTIMATOR

44C. Where is the spouse employed? HERE

45. OPTIONAL: What areas of New York/New Jersey are you willing and able to conduct your business activity? Anywhere

46. OPTIONAL: Do you have a new York State/New Jersey State Employer's Registration Number issued by the Department of Labor? Yes No
(You can obtain the number by calling (518) 457-5718.)

47. Including owners who take an active part in the business, how many employees are Full-time? 7 Part-time? 0

48. Who are the owners and what are their ownership percentages?

<u>DANN</u>	% of Ownership	<u>60%</u>
<u>BARRY</u>	% of Ownership	<u>40%</u>
_____	% of Ownership	_____

49. Who contributed capital, equipment, real estate, inventory, etc. used in this business?
DANN \$45,000 - PERSONAL SAVINGS

50. Is there any other information that you would like to present to support your certification application?

INTERVIEWER'S OBSERVATIONS AND COMMENTS:

THE FOLLOWING IS VERIFICATION OF YOUR BUSINESS NAME, ADDRESS, TELEPHONE NUMBER AND PRODUCT CATEGORY AS IT WILL APPEAR IN THE DIRECTORY OF CERTIFIED FIRMS:

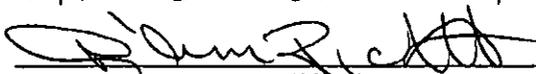
NAME: BARDEN Contracting Services LLC

ADDRESS: 16 McKinley Ave
Albertson NY 11507

TELEPHONE NUMBER: (516) 307-8270

FEDERAL TAX I.D. NUMBER: _____

PRODUCT AND/OR SERVICES: Construction Services in the
Commercial Area - Building Envelope
Exterior & Interior Finish

VERIFIED AND APPROVED BY: 
(Signature)

SIGNED BY: D'Ann Ricketts
(Print Name)

President
(Title)

DATE: 12-5-12

OTHER QUESTIONS FROM REVIEWING APPLICATION

1. _____
2. _____
3. _____
4. _____
5. _____

FINAL INFORMATION YOU WANT TO REVIEW:

1. Accounts Receivable/Accounts Payable
2. Review canceled checks to see who is being paid. Question the owner to see if he is aware of who some of the payees are. Obtain copies of questionable items.
3. Review payroll checks to see how much the owner is paid. Is the owner paid less than the other workers? Yes _____ No _____
4. Inquire as to the pay rate the workers are receiving. Are they paid prevailing wages?
5. Review lease agreement
6. Inquire as to the line of credit. Loan agreements with the company.
7. Review the General Ledger detail, Accounts Payable, Accounts Receivable, Loan Payable, Insurance Accounts and see what transactions are posted to the accounts. Look for any unusual names, etc.
8. Review actual invoices, sales orders, purchase orders and utility bills.
9. If this is an acquired business, what was the name of the previous business and owner?

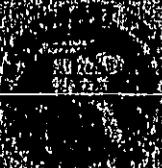
-
10. Name some of the largest customers _____

 11. Name some of the largest suppliers _____

STATE OF MISSISSIPPI
DEPARTMENT OF CORRECTIONS
D ANN RICKETS

has completed the Remedial Training for
Introduction to Weatherization

under Sponsorship and Direction
of the



State Technical Training Fund
State Building, State Capitol, Jackson, Miss.
07/05/2011

07/05/2011 - 07/15/2011

Director of Course

07/05/2011

NA

License Expires

07/05/2011

NA

License Expires

Robert C. Williams
State Director

Director of Course



CERTIFICATE OF ACHIEVEMENT

Awarded to

D'Ann Ricketts

For Successful Completion of

The Residential Construction Training Program

And

The Weatherization Training Program

July 15, 2001

Barbara J. Jordan
Miami-Dade County

Datto Johnson
The Great City of Opa-locka

Willie Logan
President, Opa-locka Community Development Corporation

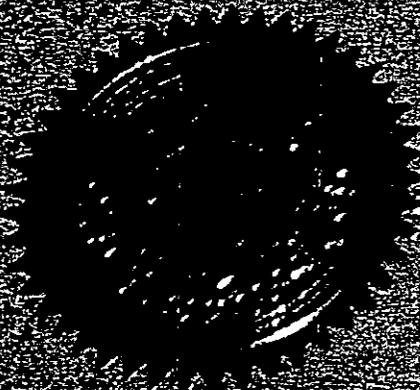
Certificate of Completion

This certificate is awarded to

DANN RICKETS

for successfully and diligently completing the 10-hour Occupational Safety and Health training
Course in Construction Safety and Health

OSHA-10



Guillermo Medina
Guillermo Medina
Trainer



CERTIFICATE OF ACHIEVEMENT

Awarded to

D'Ann Ricketts

For Successful Completion of
The Residential Construction Training Program

And
The Weatherization Training Program

on 11/15/2011

Mayor Dan Bevilacqua
City of Grand Rapids

D' Ann Ricketts, Construction Management

(Direct) 954-393-7468

Email: Dee@bandencontracting.com

Experience:

CURRENTLY:

Day to Day Operations, Project Management / Pre-Construction, Change Management.
My construction expertise incorporates responsibilities in Preparing detail scope sheets.
Assist Clients with Sub-Contractor Buy-Outs;
Help with handing winning projects over to Operations.

Commercial / Residential Construction

2000 - Present

- New Construction Projects, Sub-Contractor Buy-Outs, Exterior / Interior Improvement Projects, Financial Management, Business Management, Cost Coordinator, Progress Tracking, Change Order Management, Project Management, Permitting & Coordination with Building Departments & Inspectors, Payroll / Certified Payroll Reports
-

WFS Mortgage Services 1998 - 2001

Commercial - Residential Finance Manager

- Owned and Operated Business
- Responsible for Managing Operations of the Business.
- Managing staff; Contract Origination; Finance Processing; Documentation Verification; Close Out; Quality Control Management; Contract Documentation Follow up.

[1/3/12]

Mortgage Loan Officer 1996-1998

- Commercial & Residential Loan Origination, Processing, Closing and Document follow up.

Real Estate Sales 1988-1996 - 2006 - Present

Commercial & Residential New Construction, Resale's, Management, Managed Investor Investments, Commercial, Residential, & Mixed Use Properties.

- Participated Annually in the "Builder Parade of Home Show Case / Sales".

Accountant 1978 - 1998 Robert Half Accounting Firm - Accountemps

General Accounting, Internal audits, Payroll, Annuities, Accounts Receivable, Payables, Corporate Taxes, Management and Training of New Hires. Employment occurred in various states during various times over the years.

D' Ann Ricketts
(Direct) 954-393-7468
Email: Dee@bordencontracting.com

Page 2 of 2

Education

- Turner School of Construction Management Graduate 2011
Miami Dade College
 - Construction Institute of Estimating – Sarasota Florida
 - LIUNA - Laborers' International Union of North America
Residential Construction Certification - Graduate 2011
OSHA 10hr Certification - 2011
Weatherization Specialist Certified - Graduate 2011
-
- Florida Gold Coast School of Construction
-
- Westchester College, White Plains, NY - Dean's List
-
- Wayne State University, Detroit, Michigan
 - Degree - Business Administration / Accounting
 - Certified Commercial Mortgage Specialist (CCMS)
 - Certified Residential Mortgage Specialist (CRMS)

[11/3/10 12:25 PM]

[1/3/12]

**BARRY RICKETTS
PRE-CONSTRUCTION MANAGER / ESTIMATOR
CHANGE MANAGEMENT**

CELL: 347-251-4593 -- email: barry@bardencontracting.com

CURRENTLY:

Pre-Construction, Estimating and Change Manager. My responsibilities include Preparing detail scope sheets for the analysis of subcontractor quotes during the hard bid process. Assist Clients with Sub-Contractor Buy-Outs; Assist with the handling of winning projects over to the clients operations. Use of On Center, Quick bid, Microsoft Office, Microsoft Projects and currently in the process of learning how to use Autodesk Revit for clientele.

I began my career in New York City's Construction Industry working within various areas. Worked as a union member for years, participated in building... Railroads, Bridges, with the use of Heavy Equipment, Commercial Office Fit-Out including Millwork and Aluminum extruded Curtain Wall and Windows This allows me to have first hand understanding and a keen eye for detail(s).

Project Experience:

2008-2010 TOWER-OHL - Pre-Construction Manager

Prepare detailed Estimates and Detail Scope Sheets for the Analysis of

Subcontractor quotes during the hard bid and GMP requirements.

Assemble Estimates, Solicit Sub-Contractors / Attend Pre-bid meetings.

Recent Projects worked on:

Earlinton Heights Station \$370 Million, MIA Regional Commuter Facility 40 Million,

JPM Enrichment Center \$27 Million, Opa-Locka Air Traffic Control Tower \$11 Million,

VA Hospital \$80 Million, Waste Transfer Station \$6 Million,

Miami Fire Rescue Training Center \$23 Million, Tampa International Airport \$21 Million

2005-2007 HMS Construction Corp. - Estimator: Pompano Beach FL.

Preparation of Detailed Estimates, Assemble the

Estimates including visiting on-going projects, Verifying status of Estimate Versus

Project Status, Meet with Project Operations Team Members, Solicit Sub-Contractors,

Attend Pre-Bid Meetings Coordinate with Company Field Supervisor.

2001-2005 Quantities Inc Senior Quantity Surveyor - Mount Vernon NY

Quantifying and Pricing material from working and Preliminary

Drawings with Verti-graph Software Digitizing In Excel Spread Sheets,

Onscreen Takeoff Software including Quick bid, Working with VP of Estimating

to create Cost Estimates, Quantity Surveying and Budgets for New Construction

2001-2005 Holt Construction Inc. New Jersey – Newark Airport & Surrounding Area
Responsibilities included: Estimating, Project Coordination, Layout wall partitions, Drywall Ceiling, Acoustical Ceiling, Finish Millwork, Doors and Hardware.

1989-2001 New England Const. Field Foreman / Union Carpenter: - Long Island New York
Responsibilities included: Layout wall partitions, Drywall ceiling, Acoustical Ceiling, Finish Millwork, Doors and Hardware.

EDUCATION: Kings Borough Community College Associates in Liberal Arts,

Computer Career Center, Associates Computer Science A+ Certificate

Construction Estimating Institute of Florida

Florida Atlantic University – Turner School of Construction Management

4 Years New York City Carpentry School Collage

3 Years Operating Engineering School, Holding a New York City Crane License,

Lull Fork Lift Certified.

BARDEN CONTRACTING SERV. LLC.

16 McKinley Avenue, Albertson NY 11057
516-307-8275

Date: August 13, 2012

Re: Bank Authorization

RECEIVED
OCT 03 2012

BY:

Dear: Mr. Washington,

I have enclosed a copy of a new bank authorization / signature card showing Barry and mine signature.

Since we mostly do our banking online it has never presented a problem for us however understanding the importance of it showing on record we have taken care of the matter.

As a matter of record; On the day that we scheduled to open the account I had to cancel because of other matters and planned to go in at another time.

I D' Ann Ricketts certify the above to be a "true certified statement".

Respectfully,



President

"Team - Together Everyone Achieves More"

954-393-7468 (M)

561-228-0989(e-fax)

516-307-8275 (O)

Direct: 954.393.7468

E-mail: dee@bardencontracting.com website: www.bardencontracting.com



BANK OF AMERICA, N.A. (THE "BANK")

Limited Liability Company Signature Card

Account Number _____
Account Type BUSINESS ECONOMY CHECKING
Account Title BARDEN CONTRACTING SERV, LLC

Temporary Signature Card

Name of Company BARDEN CONTRACTING SERV, LLC
Tax Identification Number _____

RECEIVED
OCT 09 2012

For a Limited liability Company enter the tax classification (D = disregarded entity, C = corporation, or P = partnership) on this line. _____

BY: _____

Exempt payee

By signing below, the above named Association agrees that this account is and shall be governed by the terms and conditions set forth in the following documents, as amended from time to time: (1) the Deposit Agreement and Disclosures, (2) the Business Schedule of Fees, and (3) the Miscellaneous Fees for Business Accounts, and the Association further acknowledges the receipt of these documents.

Substitute Form W-9. Certification-Under penalties of perjury, I certify that: (1) The number shown on this form is the correct taxpayer identification number (or I am waiting for a number to be issued to me), and (2) I am not subject to backup withholding because: (A) I am exempt from backup withholding, or (B) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (C) The IRS has notified me that I am no longer subject to backup withholding, and (3) I am a U.S. citizen or other U.S. person (as defined in the instructions).

Certification Instructions

You must cross out item (2) above if you have been notified by the IRS that you are currently subject to backup withholding because of underreporting interest or dividends on your tax return. (See also IRS instructions for Form W-9).

The Internal Revenue Service does not require your consent to any provision of this document other than the certifications required to avoid backup withholding.

Name (typed or printed)

1. barry ricketts
2. d'ann ricketts

Signature

[Handwritten signatures]

Date

7/21/12
7/21/12

I, the undersigned, hereby certify (1) that I am a duly authorized member/manager of the Company named above, (2) that the above named person(s) are those persons currently empowered to act under the Company resolutions authorizing this account and the other banking services provided for therein, (3) that the specimen signature set forth opposite the name of each person is true and genuine, and (4) the Substitute Form W-9 certifications.

This 21st day of July 2012

Member/Manager

ATM/Deposit/Check Card Request

Provided that the account referenced above is eligible to receive Automated teller machine cards and/or Check Cards, I (as authorized by the resolutions which issued the account) authorize the use of such cards to any of the authorized users of the account. Issue Date: 11/2/11 Exp. Date: 11/2/19
2nd ID Type: BOA ABC 7159 041X5/16 2nd ID Type: BOA Visa ABC 0517 X6/11

Member/Manager

Member/Manager

Bank Information

Date 07/21/2012
Banking Center Name ISELIN
Associate's Name PATRICIA COY
Associate's Phone Number 732-362-0574





BANK OF AMERICA, N.A. (THE "BANK")

Limited Liability Company Signature Card

Account Number _____
Account Type Business Economy Checking
Account Title BARDEN CONTRACTING SERV, LLC

Temporary Signature Card

Name of Company BARDEN CONTRACTING SERV, LLC

Tax Identification Number _____

For a Limited liability Company enter the tax classification (D = disregarded entity, C = corporation, or P = partnership) on this line. C

Exempt payee

By signing below, the above named Association agrees that this account is and shall be governed by the terms and conditions set forth in the following documents, as amended from time to time: (1) the Deposit Agreement and Disclosures, (2) the Business Schedule of Fees, and (3) the Miscellaneous Fees for Business Accounts, and the Association further acknowledges the receipt of these documents.

Substitute Form W-9. Certification-Under penalties of perjury, I certify that: (1) The number shown on this form is the correct taxpayer identification number (or I am waiting for a number to be issued to me), and (2) I am not subject to backup withholding because: (A) I am exempt from backup withholding, or (B) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (C) The IRS has notified me that I am no longer subject to backup withholding, and (3) I am a U.S. citizen or other U.S. person (as defined in the instructions).

Certification Instructions

You must cross out item (2) above if you have been notified by the IRS that you are currently subject to backup withholding because of underreporting interest or dividends on your tax return. (See also IRS instructions for Form W-9).

The Internal Revenue Service does not require your consent in any provision of this document other than the certifications required to avoid backup withholding.

Name (typed or printed)	Signature	Date
<u>Brenda Arvelo</u>	<u>[Signature]</u>	<u>3/24/2010</u>
2. _____	_____	_____
3. _____	_____	_____
4. _____	_____	_____
5. _____	_____	_____

I, the undersigned, hereby certify (1) that I am a duly authorized member/manager of the Company named above, (2) that the above named person(s) are those persons currently empowered to act under the Company resolutions authorizing this account and the other banking services provided for therein, (3) that the specimen signatures set forth opposite the name of each person is true and genuine, and (4) the Substitute Form W-9 certifications.

This 24 day of MARCH, 2010
[Signature]
Member/Manager

ATM/Deposit/Check Card Request

Provided that the account referenced above is eligible to receive automated teller machine cards and/or Check Cards, I (as authorized by the resolutions which authorize this account) hereby request the issuance of such cards to any of the authorized signers on this account.

[Signature]
Member/Manager

Bank Information

Date	<u>03/24/2010</u>
Banking Center Name	<u>Falm Alto</u>
Associate's Name	<u>DAYRA ARVELO</u>
Associate's Phone Number	<u>954-973-0700</u>

Pr. ID# R232 06 065022 0
 Iss. By Type 54002 Iss. Date 11/30/04
 Exp. Date 11/30/11
 Iss. By Type 1511 Exp. Date 5/30/11
 Bus Owner Address CHRYSLER CREDIT FIN
 DR# 1/22/1965



December 3, 2012

To Whom It May Concern:

This to confirm that Barden Contracting / Barry and D'An Rickettes have been residents of the Extended Stay Hotel, 1 Hoover Way, Woodbridge, NJ 07095 since October 18, 2011 to present.

Sincerely

Sharon Terry
Front Desk Agent

COMMERCIAL LEASE AGREEMENT RECEIVED
FOR OFFICE SPACE OCT 02 2012

BY:.....

This Commercial Lease Agreement (Lease) is entered into on this 25th day of August, 2012, by and between 16 McKinley LLC (Landlord) and Barden Contracting Services LLC (Tenant).

Landlord is the owner of land and improvements whose address is: 16 McKinley Avenue, Albertson NY 11057.

Landlord lease office 'B' located on the 1st floor rear section of the premises designated at the same address known as Leased Premises.

Landlord desires to lease the Leased Premises to Tenant, and Tenant desires to lease the Leased Premises from Landlord for the term, at the rental and upon the provisions set forth herein.

THEREFORE, in consideration of the mutual promises contained herein, and for other good and valuable consideration, it is agreed:

Term.

~~The Initial Term of the Lease shall begin on the 25th day of August, 2012; and end on the 24th day of July, 2013.~~

~~*Grace period for 60 days to allow for office fit-out. Tenant rent will actually begin Oct. 25th, 2012 and shall be prorated.~~

**** Early termination of lease permitted with 30 days notification.**

Rent.

~~Tenant shall pay to Landlord during the Initial Term Five Hundred Fifty Dollars.~~

~~(\$6,600.00) per year, payable in installments of Five Hundred Fifty Dollars.~~

~~(\$550.00) per month. Each installment payment shall be due in advance on the fifteenth day of each calendar month during the lease term to Landlord's address of:~~

16 McKinley Avenue, Albertson NY 11057

Tenant shall also pay to Landlord a "Security Deposit" in the amount of Zero Dollars (\$0.00). Security Deposit Waived.

Prohibited Uses.

Notwithstanding the forgoing, Tenant shall not use the Leased Premises for the purposes of storing, manufacturing or selling any explosives, flammables or other inherently dangerous substance, chemical, thing or device.

Sublease and Assignment.

Tenant shall not sublease all or any part of the Leased Premises, or assign this Lease in whole or in part without Landlord's consent, such consent not to be unreasonably withheld or delayed.

Repairs.

During the Lease term, Landlord shall make, at Landlord's expense, all necessary repairs to the Leased Premises. Repairs shall include such items as routine repairs of floors, walls, ceilings, and other parts of the Leased Premises damaged or worn through normal occupancy.

