Subcontractor's Name: _____ Project Name.: _____

Exhibit H
Subcontractor's Suppliers & Material Sources

Please list all suppliers, vendors, and 2nd tier subcontractors from which you will purchase labor, materials, rental equipment, other services, and any other entity that will have Lien or Stop Notice rights under the contract. All 2nd tier subcontractors performing labor will be responsible in providing Certified Payroll and Insurance Certificates. Please submit the completed form to AP@amgassociates.inc and CPR@amgassociatesinc.com.

Company Name	CSLB No.	Description	Phone / Email	Check Box if applies			
2nd Tier Sub or Material/Equipment Supplier	Company must have a current CSLB and DIR to perform labor	Type of Labor, Material, or Equipment to be provided	Please provide contact information	Labor	Material	Equipment	Other

This form must be updated with each pay request.