



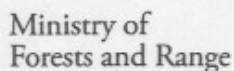
TENDER OPENING RECORD

FILE NO. 10005-40/MP10TLG001

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Bid Security \$500.00

PROJECT		ADVERTISED CLOSING		
PROJECT NO.	CONTRACT NO. MP10TLG001	DATE (yyyy-mm-dd) May 21, 2009		
NATURE OF WORK Multiphase Timber Sale Licence Development		TIME 2:00 p.m.		
LOCATED AT Various Locations Quesnel Forest District		LOCATION Likely Room		
TENDER NO.	RECEIVED FROM	TOTAL TENDERED PRICE	AMOUNT OF BID DEPOSIT AND FORM OF REMITTANCE	ALL MANDATORIES SUBMITTED (see attached list)
①	Industrial Forest Service Ltd.	\$ 417000.00	\$ 500.00 c/c	
②	SBS Forestry Inc.	\$ 208800.00	\$ 500.00 m/o	
③	Silvicom Services Inc.	\$ 359437.60	\$ 500.00 m/o	
④	Integrated ProAction Corp.	\$ 299024.53	\$ 500.00 B/D	
⑤	Montane Forest Consultants Ltd.	\$ 305900.00	\$ 500.00 B/D	
⑥	Tactics Resource Management Ltd.	\$ 248702.00	\$ 500.00 B/D	
⑦	Forsite Consultants Ltd.	\$ 318600.00	\$ 500.00 m/o	
⑧	Cabin Forestry Services Ltd.	\$ 465900.00	\$ 500.00 c/c	
⑨	Las Consulting Inc.	\$ 332500.00	\$ 500.00 c/c	
⑩	Nortech Forestry Ltd.	\$ 222306.00	\$ 500.00 B/D	
⑪	Cariboo Forest Consultants Ltd.	\$ 184250.00	\$ 500.00 c/c	
⑫	517568 B.C. Ltd.	\$ 287000.00	\$ 500.00 m/o	
⑬	Live Crown Forestry Ltd.	\$ 146100.00	\$ 500.00 m/o	Awarded
TENDERS OPENED AT 2:00 P.M. ON THE 21 st DAY OF May, 20 09.				
WITNESS Bernice Fradsham <i>B. Fradsham</i>		SIGNATURE OF MINISTRY OFFICIAL <i>D. M. B.</i>		
WITNESS Rosalee Maurice <i>R. Maurice</i>		Michele Buckmaster		
RECOMMENDATIONS:				
SIGNATURE OF CONTRACT COORDINATOR Printed Name				
APPROVAL TO AWARD				
TENDER NO. ACCEPTED, AWARD OF CONTRACT TO IS AUTHORIZED.				
DATE *YYYY-MM-DD)		SIGNATURE OF AUTHORIZED CONTRACT OFFICER / EXPENSE AUTHORITY Printed Name		



TENDER OPENING RECORD

PAGE 1 OF 2

Bid Security \$500.00

[illegible]

TENDERS OPENED AT 2:00 /P.M. ON THE 21st DAY OF May, 20 09

WITNESS

Bernice Fradsham

WITNESS

Rosalee Maurice

SIGNATURE OF MINISTRY OFFICIAL

Michele Buckmaster

RECOMMENDATIONS:

SIGNATURE OF CONTRACT COORDINATOR

Printed Name

APPROVAL TO AWARD

TENDER NO. _____ ACCEPTED, AWARD OF CONTRACT TO _____ IS AUTHORIZED.

DATE *YYYY-MM-DD)

SIGNATURE OF AUTHORIZED CONTRACT
OFFICER / EXPENSE AUTHORITY

Printed Name