Alterations and Improvements.

Tenant, at Tenant's expense, shall have the right, upon obtaining Landlord's consent, to remodel, redecorate, and make additions, improvements and replacements of and to all or any part of the Leased Premises from time to time as Tenant may deem desirable, provided the same are made in a workmanlike manner and utilizing good quality materials. Tenant shall have the right to place and install personal property, trade fixtures, equipment and other temporary installations in and upon the Leased Premises, and fasten the same to the premises. All personal property, equipment, machinery, trade fixtures and temporary installations, whether acquired by Tenant at the commencement of the Lease term or placed or installed on the Leased Premises by Tenant thereafter, shall remain Tenant's property free and clear of any claim by Landlord. Tenant shall have the right to remove the same at any time during the term of this Lease provided that Tenant shall repair, at Tenant's expense, all damage to the Leased Premises caused by such removal.

Utilities.

Included in Lease are all charges for water, sewer, gas, electricity, and other services, and utilities used by Tenant on the Leased Premises with the exception of telephone services. Tenant acknowledges that the Leased Premises are designed to provide standard office use electrical facilities and standard office lighting.

Quiet Possession.

Landlord covenants and warrants that upon performance by Tenant of its obligations hereunder, Landlord will keep and maintain Tenant in exclusive, quiet, peaceable and undisturbed and uninterrupted possession of the Leased Premises during the term of this Lease.

Security Deposit.

Landlord shall hold the Security Deposit without liability for interest and as security for the performance by Tenant of Tenant's covenants and obligations under this Lease. If Tenant is not in default at the termination of this Lease, Landlord shall return the balance of the Security Deposit remaining after any such application to Tenant.

Notice.

Any notice required or permitted under this Lease shall be deemed sufficiently given or served if sent by United States certified mail, return receipt requested, addressed as follows:

Landlord:

16 McKinley Avenue LLC

Tenant:

D' Ann Ricketts and Barry Ricketts of Barden Contracting Services, LLC
16 McKinley Avenue, Albertson NY 11057

Compliance with Law

Tenant and Landlord each shall comply with all laws, orders, ordinances and other public requirements now or hereafter affecting the Leased Premises.

[THIS SECTION OF THE PAGE IS INTENTIONALLY LEFT BLANK]

Final Agreement

This Agreement may be modified only by a further writing that is duly executed by both parties.

IN WITNESS WHEREOF, the parties have executed this Lease as of the day and year first above written.

Landlord Stephen Fosner 8-25-2012
16 McKinley LLC Date

Tenant D' Ann Ricketts 8-25-2012
D' Ann Ricketts Date

Tenant Barry Ricketts 8-25-2012
Barry Ricketts Date

Monthly Lease Agreement

1/3/12

THIS AGREEMENT entered into on August 1, 2011, by and between EFB Contracting Corp, hereinafter Lessor, and Barden Contracting Services LLC, hereinafter Lessee.

WITNESSETH: That for and in consideration of the payment of the rents and the performance of the covenants contained on the part of Lessee, said Lessor does hereby demise and let unto Lessee, and Lessee hires from Lessor those premises described as: Commercial Loft Warehouse located at 174 Bogart Street Brooklyn NY 11206 for a tenancy commencing on August 1, 2011, and at a monthly lease of Seven Fifty Dollars (\$750.00) per month, payable monthly in advance on the 15th day of each and every month, on the following and ending July 31st, 2014.

TERMS AND CONDITIONS:

1. **Form of Payment.** Lessee agrees to pay rent each month in the form of one personal check, OR one cashier's check, OR one money order made out to EFB Contracting Corp.

2. **Delivery of Payment.** Rent will be paid:

X in person, at Site on the Fifteenth Day of the Month -- Lessor to Pick-Up

 by mail, to

3. **Returned Checks.** If, for any reason, a check used by Lessee to pay Lessor is returned without having been paid, Lessee will pay a charge of Seventy Five Dollars (\$75.00) as additional rent AND take whatever other consequences there might be in making a late payment. ~~After the second time a Lessee's check is returned, Lessee must thereafter secure a~~ cashier's check or money order for payment of rent.

4. **Late Payments.** For any rent payment not paid by the date due, Lessee shall pay a late fee in the amount of Fifty Dollars (\$50.00).

5. **Prorated First Month.** For the period from Lessee's move-in date, August 1, 2011, through the end of the month, Lessee will pay to Lessor a prorated monthly rent of ~~-0-~~ Dollars (\$~~0-~~). This amount will be paid on or before the date the Lessee moves in.

6. **Ordinances and Statutes.** Lessee shall comply with all statutes, ordinances and requirements of all municipal, state and federal authorities now in force, or which may hereafter be in force, pertaining to the use of the premises.

7. **Repairs or Alterations.** Lessee shall be responsible for damages caused by his or her negligence and that of his guests. Lessee shall paint, paper or otherwise redecorate or make alterations to the premises with the prior written consent of Lessor. All alterations, additions, or improvements made to the premises with the consent of Lessor shall become the property of Lessor and shall remain upon and be surrendered with the premises.

8. **Painting.** Lessor reserves the right to determine when the dwelling will be painted unless there is any law to the contrary.

9. **Keys.** Lessee will be given 2 key(s) to the premises.

10. **Locks.** Lessee agrees not to change locks on any door or mailbox without first obtaining Lessor's written permission. Having obtained written permission, Lessee agrees to pay for changing the locks and to provide Lessor with one duplicate key per lock.

11. **Upkeep of Premises.** Lessee shall keep and maintain the premises in a clean and sanitary condition at all times, and upon the termination of the tenancy shall surrender the premises to Lessor in as good condition as when received; ordinary wear and damage by the elements excepted.

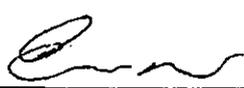
12. **Utilities.** Lessor shall be responsible for the payment of all utilities and services, except Telephone, Cable, and Internet and like services, all others which shall be paid by Lessor.

13. **Right of Entry.** Lessor reserves the right to enter the demised premises at all reasonable hours for the purpose of inspection, and whenever necessary to make repairs and alterations to the demised premises. Lessee hereby grants permission to Lessor to show the demised premises to prospective purchasers, mortgagees, tenants, workmen, or contractors at reasonable hours of the day.

14. **Termination.** This Agreement and the tenancy hereby granted may be terminated at any time by either party hereto by giving to the other party not less than one full month's prior notice in writing.

15. **Additional Terms and Conditions.** NONE

IN WITNESS WHEREOF, the parties hereto have executed this Agreement in duplicate the day and year first written above.

Lessee  Lessor 
Date Aug 1 2011 Date 8-1-2011

CERTIFICATE OF AUTHORITY UNDER SEC. 805 OF THE LIMITED LIABILITY COMPANY LAW

ENTITY NAME: BARDEN CONTRACTING SERV, LLC

DOCUMENT TYPE: APPLICATION FOR AUTHORITY (FOR LLC)

COUNTY: KING

FILED: 09/28/2011 DURATION: ***** CASH#: 110928001106 FILM #: 110928001033

FILER:

EXIST DATE

D' ANN RICKETTS
621 NW 16TH AVE

09/28/2011

POMPANO BEACH, FL 33069

ADDRESS FOR PROCESS:

THE LLC
174 BOGART STREET
BROOKLYN, NY 11206

SUITE 309

REGISTERED AGENT:

[11/3/12]

SERVICE COMPANY: ** NO SERVICE COMPANY **

SERVICE CODE: 00

FEEs 275.00

FILING 250.00
TAX 0.00
CERT 0.00
COPIES 0.00
HANDLING 25.00

PAYMENTS 275.00

CASH 0.00
CHECK 0.00
CHARGE 275.00
DRAWDOWN 0.00
OPAL 0.00
REFUND 0.00

RECEIPT

=====

ENTITY NAME: BARDEN CONTRACTING SERVICES, LLC

DOCUMENT TYPE: APPLICATION FOR AUTHORITY (FOR LLC)

=====

FILED: 09/27/2011 DURATION: ***** CASH#: 110927000123 FILM #:

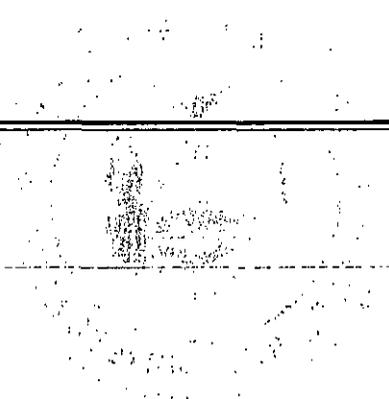
FILER:

D' ANN RICKETTS
621 NW 16TH AVE

POMPANO BEACH, FL 33069

ADDRESS FOR PROCESS:

REGISTERED AGENT:



=====

SERVICE COMPANY: ** NO SERVICE COMPANY **

SERVICE CODE: 00

FEEs 25.00

FILING 0.00
TAX 0.00
CERT 0.00
COPIES 0.00
HANDLING 25.00

PAYMENTS 25.00

CASH 0.00
CHECK 0.00
CHARGE 25.00
DRAWDOWN 0.00
OPAL 0.00
REFUND 0.00

BARDEN CONTRACTING SERVICES, LLC

LLC Operating Agreement

This is a Limited Liability Company Operating Agreement (the "Agreement") The Members in this agreement are as follows:

D' Ann Ricketts Barry Ricketts

The Members to this Agreement agree to the following:

Name:

[1/3/12]

This Limited Liability Company will be known as Barden Contracting Services, LLC (the "LLC").

The LLC:

- a) The Members have formed a Limited Liability Company.
- b) The terms and conditions of their LLC will be outlined in this Agreement.
- c) If the Agreement is executed, the LLC Operating Agreement will be in effect on 3/20/10.
- d) The LLC will only be terminated as outlined in this Agreement.
- e) The LLC's primary place of business will be:
621 NW 16th Ave, Pompano Beach, Florida 33069.
- f) The LLC will be governed under the laws of the state of Florida.
- g) The LLC's primary purpose is Providing:
Management & Labor Services for and within the Construction Industry.

Contributions:

The Members contribution to the LLC comes from Equipment, Software & other relating items.
Major Contributions were acquired over the years and are now considered capital contributions.

Interest:

The Members' ownership interest in the LLC will be as follows:
D'Ann Ricketts: 60%
Barry Ricketts: 40%

Costs:

The Members will share costs according to the following percentages:

D' Ann Ricketts: 50%

Barry Ricketts: 50%

Profits:

The Members will share the net profits of the LLC according to the following percentages:

D' Ann Ricketts: 50%

Barry Ricketts: 50%

The Members' profit allocation will be accounted by D' Ann Ricketts and Barry Ricketts according to the above percentages after the costs of the LLC have been paid or calculated.

Profit allocations will be distributed four (4) times per year.

Each member will receive 50% of their profit allocation each year from the LLC.
Percentages different than the above listed may be distributed according to a member vote.

Members and Managers:

The liability of the Members is limited according to the Limited Liability statutes for the state of Florida.

All Members of the LLC will remain Manager(s) and do not need to be reelected.

Managers shall vote in the operation of the Company's affairs and shall have no power to bind the Company without the mutual agreement of the other.

If a manager binds the company without the consent of the other manager than all losses will be solely absorbed by that manager. However all profits will benefit both managers.

No Manager is authorized to act on their own in obtaining contracts, financial, or other obligations binding on the LLC unless there remains only one Manager for the LLC.

Decisions will be based on a vote.

Accounting:

Members will keep accurate and complete books of accounts related to the LLC.

Member, whether majority or minority will be allowed to review all books of account.

Accounting records will be kept on an accrual basis.

All financial records including tax returns and financial statements will be held at the LLC's primary business address and will be accessible to all members.

The fiscal year will be complete on the last day of December of each year.

The following Members will be able to sign checks from any joint Member account:

D' Ann Ricketts

Barry Ricketts

New Members:

The LLC will amend this agreement to include new Members upon the written and unanimous vote of all Members.

The name of the LLC may be amended if a new Member is added to the LLC upon the written and unanimous vote of all Members.

Withdrawal or Death:

The Members hereby reserve the right to withdraw from the LLC at any time. Should a Member withdraw from the LLC because of choice or death, the remaining Member will own the remaining shares of the LLC unless otherwise agreed upon at a later time prior to withdrawal or death.

Dissolution:

Should the LLC be dissolved by majority vote or otherwise, the LLC will be liquidated, and the debts will be paid. All remaining funds after debts have been paid will be distributed based on the percentage of ownership interest outlined in this Agreement.

Amendments:

Amendments may be made hereto upon the unanimous and written consent of all Members. Amendments must be expressly written and have the original signatures of all Members.

Settling Disputes:

All Members agree to enter into mediation before filing suit against any other Member or the LLC for any dispute arising from this Agreement or LLC.

Members agree to attend one session of mediation before filing suit. If any Member does not attend mediation, or the dispute is not settled after one session of mediation, the Members are free to file suit. Any law suits will be under the jurisdiction of the state of Florida.

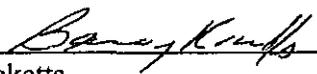
All Members signed hereto agree to the above stated Agreement.

Signed this 24 day of March, 2010

Signature: _____


D' Ann Ricketts

Signature: _____


Barry Ricketts



**Dormitory Authority
State of New York**

*Alfonso L. Carney, Jr., Chair
Paul T. Williams, Jr., President*

December 21, 2011

D'Ann Ricketts
Barden Contracting Services, LLC
174 Bogart Street, Suite 309
Brooklyn, NY 11206

*Ref.: DASNY Opportunities Program Registration
Registration Date: 11/9/2011
Registration Class: Minority Women*

The Dormitory Authority - State of New York (DASNY) Opportunity Programs Group is pleased to inform you of your acceptability into the Authority's Opportunities Program. Your firm will be included into the Authority's Registry under the Business Classification and Work Trades of:

*General Contractor-Const. Manager
Construction Manager
Project Management
GC (Architectural Work)
Estimating and Scheduling Service
Contract Administration Services*

Your Registration with the Authority is effective for two (2) years from the date of your registration into the program as indicated above. Our office must be informed of any material change that affects the ownership of your firm during this period.

If your classification is a minority or women-owned firm, your acceptance into this program is not in lieu of New York State Certification Status. If your firm is not New York State Certified, we strongly recommend that you also obtain and forward a completed Uniform Certification Application to Empire State Development, Division of Minority and Women's Business Development (DMWBD) so that your certification process can begin. To request an application please call their office at (518) 292-5250 or (212) 803-2414.

Sincerely,

Charles Croskey

Charles Croskey
MWBE Business Development &
Outreach Coordinator
Opportunity Programs Group

CORPORATE HEADQUARTERS
516 Broadway
Albany, New York 12207-2964

Tel: 518-257-3000
Fax: 518-257-3100

NEW YORK OFFICE
One Penn Plaza, 52nd Floor
New York, New York 10119-0098

Tel: 212-273-5000
Fax: 212-273-5121

BUFFALO OFFICE
539 Franklin Street
Buffalo, New York 14202-1109

Tel: 716-884-9780
Fax: 716-884-9787

WEB
www.dasny.org

MEMBERSHIP CERTIFICATE

Barden Contracting Services LLC

Company Name

organized in Florida has a total of 2 member(s) at 3/25/10 date

This certifies that Barry Ricketts is a member of the above named Limited Liability Company, and holds a 40 % interest of the above named company, which is entitled to the full benefits of such membership. Such benefits are subject to the membership duties and obligations set forth in the Limited Liability Company operating agreement.

This named Limited Liability Company has caused this certificate to be executed by its members this 25 Day of March, 2010.D.

[Signature]
Named member

[Signature]
witness and/or witness member

if sold:

N/A - This membership cannot be sold to any outside person.

For _____ received, I, _____ sell and transfer unto

_____ % of the membership interest,

Name of new member

Full address

Represented within this certificate, and appoint _____ to transfer the allocated interest in the books of the named Limited Liability Company with full power of substitution.

Seller

Newly named member

Witness

13/12

MEMBERSHIP CERTIFICATE

Barden Contracting Services LLC

Company Name

organized in Florida has a total of 2 member(s) at 3/25/10 date

This certifies that D'Ann Ricketts is a member of the above named Limited Liability Company, and holds a 60% interest of the above named company, which is entitled to the full benefits of such membership. Such benefits are subject to the membership duties and obligations set forth in the Limited Liability Company operating agreement.

This named Limited Liability Company has caused this certificate to be executed by its members this 25 Day of March, 2010.
[Signature] [Signature]
Named member witness and/or witness member

if sold:

N/A - This membership cannot be sold to any outside person.

For _____ received, I, _____ sell and transfer unto _____ % of the membership interest,

Name of new member _____ Full address _____
Represented within this certificate, and appoint _____ to transfer the allocated interest in the books of the named Limited Liability Company with full power of substitution.

Seller

Newly named member

Witness

**Electronic Articles of Organization
For
Florida Limited Liability Company**

L10000032140
FILED 8:00 AM
March 24, 2010
Sec. Of State
dbruce

Article I

The name of the Limited Liability Company is:
BARDEN CONTRACTING SERV, LLC

Article II

The street address of the principal office of the Limited Liability Company is:
621 NW 16TH AVE
POMPANO BEACH, FL. 33069

The mailing address of the Limited Liability Company is:
621 NW 16TH AVE
POMPANO BEACH, FL. 33069

Article III

The purpose for which this Limited Liability Company is organized is:
ANY AND ALL LAWFUL BUSINESS.

Article IV

The name and Florida street address of the registered agent is:

RICKETTS BARRY
621 NW 16TH AVE
POMPANO BEACH, FL. 33069

Having been named as registered agent and to accept service of process for the above stated limited liability company at the place designated in this certificate, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.

Registered Agent Signature: BARRY RICKETTS

Article V

The name and address of managing members/managers are:

Title: MGRM
BARRY RICKETTS
621 NW 16TH AVE
POMPANO BEACH, FL. 33069

Title: MGRM
D' ANN RICKETTS
621 NW 16TH AVE
POMPANO BEACH, FL. 33069

L10000032140
FILED 8:00 AM
March 24, 2010
Sec. Of State
dbruce

Article VI

The effective date for this Limited Liability Company shall be:

03/20/2010

Signature of member or an authorized representative of a member

Signature: BARRY RICKETTS

NYS Department of State

Division of Corporations

Entity Information

The information contained in this database is current through December 16, 2011.

Selected Entity Name: BARDEN CONTRACTING SERV, LLC

Selected Entity Status Information

Current Entity Name: BARDEN CONTRACTING SERV, LLC

Initial DOS Filing Date: SEPTEMBER 28, 2011

County: KINGS

Jurisdiction: FLORIDA

Entity Type: ~~FOREIGN LIMITED LIABILITY COMPANY~~

Current Entity Status: ACTIVE

Selected Entity Address Information

DOS Process (Address to which DOS will mail process if accepted on behalf of the entity)

BARDEN CONTRACTING SERV, LLC

174 BOGART STREET

SUITE 309

BROOKLYN, NEW YORK, 11206

Registered Agent

NONE

This office does not require or maintain information regarding the names and addresses of members or managers of nonprofessional limited liability companies. Professional limited liability companies must include the name(s) and address(es) of the original members, however this information is not recorded and only available by viewing the certificate.

