PARADISE GARDEN LANDSCAPING

ESTABLISHED 2004 • PROFESSIONAL CUSTOMER REFERENCES

Providing exceptional landscape construction, commercial maintenance, and municipal ordinance abatement across Michigan. We take pride in our track record of efficiency, quality workmanship, and long-standing client relationships.

VERIFIED CUSTOMER REFERENCES

City of Livonia

Carol McKinley — City Clerk

Phone: 248.477.7375 | Email: cmckinley@livonia.gov

Address: 20501 Newburgh Rd, Livonia, MI 48152

[2025 Contract] Provided and installed assorted 4" caliper, balled-and-burlapped trees. Handled site preparation, staking, mulching, watering, and cleanup to City standards. Inspected and approved by Parks & Recreation.

City of Lathrup Village

Michael Green — City Administrator

Phone: 248.557.2600 Ext. 225 | Email: mgreene@lathrupvillage.org

Address: 27400 Southfield Rd, Lathrup Village, MI 48076

[2024–Present] Full-service landscape maintenance throughout the business district and municipal properties. Scope includes flowerbeds, hanging baskets, fertilization, spring/fall cleanups, irrigation upkeep, and landscape restoration.

City of Southfield

Tyrice Beeks — Director of Code Enforcement

Phone: 248.877.2845 | Email: tbeeks@cityofsouthfield.com

Address: 26000 Evergreen Rd, Southfield, MI 48076

[2023–Present] Authorized municipal contractor for noxious weed destruction and height abatement. Services residential and commercial code violations weekly, with all work successfully completed on a tight 5-10 day turnaround.

Macy's Corporate Services LLC

Michael Halt — Facilities Manager, MI District

Phone: 248.284.5047 | Email: mike.halt@macys.com

Address: 2750 W. Big Beaver Rd., Troy, MI 48084

[2021–Present] Retained for comprehensive landscape maintenance, seasonal planting, and property beautification at landmark retail centers, including Macy's Somerset and Macy's Novi flagship sites.

RNA Facilities Management

Wayne Bingham — Director of Grounds

Phone: 313.802.5085 | Email: wbingham@RNAFM.com

Address: 4130 Varsity Dr., Ann Arbor, MI 48108

[2019–Present] Contracted to maintain extensive municipal properties, including Pontiac municipal buildings, Warren vacant acreage, and Oak Park school districts requiring high-volume commercial mowing and grounds upkeep.

USM Inc. & Emcor Company

Kathleen Copenheaver — Facilities Coordinator

Phone: 610.663.4941 | Email: kcopenheaver@emcor.net

Address: 1700 Markley St., Norristown, PA 19401

[2009–Present] Long-term commercial partner providing multi-site landscape care for major national accounts and high-traffic retail properties, including regional Walgreens, Learning Care Group academies, and PetSmart locations.

PI-079 (07/03)

Michigan Department of Agriculture & Rural Development
Bureau of Environment and Sustainability

Pesticide Application Business License

License No: 630303
Issue Date: 10/21/2025
Expiration: 12/31/2026

Issued To:

PARADISE GARDEN LANDSCAPING INC
26220 GROESBECK HWY
WARREN, MI 48089-
Category(ies): 3A, 3B, 6

Mailing Address:

PARADISE GARDEN LANDSCAPING INC

26220 GROESBECK HWY
WARREN, MI 48089-

DR. TIM BORING
Director of Agriculture
& Rural Development

This license is issued in accordance with the provisions of Act 451, Part 83, PA of 1994, as amended & is only valid for the establishment, address, and categories listed above. Categories with an (*) are RESTRICTED (see back). This license is not transferable.

