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|  | EXHIBIT G | PURCHASING DEPARTMENT 619 DIVISION ST. MS-7 PORT ORCHARD, WA 98366 PHONE: (360) 337-4788 |
| | SUBCONTRACTORS LIST | |

BIDDER'S NAME: _____

BIDDERS: Provide the following information for all proposed subcontractors that may provide goods and/or services on behalf of the Bidder under this solicitation. Additional pages may be attached if necessary.

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|----------------------------------|
| Full Legal Name: |
| Address: |
| Contact Person: |
| Telephone No. and Email Address: |
| Goods/Service(s) to be provided: |

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|----------------------------------|
| Full Legal Name: |
| Address: |
| Contact Person: |
| Telephone No. and Email Address: |
| Goods/Service(s) to be provided: |

| |
|----------------------------------|
| Full Legal Name: |
| Address: |
| Contact Person: |
| Telephone No. and Email Address: |
| Goods/Service(s) to be provided: |

Bidder's Signature (*Authorized Representative*): _____

Print Name and Title of Signer: _____

Dated this ____ day of _____, 20____