*Stock Information

# of Shares	Type of Stock	\$ Value per Share
-------------	---------------	--------------------

No Information Available

*Stock information is applicable to domestic business corporations.

Name History

Filing Date	Name Type	Entity Name
SEP 28, 2011	Actual	BARDEN CONTRACTING SERV, LLC

A **Fictitious** name must be used when the **Actual** name of a foreign entity is unavailable for use in New York State. The entity must use the fictitious name when conducting its activities or business in New York State.

NOTE: New York State does not issue organizational identification numbers.

[Search Results](#) [New Search](#)

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[Homepage](#) | [Contact Us](#)

Empire State Development

March 23, 2012.

Ms. D'Ann Ricketts, President
Barden Contracting Services LLC
174 Bogart Street, Suite 309
Brooklyn, NY 11206

File No. 55972

Dear Ms. Ricketts:

On behalf of New York State Department of Economic Development, Division of Minority and Women's Business Development (DMWBD), has completed its review of your application for State Certification as a Minority and/or Women Owned Business Enterprise and has determined that your firm meets eligibility requirements for certification, pursuant to Executive Law, Article 15-A.

We are pleased to inform you that the firm of Barden Contracting Services LLC has been granted status as a Minority Owned Business Enterprise. Your business will be listed in the State's Directory of Certified Businesses with the following list of principal products or services:

~~2538 - Construction Consultants~~ ~~2352 - Project Administration~~
0251 - Estimators

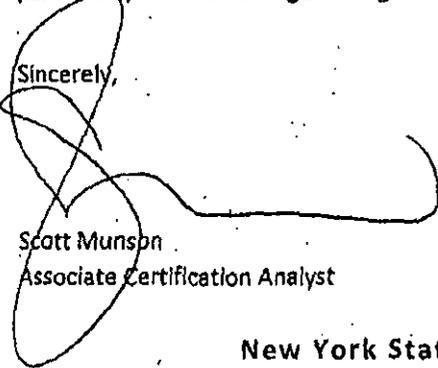
Your certification status is not intended to imply that the State of New York guarantees your company's capability to perform on state contracts, nor does it imply that your company is guaranteed any state business.

Be advised that your certification expires 3 years from the date of this letter or unless you are contacted by this office for recertification. Please remember that any changes in your company that affect ownership, managerial control and/or operational control, must be reported to this office within thirty (30) days of such changes; including changes to company name, business address, telephone numbers, principal products and/or services and bonding capacity. At such time as it is necessary for your company to be recertified, you will be notified by this office.

If your certification is questioned by any public or private entity, please direct the inquiry to this Office for clarification.

Thank you for your cooperation. On behalf of the State of New York, I wish you luck in your business endeavors, particularly those involving State agencies.

Sincerely,



Scott Munson
Associate Certification Analyst

New York State Department of Economic Development
633 Third Avenue New York NY 10017 212 803 2414
www.esd.ny.gov/mwbe.html



Robert W. Walsh
Commissioner

01/23/2012

Anne Rascón
Deputy Commissioner

D'Ann Ricketts
President
Barden Contracting Services, LLC
174 Bogart Street
309
Brooklyn, NY 11206-9999

Tax ID #:
FMS ID #: VC00139058

Division of Economic &
Financial Opportunity

RE: MBE Certification

110 William Street
New York, NY 10038

Dear D'Ann Ricketts:

212.513.6300 tel.
212.618.8899 fax

The Department of Small Business Services, Division of Economic and Financial Opportunity ("SBS/DEFO"), hereby certifies your firm pursuant to Title 66, Chapter 11, Subchapter B of the Rules of The City of New York, governing the Minority and Woman-owned Business Enterprise Program. SBS/DEFO will list your business in the *New York City Directory of Certified Businesses* at www.nyc.gov/buycertified, will promote your company to City agencies and procurement staff, and will advise you of upcoming City purchasing opportunities in your industry.

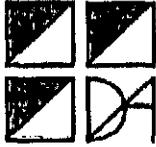
This certification remains in effect until 01/31/2017, but may be reviewed prior to the expiration date. You are reminded that a certified business must notify SBS/DEFO within 45 days of any material change in the information you provided in your application. A material change may include, but is not limited to, a change in any of the following: company name, business type, ownership interest, officers, operational control, business address, principal product(s) or service(s).

If your certification status is questioned, please direct the inquiry to this Office, at 212-513-6311, 9 am to 5 pm weekdays. I wish you the very best in your business endeavors.

Sincerely,

Alfred O. Milton
Associate Director, Certification

cc: Gregg Bishop, Assistant Commissioner



**Dormitory Authority
State of New York**

*Alfonso L. Carney, Jr., Chair
Paul T. Williams, Jr., President*

January 19, 2012

D'Ann Ricketts
Barden Contracting Services, LLC
174 Bogart Street, Suite 309
Brooklyn, NY 11206

*Ref.: DASNY Opportunities Program Registration
Registration Date: 11/9/2011
Registration Class: Minority Women*

The Dormitory Authority - State of New York (DASNY) Opportunity Programs Group is pleased to inform you of your acceptability into the Authority's Opportunities Program. Your firm will be included into the Authority's Registry under the Business Classification and Work Trades of:

*General Contractor-Const. Manager
Construction Manager
Project Management
GC (Architectural Work)
Estimating and Scheduling Service
Contract Administration Services*

Your Registration with the Authority is effective for two (2) years from the date of your registration into the program as indicated above. Our office must be informed of any material change that affects the ownership of your firm during this period.

If your classification is a minority or women-owned firm, your acceptance into this program is not in lieu of New York State Certification Status. If your firm is not New York State Certified, we strongly recommend that you also obtain and forward a completed Uniform Certification Application to Empire State Development, Division of Minority and Women's Business Development (DMWBD) so that your certification process can begin. To request an application please call their office at (518) 292-5250 or (212) 803-2414.

Sincerely,

Charles Croskey

Charles Croskey
MWBE Business Development &
Outreach Coordinator
Opportunity Programs Group

CORPORATE HEADQUARTERS
515 Broadway
Albany, New York 12207-2964

Tel: 518-257-3000
Fax: 518-257-3100

NEW YORK OFFICE
One Penn Plaza, 52nd Floor
New York, New York 10119-0098

Tel: 212-273-5000
Fax: 212-273-5121

BUFFALO OFFICE
539 Franklin Street
Buffalo, New York 14202-1109

Tel: 716-884-9780
Fax: 716-884-9787

WEB
www.dasny.org

BARDEN CONTRACTING SERV. LLC.

16 McKinley Avenue, Albertson NY, 11507

Date: 08/03/2012

Mr. Danny Washington
Business Development Representative
Office of Business Diversity and Civil Rights
Port Authority of NYNJ
233 Park Ave South, 4th Floor
New York City, NY 10003
212-435-7807
dawashington@panynj.gov

RECEIVED
OCT 03 2012

Current Certifications: ESD
BY:DASNY
NYCSBS

Re: MWBE/SBE/DBE Certification

Please Process Bardens' Certification as an MWBE/SBE/DBE.

Dear Mr. Washington

Also I would like it to be known that we are going to begin bidding as a General Contractor; while continuing to provide Construction Management Services, Consulting Services as well as our trade specialties.

Detailed below is a "copy" of the bulleted items that you requested additional / updated information for.

Documents attached are provided in the order per your request all items updated and newly submitted are at the end of the requested items.

- The passport that was provided to us listed the name of Denise Ann Whitehurst but the name is not listed on the application.
- Explain why Barry Ricketts is the only authorized signature on the Bank of America account.
- Copy of 2011 business tax returns.
- Copies of three executed contracts and at least an invoice for each submitted for payment, and proof of payment received. Submit only the following sections of the contract: The pages of the contracts that show the name, title, number, contract period, and the parties between whom the contracts were made, the scope of work for which Barden Contracting Services, LLC was responsible, and the parties that signed off on the contracts, consummating the agreement for Barden Contracting Services, LLC participation on the projects.
- Proof of the initial capital contributions the principals made to the company (i.e., front and back copies of the checks that were issued)
- Explain your involvement with Barden Contracting, LLC down in Florida.

Your time, patience and understanding are greatly appreciated.

If you have any further questions please do not hesitate to contact me at 516-307-8275 or Cell 954-393-7468.

Respectfully,

D'Ann Ricketts

Mobile: 954.393.7468 Office: 516-307-8275

E-mail barry@bardencontracting.com dee@bardencontracting.com website: www.bardencontracting.com

BARDEN CONTRACTING SERV. LLC.

16 McKinley Avenue, Albertson NY 11057
516-307-8275

Date: August 13, 2012

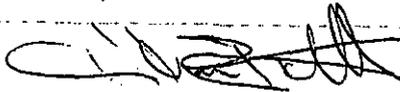
Re: Passport / Name Not Listed

Dear: Mr. Washington,

My passport has the name change listed within the passport. The copy you have in your file shows the name change outlined in the passport. I have attached another copy highlighting the name change noted within the passport.

I D' Ann Ricketts certify the above to be a "true certified statement".

Respectfully,



"Team - Together Everyone Achieves More"

954-393-7468 (M)
561-228-0989(e-fax)

516-307-8275 (O)

Direct: 954.393.7468

E-mail: dee@bardencontracting.com website: www.bardencontracting.com

BARDEN CONTRACTING SERV. LLC.

16 McKinley Avenue, Albertson NY, 11507

Page 2 of Cover Page

Date: 08/03/2012

Mr. Danny Washington
Business Development Representative
Office of Business Diversity and Civil Rights
Port Authority of NYNJ
233 Park Ave South, 4th Floor
New York City, NY 10003
212-435-7807
dawashington@panynj.gov

Current Certifications: ESD
DASNY
NYCSBS

Re: Updated Application / Certification Information

Updated Pages in Application:

- Page 1; Address – New Lease Enclosed
 - Page 1; Mailing Address
 - Page 1-Was updated using the newly revised application dated 6/2012
 - Page 2; # 12 Certifications received after port authority application submitted (copies of certificate's enclosed and noted above right hand corner)
 - Page 2; # 13 Added information in other section
 - Page 6; # 28 Updated Information
 - Page 6; # 32 Corrected incorrect information for "Current Year"
 - Page 8; # 38 – Leased Information for Office space
 - DBE Personal Financials
-

D'Ann Ricketts

Barden Contracting Services, LLC

RE: M/WBE / DBE Certification NYNJ PORT AUTHORITY

Documentation

Proof of Investment Sources

Barden Contracting Services, LLC

RE: M/WBE / DBE Certification NYNJ PORT AUTHORITY

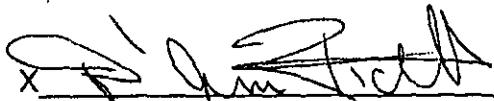
SUPPORTING DOCUMENTATION LETTER

Documentation – Proof of Investment Sources

We submit that this business is a new business however we were in business before and have always done self-proprietary work. We registered this business in the year of 2010.

However over the years we have accumulated various business assets necessary to our business for example equipment, software, furnishings etcetera in order to provide service's to others as business individuals that were self-employed. Some items can be documented while others are too old to supply documentation. We have attached for submission substantiated proof of pertinent investments to our business.

Business contributions are now owned and under the official company name as acquired / contributed in the year of 2011.

X 

D'Ann Ricketts, President

8/1/12

Date

X 

Barry Ricketts, Vice President

8-1-12

Date

Service Agreement - Capital Investment



UDA ConstructionSuite™ Order Confirmation

Pursuant to the attached Terms and Conditions, submit this Order Form to confirm your purchase. This Order Form and Terms serve as your Agreement with UDA Technologies for this order.

Seller: UDA Technologies, Inc.
UDA Credit Services
2272 Moores Mill Road
Auburn, AL 36830

Purchaser: BarDen Contracting LLC
Barry Ricketts
621 NW 16th Avenue
Pompano Beach, FL 33069

ConstructionSuite Software

Product	Licenses	Number of Payments	Payment
UDA ConstructionSuite 2011 Catalyst	1	1	\$100.00
Subtotal:			\$100.00

TotalCare Services

TotalCare service is required for the length of a payment plan and is automatically billed each month concurrent with the payment plan charge.

Product	Licenses	Number of Payments	Monthly Payment
Monthly TotalCare Membership	1	12	\$69.99
Subtotal:			\$839.88
Total:			\$939.88

Your authorized Signatory must sign or type his/her name here to sign the Agreement on your behalf. Return this completed form to UDA Technologies at credit@uda1.com or via fax at 334-821-0815. Submitting this Agreement authorizes UDA Technologies to process this order.

Signature: Barry Ricketts
Signatory's Title: Owner
Signature Date (MM/DD/YYYY): 10/13/2011

Terms and Conditions

These Terms govern your purchase of software and services ordered on this Order Form.

1. You agree to pay UDA Technologies the listed price for products and services that you order. You may not cancel your order once submitted. Payments will be billed monthly to the credit card on file. You will provide UDA Technologies with updated credit card information for cards that will expire during the duration of this agreement. Products and Services covered in this Agreement are non-refundable. If payments are declined, late, disputed, or otherwise behind, UDA reserves the right to suspend the use of the software until full payment is made. This suspension of service will not in any way reduce your obligation to pay the order in full. Additionally, a reactivation fee of \$35 per license will be assessed to reactivate your software in the event of non-payment. For payments over 45 days late, you will pay interest from the due date at the lesser of 2% per month or the legal maximum.
2. Products and Services listed in this Agreement are covered under the terms and conditions of the End-User License Agreement included in the software application. The laws of the State of Alabama govern this agreement. Any actions or disputes relating to this Agreement shall be brought in the appropriate court in Lee County, Alabama.
3. TotalCare coverage will automatically renew and continue to be charged monthly after this agreement ends. Prepaid 12-month TotalCare service will bill monthly after the first year. TotalCare coverage can be discontinued by contacting a UDA Customer Service Representative at the conclusion of this agreement.

Dee Ricketts

Don Castel
2 Service Agreement (2) Quick Bid *annex*

From: barry@bardencontracting.com
nt: Sunday, December 18, 2011 5:40 PM
o: dee@bardencontracting.com
Subject: FW: Authorization Status

Barry Ricketts
Project Coordinator
T: 347.251.4593
F: 954.623.7104
174 Bogart Street -- Suite 309
Brooklyn NY, 11206

barry@bardencontracting.com



www.bardencontracting.com

From: Tisha Ellis [<mailto:tisha.ellis@oncenter.com>]
Sent: Wednesday, June 09, 2010 1:46 PM
To: barry@bardencontracting.com
Subject: RE: Authorization Status

Barry

Where it says client id number, click that change button and enter 2004003708 and click save. After clicking save click the reauthorize button off to the right. If you need further assistance please reply to this email or contact us at 866-689-5687, thank you.

Sincerely,
Tisha Ellis
Technical Support Router

Direct: 281-297-9000 Ext.1002
Fax: 281.210.5509
Toll Free: 800.880.8254 Ext.1002
Sales: 866.627.6246
Support: 866.689.5687
Address: 1400 Woodloch Forest Drive, Suite 400

The Woodlands, TX 77380
Web: www.oncenter.com



Follow us:





On Center SOFTWARE

8708 Technology Forest Place, Suite 175
The Woodlands, TX 77381

Invoice

Date	Invoice #
3/30/2004	6604

PAID

Bill To
BarDen Contracting Denise Ricketts 6050 Blvd E West New York, NJ 07093

Ship To
BarDen Contracting Denise Ricketts 6050 Blvd E West New York, NJ 07093

P.O. No.	Terms	Due Date	Rep	Ship Via	Customer Email
	Special	5/29/2004	KE	Standard O/N	bardencontracting@hotmail.com

Description	Qty	Rate	Amount
Quick Bid Professional - Initial License - Interiors Database	1	6,495.00	6,495.00
Quick Bid & On-Screen Takeoff Bundle Discount	1	-899.00	-899.00
Quick Bid Professional - Maintenance and Technical Support - 2004	1	500.00	500.00
Pro-rated Discount on Support	1	-100.00	-100.00
Shipping	1	25.00	25.00
Due Now COD: \$2007.00 Due May 1: \$2007.00 Due June 1: \$2007.00			

Subtotal	\$6,021.00
-----------------	------------

Orders are eligible for a 30-day money-back guarantee from the date of receipt of shipment, except those paid with the lease option. Lease payments and shipping fees are non-refundable. Product box with complete contents and copy of original invoice must be returned to OCS to qualify for a refund. All returned digitizers and digital takeoff tables are subject to a \$500.00 re-stocking fee.

Each workstation requires a separate license. (Dongles can be insured under computer hardware)

Sales Tax (7.25%)	\$0.00
Total	\$6,021.00
Payments/Credits	\$-6,021.00
Balance Due	\$0.00

Phone #	Fax #	E-mail	Web Site
281-297-9000	281-297-9005	accounting@oncenter.com	www.oncenter.com



On Center SOFTWARE

8708 Technology Forest Place, Suite 175
The Woodlands, TX 77381

Invoice

Date	Invoice #
3/23/2004	6572

Bill To

BarDen Contracting
Denise Ricketts
6050 Blvd E,
West New York NJ 07093

Ship To

BarDen Contracting
Denise Ricketts
6050 Blvd E
West New York NJ 07093

PAID

P.O. No.	Terms	Due Date	Rep	Ship Via	Customer Email
	Special	5/22/2004	KE	3-Day Shipping	bardencontracting@3m...
Description		Qty	Rate	Amount	
On-Screen Takeoff - Professional Quantity Survey Software - Initial License		1	2,495.00	2,495.00	
On-Screen Takeoff - Maintenance and Technical Support - 2004		1	200.00	200.00	
Pro-rated Discount on Support			-20.00	-20.00	
Shipping		1	15.00	15.00	
PAYMENT PLAN: 1/3 DUE NOW & COD-\$900.00 4/23/04-1/3 due-895.00 5/23/04-1/3 due-895.00					
				Subtotal	\$2,690.00
<p>Orders are eligible for a 30-day money-back guarantee from the date of receipt of shipment, except those paid with the lease option. Lease payments and shipping fees are non-refundable. Product box with complete contents and copy of original invoice must be returned to OCS to qualify for a refund. All returned digitizers and digital takeoff tables are subject to a \$500.00 re-stocking fee.</p> <p>Each workstation requires a separate license. (Dongles can be insured under computer hardware)</p>				Sales Tax (7.25%)	\$0.00
				Total	\$2,690.00
				Payments/Credits	\$-2,690.00
				Balance Due	\$0.00

Phone #	Fax #	E-mail	Web Site
281-297-9000	281-297-9005	accounting@oncenter.com	www.oncenter.com

Capital Investment -

UDA Order U001235577 - Catalyst 2010.txt

From: sales@uda1.com
Sent: Saturday, March 20, 2010 8:34 PM
To: barry@bardencontracting.com
Subject: UDA Order U001235577

Dear Barry Ricketts,

Thank you for ordering from UDA Technologies.
As a leading provider of Construction Information Systems, Project Management Software and Services, our commitment is to provide you with exceptional customer service.

