ODYSSEY RESIDENTIAL HOLDINGS, L.P.
5430 LBJ FREEWAY, SUITE 1200
THREE LINCOLN CENTRE
DALLAS, TX 75240
972-455-9298
972-455-9297 FAX

Prospective Sub Contractor

MBC Landscaping

February 21, 2005

VIA LONSTAR OVERNIGHT

RE: Homes of Pecan Groves, 3100 Simpson Stuart, Dallas, TX

Dear Sub Contractor:

Enclosed is an information gathering tool we use to qualify all our bidders. You have been recommended by BSEAT CDC, 501 C 3 Inc., Darren Reagan is the CEO, for work on this construction job. Your company will be given an opportunity to get the work over other bidders due to this recommendation and your status as a minority and locally based business.

If you do not have some of the information or are unsure of what to fill in please contact me for assistance. Do not be deterred by not having each and every component. We help with capacity building and will help you secure outside resources if necessary to be competitive. The most important thing is demonstrating your ability to do this type of work from a skill and experience stand point. Bonding will likely not be required for the work you bid.

Once we have received and reviewed a completed package, a set of bid plans and specs will be provided. Odyssey's affiliate is the GC and their will be a prime sub contractor with bonding who will actually contract with your company if your price and terms meet the budget requirements of the job. We appreciate you taking the time to complete the package and bid the job.

We look forward to working with your company on this opportunity. Please contact me if you need more information.

Sincerely,

James R. (Bill) Fisher
Vice President
ORH

Enclosures

GOVERNMENT EXHIBIT 1976
3:07-CR-0289-M

EXHIBIT A

GENERAL CONTRACTOR/SUBCONTRACTOR/SUPPLIER QUALIFICATION CHECKLIST

Name of Subcontractor/Supplier: _____

Address: _____

Type of company: _____
(Corporation, Partnership, Individual, Joint Venture, other - specify)

Type of Work:

_____
(Earthwork/Excavation, Utilities, Concrete, Masonry/plaster/stucco, Rough Carpentry labor, Turn key subcontractors, or panelizers, Roofing, Unit Carpentry, Drywall, Painting, Mechanical, Fire Protection, Electrical, Plumbing, Shell Contractor, General Contractor)

Has your organization performed work for Provident Realty Advisors in the past? _____

1. ORGANIZATION

1.1. How many years has your organization been in business?
1.2. How many years has your organization been in business under its present business name?
1.3. Under what other or former names has your organization operated?
1.4. On a separate sheet, provide your company organizational chart.
1.5. Identify the contract Project Manager who will be responsible for oversight and management of contract performance and who will act as the contact person for receipt of notices and other communications:
1.6. Location of the office from which the work will be managed:
1.7. List on a separate sheet, a statement of the experience of staff and the total number of employees (distinguishing between administrative, staff, management and principal partners or officers).

2. LICENSING

2.1 List the states and trade categories in which your organization is legally qualified to do business, and indicate registration or license numbers, if applicable.
2.2 List jurisdictions in which your organization's partnership or trade name is filed.

3. EXPERIENCE

3.1 List the categories of work that your organization normally performs with its own forces.
3.2 Claims and Suits. (If your answer to any of the questions below is yes, please attach details.)

3.2.1 Has your organization ever failed to complete any work awarded to it?

3.2.2 Are there any judgments, claims, arbitration proceedings or suits pending or outstanding against your organization or its officers?

3.2.3 Has your organization filed any lawsuits or requested arbitration with regard to construction contracts within the last five years?

3.3 Within the last five years, has any officer or principal of your organization ever been an officer or principal of another organization when it failed to complete a construction contract? (If the answer is yes, please attach the details.)

3.4 On a separate sheet, list construction projects your organization has in progress, giving the name of the project, owner, architect, contract amount, percent complete and scheduled completion date.

3.5 State the total worth of work in progress and under contract.

3.6 On a separate sheet, list the major projects your organization has completed in the past five years, giving the name of the project, owner, architect, contract amount, date of completion and percentage of the cost of the work performed with your own forces.

3.7 State the average annual amount of construction work performed during the past five years.

3.8 On a separate sheet, list the construction experience and present commitments of the key individuals of your organization, including supervisory personnel you intend to place on Provident Realty Advisors project. Provide resumes of key personnel.

4. MAJOR SUPPLIERS AND SUBCONTRACTORS

4.1 On a separate sheet, please list the names, addresses and telephone numbers of the major suppliers and subcontractors you intend to use on Provident Realty Advisors project, including the percentage of the cost of work to be performed on Provident Realty Advisors project.