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY): 12/20/2025

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must have ADDITIONAL INSURED provisions or be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER FEDERATED MUTUAL INSURANCE COMPANY HOME OFFICE: P.O. BOX 328 OWATONNA, MN 55060	CONTACT NAME: CLIENT CONTACT CENTER PHONE (A/C, No, Ext): 888-333-4949 FAX (A/C, No): 507-446-4664 E-MAIL ADDRESS: CLIENTCONTACTCENTER@FEDINS.COM
INSURED PARADISE GARDEN LANDSCAPING INC 26220 GROESBECK HWY WARREN, MI 48089-4147	INSURERS AFFORDING COVERAGE — NAIC # INSURER A: FEDERATED MUTUAL INSURANCE COMPANY — 13935 INSURER B: INSURER C: INSURER D: INSURER E: INSURER F:

COVERAGES **CERTIFICATE NUMBER: 21** **REVISION NUMBER: 0**

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL INSR	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	
A	[X] COMMERCIAL GENERAL LIABILITY [ ] CLAIMS-MADE [X] OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: [X] POLICY [ ] PRO-JECT [ ] LOC [ ] OTHER:	Y	N	1885811	01/31/2026	01/31/2027	EACH OCCURRENCE DAMAGE TO RENTED PREMISES (Ea occurrence) MED EXP (Any one person) PERSONAL & ADV INJURY GENERAL AGGREGATE PRODUCTS & COMP/OP ACC	$1,000,000 $100,000 $10,000 $1,000,000 $2,000,000 $2,000,000
A	AUTOMOBILE LIABILITY [X] ANY AUTO [ ] OWNED AUTOS ONLY [ ] SCHEDULED AUTOS [ ] HIRED AUTOS ONLY [ ] NON-OWNED AUTOS ONLY	N	N	1885811	01/31/2026	01/31/2027	COMBINED SINGLE LIMIT (Ea accident) BODILY INJURY (Per Person) BODILY INJURY (Per Accident) PROPERTY DAMAGE (Per Accident)	$1,000,000
A	[X] UMBRELLA LIAB [X] OCCUR [ ] EXCESS LIAB [ ] CLAIMS-MADE [ ] DED [ ] RETENTION	N	N	1885812	01/31/2026	01/31/2027	EACH OCCURRENCE AGGREGATE	$1,000,000 $1,000,000
A	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY Y/N ANY PROPRIETOR/PARTNER/ EXECUTIVE OFFICER/MEMBER EXCLUDED? [ ] N/A (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	N/A	N	1885814	01/31/2026	01/31/2027	[X] PER STATUTE [ ] OTHER E.L EACH ACCIDENT E.L DISEASE -EA EMPLOYEE E.L DISEASE - POLICY LIMIT	 $500,000 $500,000 $500,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

SEE ATTACHED PAGE

CERTIFICATE HOLDER	CANCELLATION
CITY OF LATHRUP VILLAGE DDV 27400 SOUTHFIELD RD LATHRUP VILLAGE, MI 48076-3412 21 0	**SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.** AUTHORIZED REPRESENTATIVE Nicholas R. Zoeller

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AGENCY CUSTOMER ID: _____

LOC #: _____

ADDITIONAL REMARKS SCHEDULE

AGENCY		NAMED INSURED
FEDERATED MUTUAL INSURANCE COMPANY		PARADISE GARDEN LANDSCAPING INC 26220 GROESBECK HWY WARREN, MI 48089-4147
POLICY NUMBER SEE CERTIFICATE # 21.0		
CARRIER SEE CERTIFICATE # 21.0	NAIC CODE	EFFECTIVE DATE: SEE CERTIFICATE # 21.0

ADDITIONAL REMARKS

THIS ADDITIONAL REMARKS FORM IS A SCHEDULE TO ACORD FORM,

FORM NUMBER: 25 FORM TITLE: CERTIFICATE OF LIABILITY INSURANCE

SUBJECT TO THE TERMS AND CONDITIONS OF THE POLICY, ADDITIONAL INSUREDS ALSO INCLUDES CITY OF LATHRUP VILLAGE AND LATHRUP VILLAGE DDA, ITS EMPLOYEES, ITS CITY COUNCIL AND INDIVIDUAL MEMBERS THEREOF, AGENTS AND/OR AUTHORIZED REPRESENTATIVES FOR THE CITY.
THE CERTIFICATE HOLDER IS AN ADDITIONAL INSURED SUBJECT TO THE CONDITIONS OF THE ADDITIONAL INSURED - OWNERS, LESSEES OR CONTRACTORS - AUTOMATIC STATUS WHEN REQUIRED IN CONSTRUCTION AGREEMENT WITH YOU ENDORSEMENT FOR GENERAL LIABILITY.