Your invoice number is U001235577.
Please retain or print this invoice number for reference information.

Thanks again for choosing UDA. We appreciate your business.
Please give us a call if we can be of further assistance.

Sincerely,

UDA Customer Service, info@uda1.com
UDA Technologies, Inc.
<http://www.udatechnologies.com>
1-800-700-8321 M-F 9:00-7:00 est

Following is a copy of your order:

Qty	Description	Unit	Amount
1	(CS-CM10CAT) UDA ConstructionSuite CM Catalyst 2010 * Option: Microsoft windows Vista * Option: Single License (Licensed for a single computer)	\$1599.99	\$1599.99
	* Option: Basic Support (30 Days Phone & 1 Year Email Support)		
	Subtotal:		\$1599.99
	Shipping:		\$15.00
	Total:		\$1614.99

Order placed at: Sat Mar 20 20:34:26 2010

Your order will be shipped to:
Barry Ricketts
621 NW 16th Avenue
Pompano Beach, FL 33069
United States of America
Shipping Method: 3-7 Day Ground Delivery & Download \$15.00
E-mail: barry@bardencontracting.com

Your order will be billed to:
Barry Ricketts
621 NW 16th Avenue
Pompano Beach, FL 33069
United States of America

Dee Ricketts

Capital Investment

From: barry@bardencontracting.com
Sent: Monday, December 19, 2011 9:53 AM
To: dee@bardencontracting.com
Subject: FW: PlanSwift Receipt

fyi

Barry Ricketts
Project Coordinator
T: 347.251.4593
F: 954.623.7104
174 Bogart Street - Suite 309
Brooklyn NY, 11206

barry@bardencontracting.com



www.bardenecontracting.com

From: PlanSwift [<mailto:sales@planswift.com>]
Sent: Monday, December 19, 2011 9:51 AM
To: barry@bardencontracting.com
Subject: PlanSwift Receipt

Barry-Ricketts,

Thank you for purchasing PlanSwift Professional 9.0.
To unlock the software, use the following customer number and pin number:

Customer #: (
Pin #:

To locate the unlock form, click the 'Help' menu in PlanSwift, select 'Activate PlanSwift Professional'.
Enter your Customer # and Pin # then click 'Activate'

(If you are using a trial version of the software, the software will have full function until it expires. At this time you can re-enter your Customer # and Pin # to fully unlock.)

Don't forget to check out our online tutorial videos: <http://www.planswift.com/tutorialvideos>

Purchased Items:
Item # Item Name Qty Price Total
Pro01Buy PlanSwift Professional - 1 User License 1 \$950.00 \$950.00

Your Order Total: \$950.00

Thank You for your purchase. We look forward to serving you.

- The PlanSwift Support Team
Sincerely,

Capital Investment



3DCADCO, Inc.
 PO BOX 402244
 Miami, FL 33140
 3DCADCO.COM
 305.438.0838 T
 305.875.8103 F

INVOICE

DATE	INVOICE #
3/25/2010	203300

BILL TO
Barden Contracting Barry Ricketts & D'Ann Ricketts

SHIP TO

P.O.#	TERMS	SHIP	VIA	REP	F.O.B.
		4/3/2010	On-Site	JS	
QTY	ITEM	DESCRIPTION		PRICE	TOTAL
2	TRAIN	ArchiCAD BIM Workshop FL Sales Tax		100.00 7.00%	200.00 0.00
		Bank Of America Barden Contracting Serv. LLC Visa No. Exp. date			
We appreciate your business				TOTAL	\$200.00

2/20/11

Gmail - QuickBooks Customer Service Case 1-3830066210



D'Ann Ricketts <dannricketts@gmail.com>

Capital Investment Proof

QuickBooks Customer Service Case 1-3830066210

1 message

QuickBooks_CustomerService@intuit.com
<QuickBooks_CustomerService@intuit.com>
To: DANNRICKETTS@gmail.com

Tue, Dec 20, 2011
at 1:06 PM



Today's Date: 12/20/2011 06:04:30 PM

Case ID: 1-3830066210

Dear D' ANN RICKETTS,

Thank you for contacting Intuit, Inc. with your recent QuickBooks® request.

The Quick Books Premier Accountant 2010 license is registered under the business name BarDen Contracting Serv. LLC

For additional questions please feel free to use our online support center at www.quickbooks.com/support, or call customer service at 1-888-446-8848 (1-888-4-INTUIT)

We appreciate your business and hope to have the opportunity to serve you again in the future!

Respectfully,

Payroll Service Agreement (only)

Order Details

1.800.4INTUIT

Order Date: 11/28/2011
Order Number: SBL47075544

Item Ordered	Delivery Method	Status	Estimated Delivery	Qty	Item Price	Item Total
QB BASIC PAYROLL FOR UP TO 3 EMPLOYEES ANNUAL RECURRING BILLING		Available	11/28/2011	1	\$135.00	\$135.00

Request Refun

Subtotal: \$135.00

Tax: \$0.00

Shipping: \$0.00

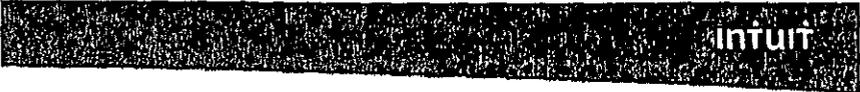
Order Total: \$135.00

Address Information	Payment Method
Billing Address BARRY RICKETTS BARDEN CONTRACTOR SERVICE, LLC 621 NW 16TH AVE POMPANO BEACH, FL 33069-2832 USA	BARRY RICKETTS Visa
347-251-4593 BARRY@BARDENCONTRACTING.COM	

Who Are You? Accountants | Developers | Enterprise | Financial Institutions | Healthcare | Partner | Retailers

Corporate: Support | Communities | Products A-Z | Contact Us | Careers | Privacy | Security | Legal | Intuit Labs | About I

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 Terms and conditions, features, support, pricing and service options subject to change without notice.



QuickBooks Registration Process

Step 1 Step 2 Step 3

[Print Page]

Your registration is now complete.

You will need this business phone number and zip code if you need to re-register QuickBooks in the future.

Name: Barry Ricketts User ID: barry@bardencontracting.com	Business Phone: (347) 251-4393 Zip Code: 33069	Licence Number: Product Code: 689-897
How did we do? Rate your overall QuickBooks registration experience:		

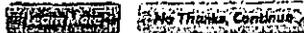
Based on your responses, Intuit payment solutions can help you run your business better.

Accept Credit Cards the Easy, Affordable Way

Accept all major credit and debit cards right in QuickBooks.

- Save money — there's no additional software to purchase, phone line to add, or expensive terminal to buy.
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Capital Investment Barden Conkashy Services

ENTER TO WIN A \$100 HSN GIFT CARD — REFER A FRIEND

need help?

or call 1-800-933-2887 (8am-1am ET)

Order Detail

Order No: 631802811
Order Date: 5/11/2011

Payment Method:
Visa *

Shipping Address :
DIANN RICKETTS
621 NW 16TH AVE
POMPANO BEACH, FL
330690000

Product Description	Status	Estimated Delivery	Qty	S&H	Price
Item No: 965-309 VuPoint Magic Wand Portable Document and Photo Scanner		Ground - 05/23/2011	1	\$6.95	\$89.90

Subtotal: \$89.90
S&H: \$6.95
Tax: \$5.81
Total: \$102.66

You've chosen FlexPay for this order

Flexpay Detail

Payment Date	Amount	Payment	Status
5/12/2011	\$42.74	Visa ****5935	billed
11/2011	\$29.96	Visa ****5935	billed
7/11/2011	\$29.96	Visa ****5935	billed

Capital Investment - Barden Contracty Services



ENTER TO WIN A \$100 HSN GIFT CARD - REFER A FRIEND

Order Detail

need help?

or call 1-800-933-2887 (8am-1am ET)

Order No: 631803416
Order Date: 5/11/2011

Payment Method:
Visa *

Shipping Address :
D' ANN RICKETTS
621 NW 16TH AVE
POMPANO BEACH , FL
330690000

Product Description

Item No: 127-863
GE E1680W 16MP 8X Zoom Digital Camera with
Software PURPLE

Status

Estimated Delivery

Qty

S&H

Price

Ground - 05/23/2011

1

\$0.00

\$149.95

You've chosen FlexPay for this order

Flexpay Detail

Payment Date	Amount	Payment	Status
11/2011	\$36.96	Visa ****5935	billed
6/10/2011	\$27.93	Visa ****5935	billed
7/10/2011	\$27.93	Visa ****5935	billed
9/8/2011	\$27.93	Visa ****5935	billed

Subtotal: \$149.95
S&H: \$0.00
KASH: - \$38.20
Tax: \$9.00
Total: \$120.75

Capital Investment - Barden Contracting Inc

Search:



1-Day Pandigital Offer! Shop Our Best Value of the Day

QVC : My Account : Order Status : Order Detail

Order Detail

Bill-To
D' Ann Ricketts
621 NW 16th Ave
Pompano Beach, FL 33069

Ship-To
D' Ann Ricketts
621 NW 16th Ave
Pompano Beach, FL 33069

Payment Information
Visa

Sub Total: \$948.00
Total S&H: \$30.96
Total Tax: \$58.74
Order Total: \$1,037.70

Order Number: 3455663922

Order Date: 4/25/2010

In Stock:

E165749



HP DV7 17.3" Notebook 6GB RAM 500GB HD Blu-ray Win7,3YR McAfee White

Status	Gift Option	Price	Quantity	S&H	Tax	Total
Shipped: 4/27/2010 Label Printed: 4/25/2010 UPS Signature Ground		\$948.00	1	\$30.96	\$58.74	\$1,037.70

EDD*: 5/6/2010
Tracking Number:
1Z1816314221275360

Return Tracking Number:
7250033069024400010545254757

► Print Return Label

Gift With Purchase or Replacement:

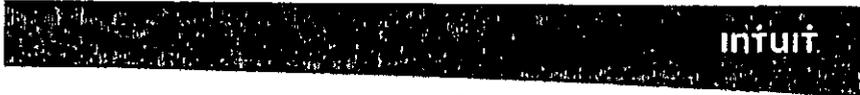
E165943



Adobe Photoshop, 3YR McAfee, Laplink PC Mover, Games Software

Status	Gift Option	Price	Quantity	S&H	Tax	Total
Shipped: 4/27/2010 Best Standard Delivery		\$0.00	1	\$0.00	\$0.00	\$0.00

EDD*: 5/4/2010



QuickBooks Registration Process

Step 1 | Step 2 | Step 3

[Print Page]

Your registration is now complete.

You will need this business phone number and zip code if you need to re-register QuickBooks in the future.

Name: Barry Ricketts User ID: barry@bardencontracting.com	Business Phone: (347) 251- 4593 Zip Code: 33069	License Number: Product Code: 689-897
How did we do? Rate your overall QuickBooks registration experience:		

Based on your responses, Intuit payment solutions can help you run your business better.

Accept Credit Cards the Easy, Affordable Way

Accept all major credit and debit cards right in QuickBooks.

- Save money — there's no additional software to purchase, phone line to add, or expensive terminal to buy.
- Save time — process transactions directly in QuickBooks and reduce the time you spend on double data entry and fixing data entry errors.
- Get paid faster — funds are deposited in your bank account in as little as 2 - 3 business days.

Call (888) 601-8780

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BARDEN CONTRACTING SERV. LLC.

16 McKinley Avenue, Albertson NY 11057
516-307-8275

Date: 8/03/2012

**Re: Florida Involvement
M/WBE / DBE Certification NYNJ PORT AUTHORITY**

Dear: Mr. Washington,

FLORIDA CONTRACTING INVOLVEMENT

Documentation – LETTER OF EXPLANATION

Barden Contracting LLC, in Florida is non-active at this time. Presently there is no intent to activate it.

I D' Ann Ricketts certify the above to be a **"True Certified Statement"**.

X



D' Ann Ricketts, President

Direct: 954.393.7468

E-mail: dee@bardencontracting.com website: www.bardencontracting.com

BARDEN CONTRACTING SERV. LLC.

16 McKinley Avenue, Albertson NY 11057
516-307-8275

Date: 8/03/2012

RECEIVED
OCT 03 2012

Re: Executed Contracts

Dear: Mr. Washington,

BY:.....

I have attached copies of the LOI for Barden Contracting Services LLC for two newly contracted works with the City of New York (FDNY)-as well as one recently completed for the FDNY where we were a 3rd tier sub. All three contracts are for same specialty work - Building Exterior / Envelope. I have also attached the contract recently completed as a 3rd tier sub along with a copy(s) of the receivable paid.

Although we are a new company 2.5 yrs. old we are not new to the business or working in and around the Metro area. After 911 a lot of things changed in the NYC area for a lot of us in the industry and area. So after much thought in late 2004 we relocated to Florida in pursuit of work and a new environment. ~~Eventually we went to work for others; during this time we still performed self-proprietary task for others. Some of the work we provided was in the contract management areas as well as estimating & consulting services.~~

We've always remained in contact with GC's that we worked with in previous years and so the respect and business relationship remained. We take pride in our workmanship and have always provided a superior finish.

One of our main GC's we provided work for is Holt Construction who still remains doing a lot of work at EWR and is looking to work with us again. Additionally there are others within the Port Authority who can vouch for Barden. Because all of our previous field employees were skilled Union Journeymen they are readily available and anxiously awaiting our call, ready to work and happy we are back and so are we. As a native New Yorker it's good to be home helping to take New York to the next step in building and rebuilding a better place.

I D' Ann Ricketts certify the above to be a "true certified statement".



Direct: 954.393.7468

E-mail: dee@bardencontracting.com website: www.bardencontracting.com



KEL-MAR
Designs Inc.

General Contractors
CONSTRUCTION MANAGERS

111 John Street
New York, NY 10038
PH: 212.285.0400
Fax: 212.285.0677

July 20, 2012

Barden Contracting Services, LLC
16 Mc Kinley Street
Albertson, NEW YORK 11507

Attn: D'Ann Ricketts

Re: Zerega Ave EMS Station

Re: **LETTER OF INTENT TO CONTRACT FOR: Building Envelope**

RECEIVED
OCT 02 2012

BY:

You are hereby notified that you have been awarded the Building Envelope work at Zerega Avenue EMS located at 501 Zerega Avenue, Bronx, NY 10473. The above named subcontractor is solely prepared to perform the described scope of work and shall provide all labor, supervision, materials and equipment required for the completion of the phased work, which will be reflected in a forthcoming contract and is being prepared for execution. Attached please find the Contract Drawings, Specification List and Scope of Work document attached.

The subcontract will be written on a Kel-Mar Designs, Inc Standard Agreement Form for the Lump Sum Price of **Eight Hundred Sixty Eight Thousand Dollars and 00/100 (\$868,000.00)**. The subcontractor affirms that he is prepared and capable of performing the entire scope of work portion of the contract for the dollar amount as stated above. The above listed amount represents the entire dollar amount quoted based on the quotes provided to Kel-Mar Designs, Inc. No conversations, verbal agreements, and/or other forms of non-written representations shall serve to add, delete, or modify the terms as stated.

This subcontractor understands and accepts that all milestone dates and scheduling specified by Kel-Mar Designs, Inc. at the time of contract award must be strictly adhered to and will notify Kel-Mar Designs, Inc in writing of any proposed modifications. Upon receipt of this notice of authorization, the ordering of material, preparation of shop drawings, sourcing of product specifications/samples of materials and equipment to be used for the project are to be prepared, assembled and submitted to Kel-Mar Designs, Inc. for Architect or Owner approval. Shop drawing submittals shall be submitted within 2 weeks after notice is received as per duration shown in Barden's schedule provided

7/19/12 *SL*

Kindly acknowledge your acceptance of this understanding by signing this letter in the space provided below and returning it to the undersigned within 24 hours of receipt. Please submit your proof of insurance certificate for the project to Kel-Mar Designs, Inc immediately. This document shall not serve in any manner as an actual subcontract between the two parties. The undersigned will enter into a formal written agreement for the above work with you, conditioned on your execution of this letter of intent.

Note: All subcontractors are to be approved by NYCDDC before commencing any work on site.

Very Truly Yours,
Kel-Mar Designs, Inc.

[Signature]
Steve Allen, Project Manager

Acknowledged by: *[Signature]*
D'Ann Ricketts, President
Subcontractor: Barden Contracting Services, LLC

Date: July 23, 2012

cc: File
Contract to Follow

APPLICATION AND CERTIFICATION FOR PAYMENT

AIA DOCUMENT G702

TO CONSTRUCTION MANAGER:

KEL-MAR DESIGN INC.
111 JOHN STREET
NEW YORK, NY 10038

PROJECT: ZEREGA EMS STATION
501 ZEREGA AVE
BRONX, NY 10473

APPLICATION NO: 1

Distribution to:

APPLICATION DATE: August 29, 2012

GC

PERIOD FROM: July 20, 2012

CONSTRUCTION MANAGER

PERIOD TO: August 31, 2012

ARCHITECT

CM PROJECT NOS:

OWNER'S REPRESENTATIVE

FROM SUBCONTRACTOR:

BARDEN CONTRACTING SERVICES LLC.
16 McKinley Avenue
Albertson, NY 11507

ARCHITECT: ZEREGA-F175SOUND

CONTRACT FOR: BUILDING ENVELOPE

CONTRACTOR'S APPLICATION FOR PAYMENT

Application is made for payment, as shown below, in connection with the Subcontract Continuation Sheet, AIA Document G703, is attached.

1. ORIGINAL SUBCONTRACT SUM	\$568,000.00
2. Net change by Change Orders	
3. SUBCONTRACT SUM TO DATE (Line 1 + 2)	\$568,000.00
4. TOTAL COMPLETED & STORED TO DATE (Column G on G703)	\$17,745.00
5. RETAINAGE:	\$0.00
a. <u>10</u> % of Completed Work (Column D + E on G703)	\$ 1,784.50
b. <u>0</u> % of Stored Material (Column F on G703)	
Total Retainage (Lines 5a + 5b or Total in Column I of G703)	\$1,784.50
6. TOTAL EARNED LESS RETAINAGE (Line 4 Less Line 5 Total)	\$16,060.50
7. LESS PREVIOUS CERTIFICATES FOR PAYMENT (Line 6 from prior Certificate)	\$0.00
8. RENT PAYMENT DUE	\$16,060.50
9. AMOUNT TO FINISH, INCLUDING RETAINAGE (Line 3 less Line 6)	\$85,939.50

CHANGE ORDER SUMMARY	ADDITIONS	DEDUCTIONS
Total changes approved in previous months by Owner		
Total approved this Month		
TOTALS		
NET CHANGES by Change Order		

The undersigned Contractor certifies that to the best of the Contractor's knowledge and belief the Work covered by this Application for Payment has been completed in accordance with the Contract Documents, that all amounts have been paid or will be paid for Work which previous Certificates for Payment were issued and payments received from the Owner, and that current payment shown herein is now due.

Notary Public in and for the State of New York
Charlotta Chaharal
Queens County
No. 08052477
Commission Expires 05/17/2015

SUBCONTRACTOR: BARDEN CONTRACTING SERVICES LLC.