5. REFERENCES

5.1 Trade References

5.2 Bank References

5.3 Surety

Name of Bonding Company _____

Name and address of agent _____

5.4 Business References:

_____

_____

_____

6. FINANCING

6.1 Financial Statement

Attach a financial statement, preferably audited, including your organization's latest balance sheet and income statement showing the following items:

- Current Assets (e.g. cash, joint venture accounts, accounts receivable, notes receivable, accrued income, deposits, material inventory and prepaid expenses);
- Net Fixed Assets;
- Other Assets;
- Current Liabilities (e.g. accounts payable, notes payable, accrued expenses, provisions for income taxes, advances, accrued salaries and accrued payroll taxes);
- Other Liabilities (e.g. capital, capital stock, authorized and outstanding shares par values, earned surplus and retained earnings).
- Revenue
- Cost of Goods Sold
- Gross Margin
- General and Administrative
- Total Operating Expenses
- Net Operating Income/(Loss)
- Other Income
- Taxes
- Net Income/(Loss)

6.2 Name and address of firm preparing attached financial statement, and date thereof

6.3 Is the attached financial statement for the identical organization named on page one?

6.4 If not, explain the relationship and financial responsibility of the organization whose financial statement is provided (e.g. parent, subsidiary).

6.5 Will the organization whose financial statement is attached act as guarantor of the contract for construction?

7. SAFETY

7.1 Identify the competent person(s) and/or safety representative(s) for this project and their duties.

7.2 Describe your company's approach and philosophy toward safety.

7.3 Supply a copy of your company's site-specific safety program for this project.

7.4 What is your company's policy toward fall protection?

7.5 Supply a copy of your company's EMR rating for the past two (2) years as provided from your insurance carrier.

7.6 Has your company been cited by OSHA (or any state run OSHA programs) for violations of the Occupational Safety and Health Act in the past three years? If so, please list those violations and any penalties paid.

7.7 What is your company's policy toward addressing imminent danger work?

7.8 Do you plan to lease employees or subcontract out any portion of your scope of work? If so, how many leased employees and/ or subcontractors do you anticipate using and does your company's safety program address safety to these persons' and/ or subcontractor's scope of work?

8. INSURANCE

Insurance certificate, which conforms with current Provident Realty Advisors requirements, is enclosed:

___ Standard Subcontractor Insurance

___High Risk Subcontractor Insurance

___General Contractor Insurance

9. OWNERSHIP

Respondent's State of _____ Tax Account No: _____

Respondent's FBI No:_____

If Sole Owner: _____ Respondent's SS No: _____

If a Partnership: _____

Date of Organization: _____

Type of Partnership: General Partner(s): _____

If a Corporation: _____

Respondent's State of Incorporation: _____

Respondent's Charter No: Presidents Name: _____

Vice Presidents Name: Secretary's Name: _____

Treasurers Name: _____

M&C Quality Lawn Service
1356 Lyndon
De Soto, TX 75115
972-230-2127

M&C Quality Lawn Service has never performed work Provident Realty Advisors

1. ORGANIZATION

1.1 M&C Quality Lawn Service has been in business for 15 years
1.2 M&C Quality Lawn Service has been under this current name for 15 years
1.3 M&C Quality Lawn Service has never operated under any other name
1.4 (ATTACHED)
1.5 Carolyn & Melvin Smith will be the project managers and will act as the contact s
1.6 Location of office is at 1356 Lyndon Ave. Suite 101
1.7 (ATTACHED)

2. LICENSING

2.1 We are licensed DBA M&C Quality Lawn Service
2.2 (N/A)

3. EXPERIENCE

3.1 *specializes in complete lawn service
*year round season color and ground maintenance
*weekly, monthly, and yearly contracts
*commercial and residential
*store-front
*apartments
*shopping centers
*private schools
*lawn aeration
*professional landscape design
*installation and repair
*mowing
*irrigation
*landscape edging

3.2 No claims have ever been made against the company

3.2.1 No

3.2.2 No

3.2.3 No

3.3 No

3.4 (N/A) All jobs are complete

3.5 $10,000.00

3.6 (ATTACHED)

3.7 $150,000.00

3.8 (ATTACHED)

4. MAJOR SUPPLIERS AND SUBCONTRACTORS

4.1 (ATTACHED)

5. REFERENCES

5.1 Simpson Lawn Mower Repair Shop

5.2 Bank of De Soto

5.3 Atlantic Casualty Insurance Company

Name of Bonding Company: Accord liability Insurance

Name and address of agent: Kinnard, 408 N. Bishop Ave.