By: [Signature] Date: 8/29/12
D'Ann Ricketts

State of: New York County of: Queens

Subscribed and sworn to before me this 29 day of Aug 2012

Veronica Boyce, personally appeared before me, the undersigned notary public, and provided satisfactory evidence of identification to be the person who signed this document in my presence and swore or affirmed to me that the contents of this document are truthful and accurate to the best of his/her knowledge and belief.

Notary Public: [Signature] My Commission expires: 5/17/15

CERTIFICATE FOR PAYMENT

In accordance with the Contract Documents, based on on-site observations and the data comprising the application, the Construction Manager and Architect certifies to the Owner that to the best of their knowledge, information and belief the Work has progressed as indicated, the quality of the Work is in accordance with the Contract Documents, and the Subcontractor is entitled to payment of the AMOUNT CERTIFIED.

AMOUNT CERTIFIED \$ _____

(Attach explanation if amount certified differs from the amount applied. Initial all figures on this Application and on the Continuation Sheet that are changed to conform with the amount certified.)

CONSTRUCTION MANAGER: _____ Date: _____

ARCHITECT: _____ Date: _____

This Certificate is not negotiable. The AMOUNT CERTIFIED is payable only to the Subcontractor named herein. Issuance, payment and acceptance of payment are without prejudice to any rights of the Owner or Subcontractor under this Contract.

AIA Document G702, APPLICATION AND CERTIFICATION FOR PAYMENT, containing
 Subcontractor's signed certification is attached.
 In tabulations below, amounts are stated to the nearest dollar.
 Use Column I on Contracts where variable retainage for line items may apply.

APPLICATION NO: 1
 APPLICATION DATE: 08/29/12
 PERIOD TO: 08/31/12
 CONSTR. MGR'S PROJECT NO:

BARDED CONTRACTING SERVICES LLC.

A ITEM NO.	B DESCRIPTION OF WORK	C SCHEDULED VALUE	D WORK COMPLETED		F MATERIALS PRESENTLY STORED (NOT IN D OR E)	G TOTAL COMPLETED AND STORED TO DATE (D+E+F)	H % (G + C)	I BALANCE TO FINISH (C - G)	J RETAINAGE (IF VARIABLE RATE)
			FROM PREVIOUS APPLICATION (D + E)	THIS PERIOD					
1	General Conditions	\$86,800.00		\$8,680.00		\$8,680.00	\$0.10	\$78,120.00	\$868.00
2	Site Mobilization	\$10,000.00				\$0.00	\$0.00	\$10,000.00	\$0.00
3	Layout	\$10,000.00				\$0.00	\$0.00	\$10,000.00	\$0.00
4	Bliss Noram Windows - Engineering	\$12,220.00		\$9,165.00		\$9,165.00	\$0.75	\$3,055.00	\$916.50
5	Bliss Noram Windows - Fabricated Frames	\$59,249.00				\$0.00	\$0.00	\$59,249.00	\$0.00
6	Bliss Noram Windows - Fabricated Glass	\$9,100.00				\$0.00	\$0.00	\$9,100.00	\$0.00
7	Bliss Noram Windows - Frame Installation	\$20,264.00				\$0.00	\$0.00	\$20,264.00	\$0.00
8	Bliss Noram Windows - Glass Installation	\$5,392.00				\$0.00	\$0.00	\$5,392.00	\$0.00
9	Bliss Noram Windows - Sealants	\$1,098.00				\$0.00	\$0.00	\$1,098.00	\$0.00
10	Extech Polycarbonate Wall - Engineering	\$28,908.00				\$0.00	\$0.00	\$28,908.00	\$0.00
11	Extech Polycarbonate Wall - Embeds	\$2,700.00				\$0.00	\$0.00	\$2,700.00	\$0.00
12	Extech Polycarbonate Wall - Fabricated Frames, Panels	\$147,312.00				\$0.00	\$0.00	\$147,312.00	\$0.00
13	Extech Polycarbonate Wall - Installation	\$44,616.00				\$0.00	\$0.00	\$44,616.00	\$0.00
14	Extech Polycarbonate Wall - Sealants	\$7,088.00				\$0.00	\$0.00	\$7,088.00	\$0.00
15	Extech Corrugated Panels - Engineering	\$21,184.00				\$0.00	\$0.00	\$21,184.00	\$0.00
16	Extech Corrugated Panels - Insulation	\$2,500.00				\$0.00	\$0.00	\$2,500.00	\$0.00
17	Extech Corrugated Panels - Fabricated Frames, Panels	\$92,641.00				\$0.00	\$0.00	\$92,641.00	\$0.00
18	Extech Corrugated Panels - Installation	\$22,656.00				\$0.00	\$0.00	\$22,656.00	\$0.00
19	Extech Corrugated Panels - Sealants	\$2,196.00				\$0.00	\$0.00	\$2,196.00	\$0.00
20	Airolite Louvers - Engineering	\$9,700.00				\$0.00	\$0.00	\$9,700.00	\$0.00
21	Airolite Louvers - Fabricated Materials	\$44,332.00				\$0.00	\$0.00	\$44,332.00	\$0.00
22	Airolite Louvers - Installation	\$14,220.00				\$0.00	\$0.00	\$14,220.00	\$0.00
23	Airolite Louvers - Sealants	\$2,196.00				\$0.00	\$0.00	\$2,196.00	\$0.00
24	Drip Edge Insulated Soffit Panel - Engineering	\$5,500.00				\$0.00	\$0.00	\$5,500.00	\$0.00
25	Drip Edge Insulated Soffit Panel - Fabricated Materials	\$33,556.00				\$0.00	\$0.00	\$33,556.00	\$0.00
26	Drip Edge Insulated Soffit Panel - Installation	\$18,500.00				\$0.00	\$0.00	\$18,500.00	\$0.00
27	Drip Edge Insulated Soffit Panel - Sealants	\$2,196.00				\$0.00	\$0.00	\$2,196.00	\$0.00
28	Plank Ceiling Panels - Engineering	\$9,500.00				\$0.00	\$0.00	\$9,500.00	\$0.00
29	Plank Ceiling Panels - Framing Materials	\$13,240.00				\$0.00	\$0.00	\$13,240.00	\$0.00
30	Plank Ceiling Panels - Framing Installation	\$9,400.00				\$0.00	\$0.00	\$9,400.00	\$0.00
31	Plank Ceiling Panels - Fabricated Materials	\$29,440.00				\$0.00	\$0.00	\$29,440.00	\$0.00
32	Plank Ceiling Panels - Installation	\$22,000.00				\$0.00	\$0.00	\$22,000.00	\$0.00
33	Insulated Metal Panels - Engineering	\$7,500.00				\$0.00	\$0.00	\$7,500.00	\$0.00
34	Insulated Metal Panels - Fabricated Materials	\$38,000.00				\$0.00	\$0.00	\$38,000.00	\$0.00
35	Insulated Metal Panels - Installation	\$20,600.00				\$0.00	\$0.00	\$20,600.00	\$0.00
36	Insulated Metal Panels - Sealants	\$2,196.00				\$0.00	\$0.00	\$2,196.00	\$0.00
	CONTRACT TOTAL	\$868,000.00	\$0.00	\$17,845.00	\$0.00	\$17,845.00	\$0.85	\$850,155.00	\$1,784.50



KEL-MAR

Designs Inc.

General Contractors

CONSTRUCTION MANAGERS

July 20, 2012

111 John Street
New York, NY 10038
Tel: 212.285.0499
Fax: 212.285.0677

Barden Contracting Services, LLC
16 Mc Kinley Street
Albertson, NEW YORK 11307

Attn: D'Ann Ricketts

Re: Zerega Ave EMS Station

Re: LETTER OF INTENT TO CONTRACT FOR: Aluminum Curtain Wall

You are hereby notified that you have been awarded the Aluminum Curtain Wall work at Zerega Avenue EMS located at 501 Zerega Avenue, Bronx, NY 10473. The above named subcontractor is solely prepared to perform the described scope of work and shall provide all labor, supervision, materials and equipment required for the completion of the phased work which will be reflected in a forthcoming contract and is being prepared for execution. Attached please find the Contract Drawings, Specification List and Scope of Work document attached.

The subcontract will be written on a Kel-Mar Designs, Inc Standard Agreement Form for the Lump Sum Price of: Two Hundred Eighty Two Thousand Dollars and 00/100 (\$282,000.00). The subcontractor affirms that he is prepared and capable of performing the entire scope of work portion of the contract for the dollar amount as stated above. The above listed amount represents the entire dollar amount quoted based on the quote provided to Kel-Mar Designs, Inc. No conversations, verbal agreements, and/or other forms of non-written representations shall serve to add, delete, or modify the terms as stated.

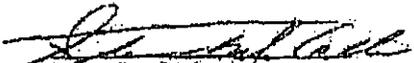
This subcontractor understands and accepts that all milestones dates and scheduling specified by Kel-Mar Designs, Inc. at the time of contract award must be strictly adhered to and will notify Kel-Mar Designs, Inc in writing of any proposed modifications. Upon receipt of this notice of authorization, the ordering of material, preparation of shop drawings, sourcing of product specifications/samples of materials and equipment to be used for the project are to be prepared, assembled and submitted to Kel-Mar Designs, Inc. for Architect or Owner approval. Shop drawing submittals shall be submitted within 7 weeks after notice to proceed - as per duration shown in Barden's schedule provided

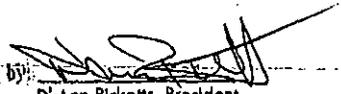
7/19/12

Kindly acknowledge your acceptance of this understanding by signing this letter in the space provided below and returning it to the undersigned within 24 hours of receipt. Please submit your proof of insurance certificate for the project to Kel-Mar Designs, Inc immediately. This document shall not serve in any manner as an actual subcontract between the two parties. The undersigned will enter into a formal written agreement for the above work with you, conditioned on your execution of this letter of intent.

Note: All subcontractors are to be approved by NYCDDC before commencing any work on site.

Very Truly Yours,
Kel-Mar Designs, Inc.


Steve Allen, Project Manager

Acknowledged by: 
D'Ann Ricketts, President
Subcontractor: Barden Contracting Services, LLC

Date: July 23, 2012

cc: File
Contract to Follow

APPLICATION AND CERTIFICATION FOR PAYMENT

ALA DOCUMENT G702

TO CONSTRUCTION MANAGER:
KEL-MAR DESIGN INC.
 111 JOHN STREET
 NEW YORK, NY 10038

PROJECT: **ZEREGA EMS STATION**
 501 ZEREGA AVE
 BRONX, NY 10473

APPLICATION NO: 1
 APPLICATION DATE: August 29, 2012

Distribution to:
 GC
 CONSTRUCTION MANAGER
 ARCHITECT
 OWNER'S REPRESENTATIVE

FROM SUBCONTRACTOR:
BARDEN CONTRACTING SERVICES LLC.
 16 McKinley Avenue
 Albertson, NY 11507

PERIOD FROM: July 20, 2012
 PERIOD TO: August 31, 2012

CM PROJECT NOS: ZEREGA -F175SOUND

ARCHITECT:

CONTRACT FOR: CURTAIN WALL

5 CONTRACTOR'S APPLICATION FOR PAYMENT

Application is made for payment, as shown below, in connection with the Subcontract Continuation Sheet, AIA Document G703, is attached.

1. ORIGINAL SUBCONTRACT SUM	\$282,000.00
2. Net change by Change Orders	
3. SUBCONTRACT SUM TO DATE (Line 1 + 2)	\$282,000.00
4. TOTAL COMPLETED & STORED TO DATE (Column G on G703)	\$23,776.00
5. RETAINAGE:	\$0.00
a. 10 % of Completed Work (Column D + E on G703)	\$ 2,397.00
b. 0 % of Stored Material (Column F on G703)	
Total Retainage (Lines 5a + 5b or Total in Column I of G703)	\$2,397.00
6. TOTAL EARNED LESS RETAINAGE (Line 4 Less Line 5 Total)	\$21,573.00
7. LESS PREVIOUS CERTIFICATES FOR PAYMENT (Line 6 from prior Certificate)	\$0.00
8. RENT PAYMENT DUE	\$21,573.00
9. AMOUNT TO FINISH, INCLUDING RETAINAGE (Line 3 less Line 6)	\$26,827.00

CHANGE ORDER SUMMARY	ADDITIONS	DEDUCTIONS
Total changes approved in previous months by Owner		
Total approved this Month		
TOTALS		
NET CHANGES by Change Order		

The undersigned Contractor certifies that to the best of the Contractor's knowledge, information and belief the Work covered by this Application for Payment has progressed in accordance with the Contract Documents, that all amounts have been paid or will be paid for the Work which previous Certificates for Payment were issued and payments received from the Owner for the current payment shown herein is now due.

SUBCONTRACTOR: BARDEN CONTRACTING SERVICES LLC.

By: [Signature] Date: 8/29/12
 D'Ann Ricketts

State of: New York County of: Queens
 Subscribed and sworn to before me this 29th day of 2012

Veronica Boyce, personally appeared before me, the undersigned notary public, and provided satisfactory evidence of identification to be the person who signed this document in my presence and swore or affirmed to me that the contents of this document are truthful and accurate to the best of his/her knowledge and belief.

Notary Public: [Signature] My Commission expires: 5/17/15

CERTIFICATE FOR PAYMENT

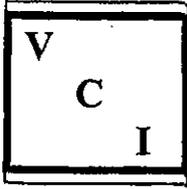
In accordance with the Contract Documents, based on on-site observations and the data comprising the application, the Construction Manager and Architect certifies to the Owner that to the best of their knowledge, information and belief the Work has progressed as indicated, the quality of the Work is in accordance with the Contract Documents, and the Subcontractor is entitled to payment of the AMOUNT CERTIFIED.

AMOUNT CERTIFIED \$ _____

(Attach explanation if amount certified differs from the amount applied. Initial all figures on this Application and on the Continuation Sheet that are changed to conform with the amount certified.)

CONSTRUCTION MANAGER:
 By: _____ Date: _____
 ARCHITECT:
 By: _____ Date: _____

This Certificate is not negotiable. The AMOUNT CERTIFIED is payable only to the Subcontractor named herein. Issuance, payment and acceptance of payment are without prejudice to any rights of the Owner or Subcontractor under this Contract.



VOLMAR CONSTRUCTION, INC.

4400 2nd Avenue, Brooklyn, NY 11232
Tel: (718) 832-2444 / Fax: (718) 499-4045

November 15, 2011

Dormitory Authority State of New York
One Penn Plaza, 52nd Floor
New York, New York 10119

Attention: Ms. Renee Winters

Subject: Barden Contracting Services, LLC

Dear Ms. Winters,

This letter is being written on behalf of Barden Contracting to inform you that Barden is currently working on the F.D.N.Y. – Marine 9 fire House located in the Homeport of Staten Island. Barden Contracting is installing the metal panel façade for the project.

The work being performed is being done in a professional manner and is maintaining the current completion schedule.

Should you have any questions, please feel free to contact me at 917-807-2482.

Very truly yours,

George Vrettos
Project Manager

Cc: File

ALLIED METAL
www.alliedmetal.com

Manufacturer of ESTOLGA Aluminum
Composite Panel Systems and Columns
Supplier of Wall Panels and Metal Roof Systems



phone: 888-520-8800

fax: 201-223-1884

e-mail: info@alliedmetal.com

Change Order

Company: Barden Contracting Address: 174 Bogart St. Suite 309 Brooklyn, NY 12236 Attn: Mr. Barry Rickets	Office Phone: (718) 832-2444 Fax: (718) 499-4045 DATE: July 27, 2011	Project Name: FDNY Marine Company 9 Project Number: F-10-15 Number of Pages: 2
---	--	--

CHANGE ORDER SCOPE OF WORK:

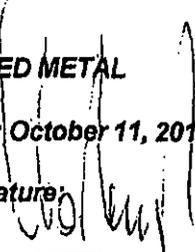
- Including original contract and specifications the work to be performed
- EFB Contracting is fully responsible for the contract until Barden Construction completes the project.
- Volmar Construction agreed to pay Change Order in the Amount of \$32,474
- Allied Metal has agreed to release EFB Contracting from its contract a Union affiliated company and hire a Non-Union Contractor (BARDEN CONTRACTING) to fulfill the substantial completion of the remaining ACP Panel installation.
- Allied Metal has agreed in addition to Volmar Construction Change Order of \$32,474 would add an additional \$8,000.00 to complete, all associated money mentioned shall be contributed to the completion of the remaining contract work.
- All payment terms are as per the original contract, AIA must be submitted
- BarDen Contracting has agreed to complete agreed scope of work with it's own crew.

EFB CONTRACTING		Barden Contracting	
Original Contract Value	\$160,000.00	Original Contract \$45,560.69 To be paid via AIA	
Paid to EFB	(\$4,000.00)		
	(\$4,500.00)		
	(\$10,000.00)		
	(\$16,325.00)		
	(\$20,856.00)		
	(\$22,856.00)		
	(\$30,000.00)		
Balance left	\$61,463.00		
Union 580 Benefits for Aug & Sept	(\$25,376.31)	Volmar to pay directly to union on behalf of EFB	
Union Benefit for Oct.	(\$21,000.00)	Volmar will pay Allied and Allied will pay EFB (please provide an AIA)	
Change order	\$32,474.00		
Allied Metal Contribution	\$8,000.00		
Balance to finish contract	\$45,560.69		

Change Order Total Price: \$40,474.00

ALLIED METAL

Date: October 11, 2011

Signature: 

CLIENT

**Barden Contracting
Barry Ricketts
174 Bogart Street - Suite 309
Brooklyn NY 11206**

Authorization Date:

Print Name and Title:

Signature:

APPLICATION AND CERTIFICATE FOR PAYMENT

PAGE ONE OF 2 PAGES

TO OWNER: Allied Metal Enterprises Inc.
3114 Tonnelle Avenue
North Bergen, NJ 07047

PROJECT: FDNY Marine Company 9
Staten Island, Homeport Pier

APPLICATION #: 04
PERIOD TO: 02/25/12
PROJECT NO: F-10-15

Distribution to:

<input type="checkbox"/>	Owner
<input type="checkbox"/>	Const. Mgr
<input type="checkbox"/>	Architect
<input checked="" type="checkbox"/>	Contractor

FROM CONTRACTOR: BarDen Contracting Serv. LLC
119 72nd Street - Suite 302
New York, NY. 10023

VIA ARCHITECT: Sage and Coombe Architects LLP
2-16 Vestry Street, Fifth Floor
New York, New York 10013

CONTRACT DATE: 10/11/11

CONTRACT FOR: Providing Labor Only to Installation of ACP Panel

CONTRACTOR'S APPLICATION FOR PAYMENT

Application is made for payment, as shown below, in connection with the Contract. Continuation Sheet is attached.

1. ORIGINAL CONTRACT SUM	\$	40,474.00
2. Net change by Change Orders	\$	
3. CONTRACT SUM TO DATE (Line 1 +/- 2)	\$	40,474.00
4. TOTAL COMPLETED & STORED TO DATE-\$ (Column G on Continuation Sheet)	\$	37,474.00
5. RETAINAGE:		
a. 10.0% of Completed Work (Columns D+E on Continuation Sheet)	\$	3,747.40
b. of Stored Material (Column F on Continuation Sheet)	\$	
Total Retainage (Line 5a + 5b or Total in Column 1 of Continuation Sheet	\$	3,747.40
6. TOTAL EARNED LESS RETAINAGE (Line 4 less Line 5 Total)	\$	33,726.60
7. LESS PREVIOUS CERTIFICATES FOR PAYMENT (Line 6 from prior Certificate)	\$	29,300.00
8. CURRENT PAYMENT DUE	\$	4,426.60
9. BALANCE TO FINISH, INCLUDING RETAINAGE (Line 3 less Line 6)	\$	6,747.40

CHANGE ORDER SUMMARY	ADDITIONS	DEDUCTIONS
Total changes approved in previous months by Owner		
Total approved this Month		
TOTALS		
NET CHANGES by Change Order		

The undersigned Contractor certifies that to the best of the Contractor's knowledge, information and belief the Work covered by this Application for Payment has been completed in accordance with the Contract Documents, that all amounts have been paid by the Contractor for Work for which previous Certificates for Payment were issued and payments received from the Owner, and that current payment shown therein is now due.

CONTRACTOR: *Barry Rickello*

By: BarDen Contracting Serv. LLC

Date: December 25, 2011

State of: New York
County of: Richmond

Subscribed and sworn to before
me this _____ day of _____

Notary Public:
My Commission expires: _____

CERTIFICATE FOR PAYMENT

In accordance with Contract Documents, based on on-site observations and the data comprising application, the Architect certifies to the Owner that to the best of the Architect's knowledge, information and belief the Work has progressed as indicated, the quality of the Work is in accordance with the Contract Documents, and the Contractor is entitled to payment of the AMOUNT CERTIFIED.

AMOUNT CERTIFIED \$ _____

(Attach explanation if amount certified differs from the amount applied for. Initial all figures on this application and on the Continuation Sheet that are changed to conform to the amount certified.)

ARCHITECT:

By: _____

Date: _____

This Certificate is not negotiable. The AMOUNT CERTIFIED is payable only to the Contractor named herein. Issuance, payment and acceptance of payment are without prejudice to any rights of the Owner of Contractor under this Contract.

CONTINUATION SHEET

ATTACHMENT TO PAY APPLICATION

PROJECT:
 FDNY Marine Company 9
 Staten Island, Homeport Pier

APPLICATION NUMBER: 04

APPLICATION DATE: 25-Jan-12

PERIOD TO: 25-Feb-12

ARCHITECTS' PROJECT NO:

Item No.	Description of Work	Scheduled Value	Work Completed		Materials Presently Stored (Not In D or E)	Total Completed And Stored To Date (D + E + F)	% (G/C)	Balance To Finish (C - G)	Retainage
			From Previous Application (D + E)	This Period					
1	ACP INSTALLATION	\$ 27,575	\$ 24,300	\$ 3,275		\$ 27,575	100%	\$ -	\$ 2,758
2	MISC CAULKING AS REQUIRED	\$ 3,000	\$ -	\$ -		\$ -		\$ 3,000	\$ -
3	ACP INSTALLATION	\$ 9,899	\$ 5,000	\$ 4,899		\$ 9,899	100%	\$ -	\$ 990
4	<i>Missing Amount from original Contract agreement sign and dated 10-11-11</i>	\$ -	\$ -	\$ -		\$ -		\$ -	\$ -
5		\$ -	\$ -	\$ -		\$ -		\$ -	\$ -
6	Change Order No.1 Soffit Beam Panel	\$ -	\$ -	\$ -		\$ -		\$ -	\$ -
7		\$ -	\$ -	\$ -		\$ -		\$ -	\$ -
6	Change Request No.2 South Entrance	\$ -	\$ -	\$ -		\$ -		\$ -	\$ -
9		\$ -	\$ -	\$ -		\$ -		\$ -	\$ -
10		\$ -	\$ -	\$ -		\$ -		\$ -	\$ -
11		\$ -	\$ -	\$ -		\$ -		\$ -	\$ -
12		\$ -	\$ -	\$ -		\$ -		\$ -	\$ -
13		\$ -	\$ -	\$ -		\$ -		\$ -	\$ -
14		\$ -	\$ -	\$ -		\$ -		\$ -	\$ -
15		\$ -	\$ -	\$ -		\$ -		\$ -	\$ -
16		\$ -	\$ -	\$ -		\$ -		\$ -	\$ -
17		\$ -	\$ -	\$ -		\$ -		\$ -	\$ -
18		\$ -	\$ -	\$ -		\$ -		\$ -	\$ -
19		\$ -	\$ -	\$ -		\$ -		\$ -	\$ -
20		\$ -	\$ -	\$ -		\$ -		\$ -	\$ -
21		\$ -	\$ -	\$ -		\$ -		\$ -	\$ -
22		\$ -	\$ -	\$ -		\$ -		\$ -	\$ -
23		\$ -	\$ -	\$ -		\$ -		\$ -	\$ -
24		\$ -	\$ -	\$ -		\$ -		\$ -	\$ -
SUBTOTALS PAGE 2		\$ 40,474	\$ 29,300	\$ 8,174	\$ -	\$ 37,474	93%	\$ 3,000	\$ 3,747

APPLICATION AND CERTIFICATE FOR PAYMENT

TO OWNER: Allied Metal Enterprises Inc.
3114 Tonnelie Avenue
North Bergen, NJ 07047

PROJECT: FDNY Marine Company 9
Staten Island, Homeport Pier

APPLICATION #: 03
PERIOD TO: 12/25/11
PROJECT NO: F-10-15

FROM CONTRACTOR: BarDen Contracting Serv. LLC
174 Bogart Street - Suite 309
Brooklyn NY 11222

VIA ARCHITECT: Sage and Coombe Architects LLP
12-16 Vestry Street, Fifth Floor
New York, New York 10013

CONTRACT DATE: 10/11/11

Distribution to:
 Owner
 Const. Mgr
 Architect
 Contractor

CONTRACT FOR: Providing Labor Only to Installation of ACP Panel.

CONTRACTOR'S APPLICATION FOR PAYMENT

Application is made for payment, as shown below, in connection with the Contract. Continuation Sheet is attached.

1. ORIGINAL CONTRACT SUM	\$	40,474.00
2. Net change by Change Orders	\$	2,000.00
3. CONTRACT SUM TO DATE (Line 1 +/- 2)	\$	42,474.00
4. TOTAL COMPLETED & STORED TO DATE-\$ (Column G on Continuation Sheet)	\$	39,474.00
5. RETAINAGE:		
a. 10.0% of Completed Work (Columns D+E on Continuation Sheet)	\$	3,947.40
b. of Stored Material (Column F on Continuation Sheet)	\$	
Total Retainage (Line 5a + 5b or Total in Column 1 of Continuation Sheet)	\$	3,947.40
6. TOTAL EARNED LESS RETAINAGE (Line 4 less Line 5 Total)	\$	35,526.60
7. LESS PREVIOUS CERTIFICATES FOR PAYMENT (Line 6 from prior Certificate)	\$	24,300.00
8. CURRENT PAYMENT DUE	\$	11,226.60
9. BALANCE TO FINISH, INCLUDING RETAINAGE (Line 3 less Line 6)	\$	6,947.40

CHANGE ORDER SUMMARY	ADDITIONS	DEDUCTIONS
Total changes approved in previous months by Owner		
Total approved this Month	\$2,000.00	
TOTALS	\$2,000.00	
NET CHANGES by Change Order	\$2,000.00	

The undersigned Contractor certifies that to the best of the Contractor's knowledge, information and belief the Work covered by this Application for Payment has been completed in accordance with the Contract Documents, that all amounts have been paid by the Contractor for Work for which previous Certificates for Payment were issued and payments received from the Owner, and that current payment shown therein is now due.

CONTRACTOR: *Barry Richells*

By: BarDen Contracting Serv. LLC Date: December 25, 2011

State of: New York
County of: Richmond

Subscribed and sworn to before me this _____ day of _____

Notary Public: _____
My Commission expires: _____

CERTIFICATE FOR PAYMENT

In accordance with Contract Documents, based on on-site observations and the data comprising application, the Architect certifies to the Owner that to the best of the Architect's knowledge, information and belief the Work has progressed as indicated, the quality of the Work is in accordance with the Contract Documents, and the Contractor is entitled to payment of the AMOUNT CERTIFIED.

AMOUNT CERTIFIED _____ \$
(Attach explanation if amount certified differs from the amount applied for. Initial all figures on this application and on the Continuation Sheet that are changed to conform to the amount certified.)

ARCHITECT:
By: _____ Date: _____
This Certificate is not negotiable. The AMOUNT CERTIFIED is payable only to the Contractor named herein. Issuance, payment and acceptance of payment are without prejudice to any rights of the Owner of Contractor under this Contract.

CONTINUATION SHEET

ATTACHMENT TO PAY APPLICATION

PROJECT:
 FDNY Marine Company 9
 Staten Island, Homeport Pier

APPLICATION NUMBER: 03

APPLICATION DATE: 11-Oct-11

PERIOD TO: 25-Dec-11

ARCHITECT'S PROJECT NO:

A Item No.	B Description of Work	C Scheduled Value	D Work Completed		F Materials Presently Stored (Not in D or E)	G Total Completed And Stored To Date (D + E + F)	H % (G/C)	I Balance To Finish (C - G)	J Retainage
			E From Previous Application (D + E)	This Period					
1	ACP INSTALLATION	\$ 27,575	\$ 27,000	\$ 575		\$ 27,575	100%	\$ -	\$ 2,758
2	MISC CAULKING AS REQUIRED	\$ 3,000	\$ -	\$ -		\$ -		\$ 3,000	\$ -
3	ACP INSTALLATION	\$ 9,899	\$ -	\$ 9,899		\$ 9,899	100%	\$ -	\$ 990
4	<i>Missing Amount from original Contract agreement sign and dated 10-11-11</i>	\$ -	\$ -	\$ -		\$ -		\$ -	\$ -
5		\$ -	\$ -	\$ -		\$ -		\$ -	\$ -
6	Change Order No.1 Soffit Beam Panel	\$ 2,000	\$ -	\$ 2,000		\$ 2,000	100%	\$ -	\$ 200
7						\$ -		\$ -	\$ -
8						\$ -		\$ -	\$ -
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21						\$ -		\$ -	\$ -
22						\$ -		\$ -	\$ -
23						\$ -		\$ -	\$ -
24						\$ -		\$ -	\$ -
SUBTOTALS PAGE 2		\$ 42,474	\$ 27,000	\$ 12,474	\$ -	\$ 39,474	93%	\$ 3,000	\$ 3,947

APPLICATION AND CERTIFICATE FOR PAYMENT

TO OWNER: Allied Metal Enterprises Inc.
3114 Tonnelles Avenue
North Bergen, NJ 07047

PROJECT: FDNY Marine Company 9
Staten Island, Homeport Pier

APPLICATION #: 01 - Rev. 01
PERIOD TO: 10/25/11
PROJECT NOS:

Distribution to:
 Owner
 Const. Mgr
 Architect
 Contractor

FROM CONTRACTOR: BarDen Contracting Serv. LLC
174 Bogart Street - Suite 309
Brooklyn NY 11222

VIA ARCHITECT: Sage and Coombe Architects LLP
12-16 Vestry Street, Fifth Floor
New York, New York 10013

CONTRACT DATE: 10/04/11

CONTRACT FOR: Providing Labor Only to Installation of, Building Insulation, Waterproofing

CONTRACTOR'S APPLICATION FOR PAYMENT

Application is made for payment, as shown below, in connection with the Contract.
Continuation Sheet is attached.

1. ORIGINAL CONTRACT SUM	\$	30,575.00
2. Net change by Change Orders	\$	
3. CONTRACT SUM TO DATE (Line 1 +/- 2)	\$	30,575.00
4. TOTAL COMPLETED & STORED TO DATE-\$ (Column G on Continuation Sheet)		20,000.00
5. RETAINAGE:		
a. 10.0% of Completed Work (Columns D+E on Continuation Sheet)	\$	2,000.00
b. _____ of Stored Material (Column F on Continuation Sheet)	\$	
Total Retainage (Line 5a + 5b or Total in Column 1 of Continuation Sheet)	\$	2,000.00
6. TOTAL EARNED LESS RETAINAGE (Line 4 less Line 5 Total)	\$	18,000.00
7. LESS PREVIOUS CERTIFICATES FOR PAYMENT (Line 6 from prior Certificate)		
8. CURRENT PAYMENT DUE	\$	18,000.00
9. BALANCE TO FINISH, INCLUDING RETAINAGE (Line 3 less Line 6)	\$	12,575.00

CHANGE ORDER SUMMARY	ADDITIONS	DEDUCTIONS
Total changes approved in previous months by Owner		
Total approved this Month		
TOTALS		
NET CHANGES by Change Order		

The undersigned Contractor certifies that to the best of the Contractor's knowledge, information and belief the Work covered by this Application for Payment has been completed in accordance with the Contract Documents, that all amounts have been paid by the Contractor for Work for which previous Certificates for Payment were issued and payments received from the Owner, and that current payment shown therein is now due.

CONTRACTOR: *Barry Rickells*

By: BarDen Contracting Serv. LLC Date: October 25, 2011

State of: New York
County of: Richmond

Subscribed and sworn to before me this _____ day of _____

Notary Public: _____
My Commission expires: _____

CERTIFICATE FOR PAYMENT

In accordance with Contract Documents, based on on-site observations and the data comprising application, the Architect certifies to the Owner that to the best of the Architect's knowledge, information and belief the Work has progressed as indicated, the quality of the Work is in accordance with the Contract Documents, and the Contractor is entitled to payment of the AMOUNT CERTIFIED.

AMOUNT CERTIFIED _____ \$
(Attach explanation if amount certified differs from the amount applied for. Initial all figures on this application and on the Continuation Sheet that are changed to conform to the amount certified.)

ARCHITECT:

By: _____ Date: _____

This Certificate is not negotiable. The AMOUNT CERTIFIED is payable only to the Contractor named herein. Issuance, payment and acceptance of payment are without prejudice to any rights of the Owner of Contractor under this Contract.

CONTINUATION SHEET

ATTACHMENT TO PAY APPLICATION

PROJECT:

FDNY Marine Company 9
Staten Island, Homeport Pier

APPLICATION NUMBER: 01 - Rev. 1

APPLICATION DATE: 25-Oct-11

PERIOD TO: 25-Oct-11

ARCHITECT'S PROJECT NO:

A	B	C	D	E	F	G	H	I	J
Item No.	Description of Work	Scheduled Value	Work Completed		Materials Presently Stored (Not In D or E)	Total Completed And Stored To Date (D + E + F)	% (G/C)	Balance To Finish (C - G)	Retainage
			From Previous Application (D + E)	This Period					
1	ACP INSTALLATION	\$ 27,575	\$ -	\$ 20,000		\$ 20,000	73%	\$ 7,575	\$ 2,000
2	MISC CAULKING AS REQUIRED	\$ 3,000	\$ -	\$ -		\$ -		\$ 3,000	\$ -
3		\$ -	\$ -	\$ -		\$ -		\$ -	\$ -
4		\$ -	\$ -	\$ -		\$ -		\$ -	\$ -
5		\$ -	\$ -	\$ -		\$ -		\$ -	\$ -
6		\$ -	\$ -	\$ -		\$ -		\$ -	\$ -
7						\$ -		\$ -	\$ -
8						\$ -		\$ -	\$ -
9						\$ -		\$ -	\$ -
10						\$ -		\$ -	\$ -
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21						\$ -		\$ -	\$ -
22						\$ -		\$ -	\$ -
23						\$ -		\$ -	\$ -
24						\$ -		\$ -	\$ -
SUBTOTALS PAGE 2		\$ 30,575	\$ -	\$ 20,000	\$ -	\$ 20,000	65%	\$ 10,575	\$ 2,000

APPLICATION AND CERTIFICATE FOR PAYMENT

TO OWNER: Allied Metal Enterprises Inc.
3114 Tonnelle Avenue
North Bergen, NJ 07047

PROJECT: FDNY Marine Company 9
Staten Island, Homeport Pier

APPLICATION #: 02
PERIOD TO: 11/25/11
PROJECT NOS:

Distribution to:

- Owner
- Const. Mgr
- Architect
- Contractor

FROM CONTRACTOR: BarDen Contracting Serv. LLC
174 Bogart Street - Suite 309
Brooklyn NY 11222

VIA ARCHITECT: Sage and Coombe Architects LLP
12-16 Vestry Street, Fifth Floor
New York, New York 10013

CONTRACT DATE: 10/04/11

CONTRACT FOR: Providing Labor Only to Installation of, Building Insulation, Waterproofing

CONTRACTOR'S APPLICATION FOR PAYMENT

Application is made for payment, as shown below, in connection with the Contract.
Continuation Sheet is attached.

1. ORIGINAL CONTRACT SUM	\$	30,575.00
2. Net change by Change Orders	\$	
3. CONTRACT SUM TO DATE (Line 1 +/- 2)	\$	30,575.00
4. TOTAL COMPLETED & STORED TO DATE-\$ (Column G on Continuation Sheet)		27,000.00
5. RETAINAGE:		
a. 10.0% of Completed Work (Columns D+E on Continuation Sheet)	\$	2,700.00
b. _____ of Stored Material (Column F on Continuation Sheet)	\$	
Total Retainage (Line 5a + 5b or Total in Column 1 of Continuation Sheet)	\$	2,700.00
6. TOTAL EARNED LESS RETAINAGE (Line 4 less Line 5 Total)	\$	24,300.00
7. LESS PREVIOUS CERTIFICATES FOR PAYMENT (Line 6 from prior Certificate)	\$	18,000.00
8. CURRENT PAYMENT DUE	\$	6,300.00
9. BALANCE TO FINISH, INCLUDING RETAINAGE (Line 3 less Line 6)	\$	6,275.00

CHANGE ORDER SUMMARY	ADDITIONS	DEDUCTIONS
Total changes approved in previous months by Owner		
Total approved this Month		
TOTALS		
NET CHANGES by Change Order		

The undersigned Contractor certifies that to the best of the Contractor's knowledge, information and belief the Work covered by this Application for Payment has been completed in accordance with the Contract Documents, that all amounts have been paid by the Contractor for Work for which previous Certificates for Payment were issued and payments received from the Owner, and that current payment shown therein is now due.

CONTRACTOR: *Barry Nickolls*

By: BarDen Contracting Serv. LLC

Date: ^{MM} ~~October~~ 25, 2011

State of: New York
County of: Richmond

Subscribed and sworn to before me this _____ day of _____

Notary Public: _____

My Commission expires: _____

CERTIFICATE FOR PAYMENT

In accordance with Contract Documents, based on on-site observations and the data comprising application, the Architect certifies to the Owner that to the best of the Architect's knowledge, information and belief the Work has progressed as indicated, the quality of the Work is in accordance with the Contract Documents, and the Contractor is entitled to payment of the AMOUNT CERTIFIED.

AMOUNT CERTIFIED _____ \$

(Attach explanation if amount certified differs from the amount applied for. Initial all figures on this application and on the Continuation Sheet that are changed to conform to the amount certified.)