5.4 Business References: Exclusive Mortgage Group

6. FINANCING - CONFIDENTIAL

7. SAFETY

7.1 Melvin Smith and Juan Dorado make sure that Safety glasses, proper shoes, hats, and inspection of all equipment are twice a day

7.2 M&C Quality Lawn Service's philosophy is, "a safe environment is a good work environment". We remove all debris from work areas before using equipment

7.3 (ATTACHED)

7.4 (N/A)

7.5 (N/A)

7.6 (N/A)

7.7 It is addressed under safety guidelines (proper use of equipment)

7.8 (N/A)

ATTACHED DOCUMENTS

1.4

Melvin Smith -- CEO
Carolyn Smith -- Co Owner and Project Manager
Deene Smith -- Treasurer and Accounting Manager
Tiffany Smith -- Operation of sales and advertisement
Melvin Smith Jr. -- Manager of employee relations
Juan Dorado -- Director of Safety and Supervisor of maintenance

1.7

Melvin Smith: has 30 years of horticultural background and over 15 years of lawn maintenance experience and landscaping

Carolyn Smith: has 25 years experience as manager of businesses, and skills in marketing, accounting, project manager, communications, and administration

Deene Smith: 5 years experience of Accounting (accounts payable and receivable)

Tiffany Smith: 5 years of sales and advertisement (marketing), Graphic designs

Melvin Smith Jr.: 3 years experience in employee relations

Juan Dorado: 10 years in lawn maintenance and landscaping and safety coordinator

3.6

*Lincoln Property
*West Cliff Shopping Mall
*Quik Oil Lube
*Church's Chicken
*Dallas Federal Credit Union
*ABC Daycare
*Fernandez Chevrolet
*True Vine Church
*Oak Creek Homes
*Lake Ridge Homes

3.8

15 years experience in lawn care and maintenance
Melvin Smith, Carolyn Smith, Juan Dorado, Deene Smith, Melvin Smith Jr., other
Maintenance crew on request

4.1

Major Suppliers:

*Ewing-1419 S. Alexander Ave. Duncanville, TX 75137- 3418 (972-572-9530)
*Living Earth Technology- 3150 S. I-35 (972-274-2835)
*North Dallas Plant Sales- 10610 Mertic (214-323-2600)
*AAA Sand & Stone- 10550 Miller Rd., Dallas, TX (214-342-1794)
*A-1 1501 N 67, Cedar Hill 972-780-7283

Contractor:

*Sprinkler Installation and Repair
*Whitmore's Irrigation (Scott & Keith Whitmore) - 917-829-4407

7.3

General Maintenance and daily check on all equipment before use
Safety glasses worn and first aid kit on site at all times
Proper uniform worn by all employees for identification and safety purposes
All employees required to wear gloves and/other protective wear during clean ups
Proper use of all equipment enforced

OFFICE OF EARL BULLOCK, COUNTY CLERK, DALLAS COUNTY, TEXAS
600 MAIN STREET, DALLAS, TEXAS 75202

ASSUMED NAME RECORDS
CERTIFICATE OF OWNERSHIP FOR UNINCORPORATED BUSINESS OR PROFESSION

NOTICE: "CERTIFICATES OF OWNERSHIP" ARE VALID ONLY FOR A PERIOD NOT TO EXCEED 10 YEARS FROM THE DATE FILED IN THE COUNTY CLERK'S OFFICE. (Chapter 36, Sect. 1, Title 4- Business and Commerce Code)

(This certificate properly executed is to be filed immediately with the County Clerk)

170082

$5.00

NAME IN WHICH BUSINESS IS OR WILL BE CONDUCTED (Assumed Name)

M & C Cooling Lawn Service
(print or type)

BUSINESS ADDRESS 924 Foxwood

CITY DeSoto STATE TX ZIP CODE 75115

PERIOD (not to exceed 10 years) DURING WHICH ASSUMED NAME WILL BE USED: 10 yrs

BUSINESS IS TO BE CONDUCTED AS (Check Which One) ☑ Proprietorship ☐ Sole Practitioner ☐ Joint Venture
☐ General Partnership ☐ Limited Partnership ☐ Real Estate Investment Trust
☐ Joint Stock Company ☐ Other (name type)

CERTIFICATE OF OWNERSHIP

I/We, the undersigned, are the owner of the above business and my/our name and address given is/are true and correct, and there is/are no ownership(s) in said business other than those listed herein below.

NAMES OF OWNERS

NAME Melvin C. Smith SIGNATURE Melvin Clarke Smith
(print or type)
Address 924 Foxwood Dr. DeSoto TX Zip Code 75115
Residence

NAME _____ SIGNATURE _____
(print or type)
Address _____ Zip Code _____
Residence

NAME _____ SIGNATURE _____
(print or type)
Address _____ Zip Code _____
Residence

NAME _____ SIGNATURE _____
(print or type)
Address _____ Zip Code _____
Residence

NAME _____ SIGNATURE _____
(print or type)
Address _____ Zip Code _____
Residence

THE STATE OF TEXAS
COUNTY OF DALLAS

BEFORE ME, THE UNDERSIGNED AUTHORITY, on this day personally appeared Melvin C. Smith

known to me to be the person whose name is/are subscribed to the foregoing instrument, and acknowledged to me that he is/are the owner(s) of the above-named business and that he signed the same for the purpose and consideration therein expressed.

GIVEN UNDER MY HAND AND SEAL OF OFFICE, on 6/10, 19 99

EARL BULLOCK, COUNTY CLERK
By D. Parker Deputy

Form No. 424 (Rev. 10-88)

Notary Public in and for Dallas County, Texas

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