ARCHITECT: _____

By: _____ **Date:** _____

This Certificate is not negotiable. The AMOUNT CERTIFIED is payable only to the Contractor named herein. Issuance, payment and acceptance of payment are without prejudice to any rights of the Owner of Contractor under this Contract.

CONTINUATION SHEET

ATTACHMENT TO PAY APPLICATION

PROJECT:
 FDNY Marine Company 9
 Staten Island, Homeport Pier

APPLICATION NUMBER: 02

APPLICATION DATE: 25-Oct-11

PERIOD TO: 25-Oct-11

ARCHITECT'S PROJECT NO:

A	B	C	D	E	F	G	H	I	
Item No.	Description of Work	Scheduled Value	Work Completed		Materials Presently Stored (Not In D or E)	Total Completed And Stored To Date (D + E + F)	% (G/C)	Balance To Finish (C - G)	Retainage
			From Previous Application (D + E)	This Period					
1	ACP INSTALLATION	\$ 27,575	\$ 20,000	\$ 7,000		\$ 27,000	98%	\$ 575	\$ 2,700
2	MISC CAULKING AS REQUIRED	\$ 3,000	\$ -	\$ -		\$ -		\$ 3,000	\$ -
3		\$ -	\$ -	\$ -		\$ -		\$ -	\$ -
4		\$ -	\$ -	\$ -		\$ -		\$ -	\$ -
5		\$ -	\$ -	\$ -		\$ -		\$ -	\$ -
6		\$ -	\$ -	\$ -		\$ -		\$ -	\$ -
7		\$ -	\$ -	\$ -		\$ -		\$ -	\$ -
8		\$ -	\$ -	\$ -		\$ -		\$ -	\$ -
9		\$ -	\$ -	\$ -		\$ -		\$ -	\$ -
10		\$ -	\$ -	\$ -		\$ -		\$ -	\$ -
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18		\$ -	\$ -	\$ -		\$ -		\$ -	\$ -
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23		\$ -	\$ -	\$ -		\$ -		\$ -	\$ -
24		\$ -	\$ -	\$ -		\$ -		\$ -	\$ -
SUBTOTALS PAGE 2		\$ 30,575	\$ 20,000	\$ 7,000	\$ -	\$ 27,000	88%	\$ 3,575	\$ 2,700

088013

VOLMAR CONSTRUCTION INC. • BROOKLYN, NY 11232

DATE	INVOICE NO.	DESCRIPTION	INVOICE AMOUNT	DEDUCTION	BALANCE		
3-01-12	12-MARINE	MARINE 9	3127.00	.00	3127.00		
CHECK DATE	4-26-12	CHECK NUMBER	88013	TOTALS	3127.00	.00	3127.00

MARATHON BANK OF NEW YORK
7828 FIFTH AVE.
BROOKLYN, NY 11209

088013

VOLMAR CONSTRUCTION INC.
4400 SECOND AVENUE
BROOKLYN, NY 11232

1-1170/280

Pay: *****Three thousand one hundred twenty-seven dollars and no cents

DATE: April 26, 2012
CHECK NO: 88013
AMOUNT: \$*****3,127.00

PAY TO THE ORDER OF

HARDEN CONTRACTING SERVICES

VOLMAR CONSTRUCTION INC.

AUTHORIZED SIGNATURE

⑈088013⑈ ⑆026011701⑆ ⑈1000010023⑈

08740

VOLMAR CONSTRUCTION INC. • BROOKLYN, NY 11232

DATE	INVOICE NO.	DESCRIPTION	INVOICE AMOUNT	DEDUCTION	BALANCE
4-30-11	3-MARINE9	MARINE 9	71.00	.00	71.00
5-01-11	5-MARINE 9	MARINE 9	3929.00	.00	3929.00
TOTALS			4000.00	.00	4000.00

CHECK DATE: 3-09-12
 CHECK NUMBER: 87402

MARATHON BANK OF NEW YORK
 7826 FIFTH AVE
 BROOKLYN, NY 11205

087402

1-1170/260

Pay: *****Four thousand dollars and no cents*****

DATE: March 9, 2012

CHECK NO. 87402 AMOUNT \$*****4,000.00

PAY TO THE ORDER OF: BARDEN CONTRACTING SERVICES

VOLMAR CONSTRUCTION INC.
[Signature]

AUTHORIZED SIGNATURE

⑈087402⑈ ⑆02601170⑆ ⑆1000010023⑈

VOLMAR CONSTRUCTION INC. • BROOKLYN, NY 11232

089720

DATE	INVOICE NO.	DESCRIPTION	INVOICE AMOUNT	DEDUCTION	BALANCE
9-17-12	1-BARDEN-C	BARDEN	4047.00	00	4047.00
<i>RETAINAGE MAXLINE 9</i>					
CHECK DATE	9-18-12	CHECK NUMBER	89720	TOTALS	4047.00
			4047.00	00	4047.00

VOLMAR CONSTRUCTION INC. 4400 SECOND AVENUE BROOKLYN, NY 11232		MARATHON BANK OF NEW YORK 7826 FIFTH AVE. BROOKLYN, NY 11209	089720 1-1170/260
Pay ***** Four thousand forty seven dollars and no cents			
DATE		CHECK NO.	AMOUNT

Barry's Genrus Income 2011	Contract Amount	Payment	Date Posted	Check #	NOTES
PROJECTS					
CONEY ISLAND HOSPITAL	\$106,000				Contract Amount was reduced from \$160K to 106K due to mutual agreement between Genrus and GC to cancel remainder of contract as of 9/17/11
Barden Contracting Fee	\$4,240				Based on 4% of reduced contract amount completion
July		\$750	Jun 15, 2011	1233	
		\$1,200	Jul 8, 2011	CASH	
August		\$750	Aug 15, 2011	1010	
		\$500	Aug 22, 2011	1093	
		\$1,250	Aug 24, 2011	1094	
September		\$1,000	Sep 8, 2011	1122	
		\$1,000	Sep 19, 2011	1051	
		\$6,450			
Balance owed to Barden		\$2,210			Although there is a credit of \$2210.00, Genrus considers this cost negligible as Barry performed above the call of duty for this project and should thus be compensated accordingly.

OGS- STATE ARMORY	\$145,000				<p>The original contract amount included an Add Alt for 6" gravel subbase removal which was eventually not completed by Genrus.</p> <p>In addition, less steel was installed than what was shown in original proposal, reducing original contract amount.</p>
Barden Contracting Fee	\$5,800				<p>The \$600 (check 1136 on 10/17/11) shown on your records should not have been applied to OGS, this instead reflects hourly pay received for NE Remsco job in Bronx Zoo on 9/28/11, Your \$600 should be applied to NE Remsco project instead.</p>
November		\$1,500	Nov 7, 2011	443	
Balance owed to Barden		\$4,300			
MORRIS PARK - OPTIMUM	\$560,000 (est.)				<p>This project is scheduled to begin mid January 2012</p>
Barden Contracting Fee	3-4% approx.				
Balance owed to Barden		TBD			
Balance owed to Barden		TBD			

ENGINE 63	\$90,000				Kario Construction recently submitted a subcontractor approval form on our behalf to have Genrus approved as a sub by DDC. Kario submitted the subcontractor approval form for 90K for remaining demo once Genrus is approved as Kario has already started interior demo since permits were pulled. This job will probably be broken into separate contracts according to trade work performed
Barden Contracting Fee	\$3,600				
July		\$1,000	Jul 25, 2011		
Balance owed to Barden		\$2,600			
MISC.					
Barry onsite elevation lay out, Bronx Zoo		\$600	10/17/2011	1136	PAID IN FULL
Optimum Meeting		\$100	Nov 7, 2011	444	PAID IN FULL
Ovan Job		TBD			TBD



GENERAL
CONTRACTORS

CONSTRUCTION
MANAGERS

DESIGN/BUILD

Dear Barry:

I just wanted to thank you for the many jobs well done by Barden Contracting for us.

Because of your tenacious ways, all of our projects that you were handling were completed on time without delays. You've always managed to pull through even the toughest of times. In fact once on a prospective job your estimating skills even saved us all.... monetary wise.

Problems that came up during construction were paid close attention to and somehow Barden Contracting managed to get the job done on time.

Your company adhered to the schedule, managed your submittals, shop drawings, and change orders in a timely manner showing that your company has impressive skills in document control.

I would refer Barden to other companies looking for a quality contractor. I look forward to our business together.

Barden Contracting thank you for many jobs well done!

Sincerely,

Chris Asaro
Vice President
Holt Construction Inc.

SINCE 1919
PEARL RIVER, NEW YORK

NEWARK, NEW JERSEY

NEW YORK, NEW YORK

HOLT CONSTRUCTION CORP.
50 E. WASHINGTON AVE.
PEARL RIVER, NY 10985
PHONE 845 • 735 • 4054
FAX 845 • 735 • 4670

cc: D. Ricketts
Barden Contracting
File

Dee Ricketts

From: Carol Messina <CMessina@hcconstructors.com>
nt: Wednesday, November 16, 2011 8:45 AM
o: dee@bardencontracting.com
Subject: FW: Letter from Chris Asaro
Attachments: Barden letter from Chris.pdf

Dear Dee,
Chris Asaro asked me to e-mail this letter to your attention.

Sincerely,

Carol Messina



BARDEN CONTRACTING SERV. LLC

WORK HISTORY SUMMARY

Page 1 of 1

The work history summary of completed project

PROJECT IDENTIFICATION

Project Name Terminal "C" Continental Airline Office fitout
Street Address Newark Airport
City, State Zip Newark Airport, New Jersey 07114

Project Reference Owner Architect Contractor

Business Name Holt Construction
Street Address 614 Frelinghuysen Ave. Suite 5A
City, State Zip Newark, NJ. 07114
Contact Person Chris Osario, VP. - 973-954-6381

Contract Data Contract Amount \$ 650,000.00 Bond Required: Yes No
 Prime Sub

Work Performed Fitout of 20,000SF open area underside terminal "C" into a complete workable office space.

work includes: Metal Frame partitions, Gyp Bd. Assemble, Insulation, Spackle and Tape, Acoustical ceiling assembly,

Temporary Partitions, Wall Blocking and Rough Carpentry, Installation of Doors and Hardware.

Barden performed various work at the Airports and surrounding areas, this is one of many.



GENERAL
CONTRACTORS

CONSTRUCTION
MANAGERS

DESIGN/BUILD

Dear Barry:

I just wanted to thank you for the many jobs well done by Barden Contracting for us.

Because of your tenacious ways, all of our projects that you were handling were completed on time without delays. You've always managed to pull through even the toughest of times. In fact once on a prospective job your estimating skills even saved us all.... monetary wise.

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I would refer Barden to other companies looking for a quality contractor. I look forward to our business together.

Barden Contracting thank you for many jobs well done!

Sincerely

Chris Asaro
Vice President
Holt Construction Inc.

SINCE 1819
PEARL RIVER, NEW YORK

NEWARK, NEW JERSEY

NEW YORK, NEW YORK

HOLT CONSTRUCTION CORP.
80 E. WASHINGTON AVE.
PEARL RIVER, NY 10985
PHONE 845 • 735 • 4064
FAX 845 • 735 • 4670

cc: D. Ricketts
Barden Contracting
File

BARDEN CONTRACTING SERV. LLC.

WORK HISTORY SUMMARY

Page 1 of 2

The work history summary of completed project

PROJECT IDENTIFICATION

Project Name Terminal "C" Continental Airline Office fitout
Street Address Newark Airport
City, State Zip Newark Airport, New Jersey 07114

Project Reference Owner Architect Contractor

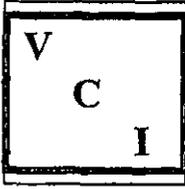
Business Name 11olt Construction
Street Address 614 Frelinghuysen Ave. Suite 5A
City, State Zip Newark, NJ. 07114
Contact Person Chris Osario, VP. - 973-954-6381

Contract Data Contract Amount \$ 650,000.00 Bond Required: Yes No
 Prime Sub

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Temporary Partitions, Wall Blocking and Rough Carpentry, Installation of Doors and Hardware (Only).



VOLMAR CONSTRUCTION, INC.

4400 2nd Avenue, Brooklyn, NY 11232
Tel: (718) 832-2444 / Fax: (718) 499-4045

November 15, 2011

Dormitory Authority State of New York
One Penn Plaza, 52nd Floor
New York, New York 10119

[11/31/11]

Attention: Ms. Renee Winters

Subject: Barden Contracting Services, LLC

Dear Ms. Winters,

This letter is being written on behalf of Barden Contracting to inform you that Barden is currently working on the F.D.N.Y. – Marine 9 fire House located in the Homeport of Staten Island. Barden Contracting is installing the metal panel façade for the project.

The work being performed is being done in a professional manner and is maintaining the current completion schedule.

Should you have any questions, please feel free to contact me at 917-807-2482.

Very truly yours,

George Vrettos
Project Manager

Cc: File

VOLMAR CONSTRUCTION INC. • BROOKLYN, NY 11232

085996

DATE	INVOICE NO.	DESCRIPTION	INVOICE AMOUNT	DEDUCTION	BALANCE
10-31-11	9-MARINE 9	MARINE 9	18000.00	.00	18000.00
CHECK DATE	11-22-11	CHECK NUMBER	85996	TOTALS	18000.00
			18000.00	.00	18000.00

11/3/12

VOLMAR CONSTRUCTION INC.
4400 SECOND AVENUE
BROOKLYN, NY 11232

MATHEW BANK OF NEW YORK
780 FIFTH AVE
BROOKLYN, NY 11203

085996

Pay: *****EIGHTEEN THOUSAND DOLLARS AND NO CENTS*****

DATE: November 22, 2011

CHECK NO: 85996

AMOUNT: \$18,000.00

PAY TO THE ORDER OF: ALLIED METAL ENTERPRISES AND BARDEN CONTRACTING

VOLMAR CONSTRUCTION INC.

AUTHORIZED SIGNATURE

⑈085996⑈ ⑆026011701⑆ ⑆1000010023⑈

Barry's Genrus Income 2011	Contract Amount	Payment	Date Posted	Check #	NOTES
PROJECTS					
CONEY ISLAND HOSPITAL	\$106,000				Contract Amount was reduced from \$160K to 106K due to mutual agreement between Genrus and GC to cancel remainder of contract as of 9/17/11
Barden Contracting Fee	\$4,240				Based on 4% of reduced contract amount completion
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		\$1,200	Jul 8, 2011	CASH	
August		\$750	Aug 15, 2011	1010	
		\$500	Aug 22, 2011	1093	
		\$1,250	Aug 24, 2011	1094	
September		\$1,000	Sep 8, 2011	1122	
		\$1,000	Sep 19, 2011	1051	
		\$6,450			
Balance owed to Barden		-2,210			Although there is a credit of \$2210.00, Genrus considers this cost negligible as Barry performed above the call of duty for this project and should thus be compensated accordingly.

OGS- STATE ARMORY	\$145,000				<p>The original contract amount included an Add Alt for 6" gravel subbase removal which was eventually not completed by Genrus.</p> <p>In addition, less steel was installed than what was shown in original proposal, reducing original contract amount.</p>
Barden Contracting Fee	\$5,800				<p>The \$600 (check 1136 on 10/17/11) shown on your records should not have been applied to OGS, this instead reflects hourly pay received for NE Remsco job in Bronx Zoo on 9/28/11, Your \$600 should be applied to NE Remsco project instead.</p>
November		\$1,500	Nov 7, 2011	443	
Balance owed to Barden		\$4,300			
MORRIS PARK - OPTIMUM	\$560,000 (est.)				This project is scheduled to begin mid January 2012
Barden Contracting Fee	3-4% approx.				
Balance owed to Barden		TBD			
Balance owed to Barden		TBD			

1/3/12

ENGINE 63	\$90,000				Kario Construction recently submitted a subcontractor approval form on our behalf to have Genrus approved as a sub by DDC. Kario submitted the subcontractor approval form for 90K for remaining demo once Genrus is approved as Kario has already started interior demo since permits were pulled. This job will probably be broken into separate contracts according to trade work performed
Barden Contracting Fee	\$3,600				
July :		\$1,000	Jul 25, 2011		
Balance owed to Barden		\$2,600			
MISC.					
Barry onsite elevation lay out, Bronx Zoo		\$600	10/17/2011	1136	PAID IN FULL
Optimum Meeting		\$100	Nov 7, 2011	444	PAID IN FULL
Ovan Job		TBD			TBD

QUANTITIES INC
3033 Birch Terrace
Davie, FL 33330

Wachovia
Wachovia, N.A.
wachovia.com
63-643/870

1112

3/18/10

PAY TO THE
ORDER OF

BARCELO CONTRACTING

\$ 1,250.00

ONE THOUSAND TWO HUNDRED FIFTY

DOLLARS

MEMO BRICKER PLAZA



AUTHORIZED SIGNATURE

⑈001112⑈ ⑈067006432⑈ 2000027495417⑈

[1/3/12]

Security Features Included. Details on Back

ALLIED METAL
www.alliedmetal.com

11310
Manufacturer of ESTOLGA Aluminum
Composite Panel Systems and Columns
Supplier of Wall Panels and Metal Roof Systems

ESTOLGA
THE REVOLUTION IN PANEL SYSTEMS

phone: 888-520-8800

fax: 201-223-1884

e-mail: info@alliedmetal.com

Change Order

Company: Barden Contracting Address: 174 Bogart St. Suite 309 Brooklyn, NY 12236 Attn: Mr. Barry Rickets	Office Phone: (718) 832-2444 Fax: (718) 499-4046 DATE: July 27, 2011	Project Name: FDNY Marine Company 9 Project Number: F-10-15 Number of Pages: 2
---	--	--

CHANGE ORDER SCOPE OF WORK:

- Including original contract and specifications the work to be performed
- EFB Contracting is fully responsible for the contract until Barden Construction completes the project.
- Volmar Construction agreed to pay Change Order in the Amount of \$32,474
- Allied Metal has agreed to release EFB Contracting from its contract a Union affiliated company and hire a Non-Union Contractor (BARDEN CONTRACTING) to fulfill the substantial completion of the remaining ACP Panel installation.
- Allied Metal has agreed in addition to Volmar Construction Change Order of \$32,474 would add an additional \$8,000.00 to complete, all associated money mentioned shall be contributed to the completion of the remaining contract work.
- All payment terms are as per the original contract, AIA must be submitted.
- BarDen Contracting has agreed to complete agreed scope of work with it's own crew.

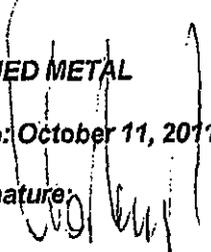
EFB CONTRACTING		Barden Contracting
Original Contract Value	\$160,000.00	Original Contract \$45,560.69 To be paid via AIA
Paid to EFB	(\$4,000.00)	
	(\$4,500.00)	
	(\$10,000.00)	
	(\$16,325.00)	
	(\$20,856.00)	
	(\$22,856.00)	
	(\$30,000.00)	
Balance left	\$51,463.00	
Union 580 Benefits for Aug & Sept.	(\$25,376.31)	Volmar to pay directly to union on behalf of EFB
Union Benefit for Oct.	(\$21,000.00)	Volmar will pay Allied and Allied will pay EFB (please provide an AIA)
Change order	\$32,474.00	
Allied Metal Contribution	\$8,000.00	
Balance to finish contract	\$45,560.69	

Change Order Total Price: \$40,474.00

3114 Tonnelle Ave. (Rt. 1&9 North), North Bergen, New Jersey 07047

ALLIED METAL

Date: October 11, 2011

Signature: 

CLIENT

**Barden Contracting
Barry Ricketts
174 Bogart Street - Suite 309
Brooklyn NY 11206**

Authorization Date:

Print Name and Title:

Signature:

Capital Investment

UDA Order U001235577 - Catalyst 2010.txt

From: sales@uda1.com
Sent: Saturday, March 20, 2010 8:34 PM
To: barry@bardencontracting.com
Subject: UDA Order U001235577

Dear Barry Ricketts,

Thank you for ordering from UDA Technologies.
As a leading provider of Construction Information Systems, Project Management Software and Services, our commitment is to provide you with exceptional customer service.

Your invoice number is U001235577.
Please retain or print this invoice number for reference information.

Thanks again for choosing UDA. We appreciate your business.
Please give us a call if we can be of further assistance.

Sincerely,

UDA Customer Service, info@uda1.com
UDA Technologies, Inc.
<http://www.udatechnologies.com>
1-800-700-8321 M-F 9:00-7:00 est

[1/3/12 ✓]

Following is a copy of your order:

Qty	Description	Unit	Amount
1	(CS-CM10CAT) UDA ConstructionSuite CM Catalyst 2010 * Option: Microsoft windows Vista * Option: Single License (Licensed for a single computer) * Option: Basic Support (30 Days Phone & 1 Year Email Support)	\$1599.99	\$1599.99
Subtotal:			\$1599.99
Shipping:			\$15.00
Total:			\$1614.99

Order placed at: Sat Mar 20 20:34:26 2010

Your order will be shipped to:
Barry Ricketts
621 NW 16th Avenue
Pompano Beach, FL 33069
United States of America
Shipping Method: 3-7 Day Ground Delivery & Download \$15.00
E-mail: barry@bardencontracting.com

Your order will be billed to:
Barry Ricketts
621 NW 16th Avenue
Pompano Beach, FL 33069
United States of America

Ex.1

UDA Order U001235577 - Catalyst 2010.txt
Phone 1: 347-251-4593

Payment Information: Credit Card
Card Type: Visa
Card Number:
Card Expire:

Capital Investments



3DCADCO, Inc.
 PO BOX 402244
 Miami, FL 33140
 3DCADCO.COM
 305.438.0838 T
 305.675.8103 F

INVOICE

DATE	INVOICE #
3/25/2010	203300

BILL TO
Barden Contracting Barry Ricketts & D'Ann Ricketts

SHIP TO

P.O. #	TERMS	SHIP	VIA	REP	F.O.B.
		4/3/2010	On-Site	JS	
QTY	ITEM	DESCRIPTION		PRICE	TOTAL
2	TRAIN	ArchiCAD BIM Workshop FL Sales Tax Bank Of America BarDen Contracting Serv. LLC Visa No... Exp. date		100.00 7.00%	200.00 0.00
We appreciate your business				TOTAL	\$200.00

PAID 3/25/10

Dee Ricketts

Capital Investment

From: barry@bardencontracting.com
Sent: Monday, December 19, 2011 9:53 AM
To: dee@bardencontracting.com
Subject: FW: PlanSwift Receipt

fyi

Barry Ricketts
Project Coordinator
T: 347.251.4593
F: 954.623.7104
174 Boyart Street - Suite 309
Brooklyn NY, 11206

[1/3/12]

barry@bardencontracting.com



www.bardencontracting.com

From: PlanSwift [mailto:sales@planswift.com]
Sent: Monday, December 19, 2011 9:51 AM
To: barry@bardencontracting.com
Subject: PlanSwift Receipt

Barry Ricketts ,

Thank you for purchasing PlanSwift Professional 9.0.
To unlock the software, use the following customer number and pin number:

Customer #: [REDACTED]
Pin #: [REDACTED]

To locate the unlock form, click the `Help` menu in PlanSwift, select 'Activate PlanSwift Professional'.
Enter your Customer # and Pin # then click 'Activate'

(If you are using a trial version of the software, the software will have full function until it expires. At this time you can re-enter your Customer # and Pin # to fully unlock.)

Don't forget to check out our online tutorial videos: <http://www.planswift.com/tutorialvideos>

Purchased Items:
Item # Item Name Qty Price Total
Pro01Buy PlanSwift Professional - 1 User License 1 \$950.00 \$950.00

Your Order Total: \$950.00

Thank You for your purchase. We look forward to serving you.

- The PlanSwift Support Team
Sincerely,



D'Ann Ricketts <dannricketts@gmail.com>

QuickBooks Customer Service Case 1-3830066210

1 message

QuickBooks_CustomerService@intuit.com
<QuickBooks_CustomerService@intuit.com>
To: DANNRICKETTS@gmail.com

Tue, Dec 20, 2011
at 1:06 PM



[1/3/12]

Today's Date: 12/20/2011 06:04:30 PM

Case ID: 1-3830066210

Dear D' ANN RICKETTS,

Thank you for contacting Intuit, Inc. with your recent QuickBooks® request.

The Quick Books Premier Accountant 2010 license 6345-7167-9376-724
is registered under the business name BarDen Contracting Serv. LLC

For additional questions please feel free to use our online support center at
www.quickbooks.com/support, or call customer service
at 1-888-446-8848 (1-888-4-INTUIT)

We appreciate your business and hope to have the opportunity to serve you
again in the future!

Respectfully,

Capital Investment - Barden Contracting Ser

Search:



1-Day Pandigital Offer! Shop Our Best Value of the Day

QVC : My Account : Order Status : Order Detail

Order Detail

Bill-To D' Ann Ricketts 621 NW 16th Ave Pompano Beach, FL 33069	Ship-To D' Ann Ricketts 621 NW 16th Ave Pompano Beach, FL 33069	Payment Information Visa Exp:	Sub Total: \$948.00 Total S&H: \$30.96 Total Tax: \$58.74 Order Total: \$1,037.70
---	---	--	--

Order Number: 3455663922

Order Date: 4/25/2010

In Stock:

E165749



HP DV7 17.3" Notebook 6GB RAM 500GB HD Blu-ray Win7,3YR McAfee White

Status
Shipped: 4/27/2010
Label Printed: 4/25/2010
UPS Signature Ground

EDD*: 5/6/2010
Tracking Number:
1Z1816314221275360

Gift Option	Price	Quantity	S&H	Tax	Total
	\$948.00	1	\$30.96	\$58.74	\$1,037.70

Return Tracking Number:
7250033069024400010545254757

[Print Return Label](#)

Gift With Purchase or Replacement:

E165943



Adobe Photoshop, 3YR McAfee, Laplink PC Mover, Games Software

Status
Shipped: 4/27/2010
Best Standard Delivery

EDD*: 5/4/2010

Gift Option	Price	Quantity	S&H	Tax	Total
	\$0.00	1	\$0.00	\$0.00	\$0.00

Capital Investment - Barden Contracty Services



ENTER TO WIN A \$100 HSN GIFT CARD - REFER A FRIEND

Order Detail

need help?

or call 1-800-933-2887 (8am-1am ET)

Order No: 631803416
Order Date: 5/11/2011

Payment Method:
Visa ****5935

Shipping Address:
D' ANN RICKETTS
621 NW 16TH AVE
POMPANO BEACH, FL
330690000

Product Description	Status	Estimated Delivery	Qty	S&H	Price
Item No: 127-863 GE E1680W 16MP 8X Zoom Digital Camera with Software PURPLE		Ground - 05/23/2011	1	\$0.00	\$149.95

You've chosen FlexPay for this order

Flexpay Detail

Payment Date	Amount	Payment	Status
5/11/2011	\$36.96	Visa	billed
6/10/2011	\$27.93	Visa	billed
7/10/2011	\$27.93	Visa	billed
9/8/2011	\$27.93	Visa	billed

Subtotal:	\$149.95
S&H:	\$0.00
KASH:	-\$38.20
Tax:	\$9.00
Total:	\$120.75



Capital Investment Barden Consulting Services

ENTER TO WIN A \$100 HSN GIFT CARD - REFER A FRIEND

Order Detail

need help?

or call 1-800-933-2887 (8am-1am ET)

Order No: 631802811
Order Date: 5/11/2011

Payment Method:
Visa ****5935

Shipping Address :
D' ANN RICKETT'S
621 NW 16TH AVE
POMPANO BEACH , FL
330690000

Product Description	Status	Estimated Delivery	Qty	S&H	Price
Item No: 965-309 VuPoint Magic Wand Portable Document and Photo Scanner		Ground - 05/23/2011	1	\$6.95	\$89.90

You've chosen FlexPay for this order

Flexpay Detail

Payment Date	Amount	Payment	Status
5/12/2011	\$42.74	Visa	billed
6/11/2011	\$29.96	Visa	billed
7/11/2011	\$29.96	Visa	billed

Subtotal: \$89.90
S&H: \$6.95
Tax: \$5.81
Total: \$102.66

Service Agreement



UDA ConstructionSuite™ Order Confirmation

Pursuant to the attached Terms and Conditions, submit this Order Form to confirm your purchase. This Order Form and Terms serve as your Agreement with UDA Technologies for this order.

Seller: UDA Technologies, Inc.
UDA Credit Services
2272 Moores Mill Road
Auburn, AL 36830

Purchaser: BarDen Contracting LLC
Barry Ricketts
621 NW 16th Avenue
Pompano Beach, FL 33069

ConstructionSuite Software

Product	Licenses	Number of Payments	Payment
UDA ConstructionSuite 2011 Catalyst	1	1	\$100.00
Subtotal:			\$100.00

TotalCare Services

TotalCare service is required for the length of a payment plan and is automatically billed each month concurrent with the payment plan charge.

Product	Licenses	Number of Payments	Monthly Payment
Monthly TotalCare Membership	1	12	\$69.99
Subtotal:			\$839.88
Total			\$939.88

Your authorized Signatory must sign or type his/her name here to sign the Agreement on your behalf. Return this completed form to UDA Technologies at credit@uda1.com or via fax at 334-821-0815. Submitting this Agreement authorizes UDA Technologies to process this order.

Signature	Barry Ricketts
Signatory's Title	Owner
Signature Date (MM/DD/YYYY)	10/13/2011

Terms and Conditions

These Terms govern your purchase of software and services ordered on this Order Form.

1. You agree to pay UDA Technologies the listed price for products and services that you order. You may not cancel your order once submitted. Payments will be billed monthly to the credit card on file. You will provide UDA Technologies with updated credit card information for cards that will expire during the duration of this agreement. Products and Services covered in this Agreement are nonrefundable. If payments are declined, late, disputed, or otherwise behind, UDA reserves the right to suspend the use of the software until full payment is made, this suspension of service will not in any way reduce your obligation to pay the order in full. Additionally, a reactivation fee of \$35 per license will be assessed to reactivate your software in the event of non-payment. For payments over 45 days late, you will pay interest from the due date at the lesser of 2% per month or the legal maximum.
2. Products and Services listed in this Agreement are covered under the terms and conditions of the End-User License Agreement included in the software application. The laws of the State of Alabama govern this agreement. Any actions or disputes relating to this Agreement shall be brought in the appropriate court in Lee County, Alabama.
3. TotalCare coverage will automatically renew and continue to be charged monthly after this agreement ends. Prepaid 12-month TotalCare service will bill monthly after the first year. TotalCare coverage can be discontinued by contacting a UDA Customer Service Representative at the conclusion of this agreement.

Dee Ricketts

On Center
2 Service Agreement 2 Quick Bid *annex 1/2*

From: barry@bardencontracting.com
Sent: Sunday, December 18, 2011 5:40 PM
To: dee@bardencontracting.com
Subject: FW: Authorization Status

Barry Ricketts

Project Coordinator
T: 347.251.4593
F: 954.623.7104
174 Boyart Street - Suite 309
Brooklyn NY, 11206

barry@bardencontracting.com



www.bardencontracting.com

Dec 13/12

From: Tisha Ellis [<mailto:tisha.ellis@oncenter.com>]
Sent: Wednesday, June 09, 2010 1:46 PM
To: barry@bardencontracting.com
Subject: RE: Authorization Status

-Barry-

Where it says client id number, click that change button and enter 2004003708 and click save. After clicking save click the reauthorize button off to the right. If you need further assistance please reply to this email or contact us at 866-689-5687, thank you.

Sincerely,
Tisha Ellis
Technical Support Router

Direct: 281.297.9000 Ext.1002
Fax: 281.210.5509
Toll Free: 800.880.8254 Ext.1002
Sales: 866.627.6246
Support: 866.689.5687
Address: 1400 Woodloch Forest Drive, Suite 400

The Woodlands, TX 77380
Web: www.oncenter.com



Follow us:





On Center SOFTWARE

8708 Technology Forest Place, Suite 175
The Woodlands, TX 77381

Invoice

Date	Invoice #
3/30/2004	6604

Bill To
BarDen Contracting Denise Ricketts 6050 Blvd E West New York, NJ 07093

Ship To
BarDen Contracting Denise Ricketts 6050 Blvd E West New York, NJ 07093

P.O. No.	Terms	Due Date	Rep	Ship Via	Customer Email
	Special	5/29/2004	KE	Standard O/N	bardencontracting@hot...

Description	Qty	Rate	Amount
Quick Bid Professional - Initial License - Interiors Database	1	6,495.00	6,495.00
Quick Bid & On-Screen Takeoff Bundle Discount	1	-899.00	-899.00
Quick Bid Professional - Maintenance and Technical Support - 2004	1	500.00	500.00
Pro-rated Discount on Support	1	-100.00	-100.00
Shipping	1	25.00	25.00
Due Now COD: \$2007.00 Due May 1: \$2007.00 Due June 1: \$2007.00			

Subtotal	\$6,021.00
Sales Tax (7.25%)	\$0.00
Total	\$6,021.00
Payments/Credits	\$-6,021.00
Balance Due	\$0.00

Orders are eligible for a 30-day money-back guarantee from the date of receipt of shipment, except those paid with the lease option. Lease payments and shipping fees are non-refundable. Product box with complete contents and copy of original invoice must be returned to DCS to qualify for a refund. All returned digitizers and digital takeoff tables are subject to a \$500.00 re-stocking fee.

Each workstation requires a separate license. (Dongles can be insured under computer hardware)

Phone #	Fax #	E-mail	Web Site
281-297-9000	281-297-9005	accounting@oncenter.com	www.oncenter.com



On Center SOFTWARE

8708 Technology Forest Place, Suite 175
The Woodlands, TX 77381

Invoice

Date	Invoice #
3/23/2004	6572

PAID

Bill To
BarDen Contracting Denise Ricketts 6050 Blvd E West New York NJ 07093

Ship To
BarDen Contracting Denise Ricketts 6050 Blvd E West New York NJ 07093

P.O. No.	Terms	Due Date	Rep	Ship Via	Customer Email
	Special	5/22/2004	KE	3-Day Shipping	bardencontracting@3m...
Description		Qty	Rate	Amount	
On-Screen Takeoff - Professional Quantity Survey Software - Initial License		1	2,495.00	2,495.00	
On-Screen Takeoff - Maintenance and Technical Support - 2004		1	200.00	200.00	
Pro-rated Discount on Support		1	-20.00	-20.00	
Shipping		1	15.00	15.00	
PAYMENT PLAN: 1/3 DUE NOW & COD--\$900.00 4/23/04--1/3 due--895.00 5/23/04--1/3 due--895.00					
				Subtotal	\$2,690.00
				Sales Tax (7.25%)	\$0.00
				Total	\$2,690.00
				Payments/Credits	\$-2,690.00
				Balance Due	\$0.00

Orders are eligible for a 30-day money-back guarantee from the date of receipt of shipment, except those paid with the lease option. Lease payments and shipping fees are non-refundable. Product box with complete contents and copy of original invoice must be returned to OCS to qualify for a refund. All returned digitizers and digital takeoff tables are subject to a \$500.00 re-stocking fee.

Each workstation requires a separate license. (Dongles can be insured under computer hardware)

Phone #	Fax #	E-mail	Web Site
281-297-9000	281-297-9005	accounting@oncenter.com	www.oncenter.com

Payroll Service Agreement (copy)

Order Details

1.800.4INTUIT

Order Date: 11/28/2011
Order Number: SBL47075544

Item Ordered	Delivery Method	Status	Estimated Delivery	Qty	Item Price	Item Total
QB BASIC PAYROLL FOR UP TO 3 EMPLOYEES ANNUAL RECURRING BILLING		Available	11/28/2011	1	\$135.00	\$135.00
Request Refun						

Subtotal: \$135.00

Tax: \$0.00

Shipping: \$0.00

Order Total: \$135.00

Address Information	Payment Method
Billing Address BARRY RICKETTS BARDEN CONTRACTOR SERVICE, LLC 621 NW 16TH AVE POMPANO BEACH, FL 33069-2832 USA 347-251-4593 BARRY@BARDENCONTRACTING.COM	BARRY RICKETTS Visa

Who Are You? Accountants | Developers | Enterprise | Financial Institutions | Healthcare | Partner | Retailers

Corporate: Support | Communities | Products A-Z | Contact Us | Careers | Privacy | Security | Legal | Intuit Labs | About Us

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Terms and conditions, features, support, pricing and service options subject to change without notice.

BARDEN CONTRACTING SERV. LLC.

16 McKinley Avenue, Albertson NY 11057
516-307-8275

Date: August 13, 2012

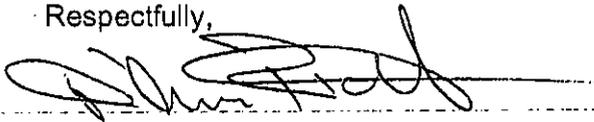
Re: 2011 Tax Returns

Dear: Mr. Washington,

Barden Contracting Services LLC has not filed tax returns for year ending 2011 as of yet. Extension of filing is in order.

I D' Ann Ricketts certify the above to be a "true certified statement".

Respectfully,



President

"Team - Together Everyone Achieves More"

954-393-7468 (M)

561-228-0989 (e-fax)

516-307-8275 (O)

Direct: 954.393.7468

E-mail: dee@bardencontracting.com website: www.bardencontracting.com

BARDEN CONTRACTING SERVICES, LLC

STATEMENT

AS OF October 31, 2011

ASSETS

Current Assets

Cash \$14,300
 Accounts receivable \$12,350
 Prepaid expenses \$ 1,750

Total Current Assets \$28,400

Fixed Assets

Equipment \$15,300
 Software \$13,400
 Furniture & fixtures \$ 6,057

Total Net Fixed Assets \$34,757

TOTAL ASSETS \$63,157

LIABILITIES

Current Liabilities

Accounts payable \$-0-
 Total Current Liabilities \$-0-

Total Liability \$-0-

TOTAL LIABILITIES & EQUITY \$63,157

11/3/12