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THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

ADDITIONAL INSURED - OWNERS, LESSEES OR CONTRACTORS - AUTOMATIC STATUS WHEN REQUIRED IN A WRITTEN CONSTRUCTION AGREEMENT WITH YOU

This endorsement modifies insurance provided under the following:

COMMERCIAL GENERAL LIABILITY COVERAGE PART

A. **Section II - Who Is An Insured** is amended to include as an additional insured any person or organization for whom you are performing operations when you and such person or organization have agreed in writing in a contract or agreement that such person or organization be added as an additional insured on your policy. Such person or organization is an additional insured only with respect to liability for "bodily injury", "property damage" or "personal and advertising injury" caused, in whole or in part, by:

1. Your acts or omissions; or
2. The acts or omissions of those acting on your behalf;

in the performance of your ongoing operations for the additional insured.

However, the insurance afforded to such additional insured:

1. Only applies to the extent permitted by law; and
2. Will not be broader than that which you are required by the contract or agreement to provide for such additional insured.

A person's or organization's status as an additional insured under this endorsement ends when your operations for that additional insured are completed.

B. With respect to the insurance afforded to these additional insureds, the following additional exclusions apply:

This insurance does not apply to:

1. "Bodily injury", "property damage" or "personal and advertising injury" arising out of the rendering of, or the failure to render, any professional architectural, engineering or surveying services, including:
   - **a.** The preparing, approving, or failing to prepare or approve, maps, shop drawings, opinions, reports, surveys, field orders, change orders or drawings and specifications; or
   - **b.** Supervisory, inspection, architectural or engineering activities.

   This exclusion applies even if the claims against any insured allege negligence or other wrongdoing in the supervision, hiring, employment, training or monitoring of others by that insured, if the "occurrence" which caused the "bodily injury" or "property damage", or the offense which caused the "personal and advertising injury", involved the rendering of or the failure to render any professional architectural, engineering or surveying services.

© Insurance Services Office, Inc., 2018

2. "Bodily injury" or "property damage" occurring after:
   a. All work, including materials, parts or equipment furnished in connection with such work, on the project (other than service, maintenance or repairs) to be performed by or on behalf of the additional insured(s) at the location of the covered operations has been completed; or
   b. That portion of "your work" out of which the injury or damage arises has been put to its intended use by any person or organization other than another contractor or subcontractor engaged in performing operations for a principal as a part of the same project.

C. With respect to the insurance afforded to these additional insureds, the following is added to **Section III - Limits Of Insurance:**

The most we will pay on behalf of the additional insured is the amount of insurance:

1. Required by the contract or agreement you have entered into with the additional insured; or
2. Available under the applicable limits of insurance;

whichever is less.

This endorsement shall not increase the applicable limits of insurance.

© Insurance Services Office, Inc., 2018

Form **W-9**
(Rev. March 2024)
Department of the Treasury
Internal Revenue Service

Request for Taxpayer Identification Number and Certification

Go to *www.irs.gov/FormW9* for instructions and the latest information.

Give form to the requester. Do not send to the IRS.

Before you begin. For guidance related to the purpose of Form W-9, see *Purpose of Form*, below.

Print or type. See *Specific Instructions* on page 3.

1 Name of entity/individual. An entry is required. (For a sole proprietor or disregarded entity, enter the owner's name on line 1, and enter the business/disregarded entity's name on line 2.)

2 Business name/disregarded entity name, if different from above.
Paradise Garden Landscaping Inc.

3a Check the appropriate box for federal tax classification of the entity/individual whose name is entered on line 1. Check only **one** of the following seven boxes.

☐ Individual/sole proprietor ☐ C corporation ☑ S corporation ☐ Partnership ☐ Trust/estate

☐ LLC. Enter the tax classification (C = C corporation, S = S corporation, P = Partnership) . . . . .

Note: Check the "LLC" box above and, in the entry space, enter the appropriate code (C, S, or P) for the tax classification of the LLC, unless it is a disregarded entity. A disregarded entity should instead check the appropriate box for the tax classification of its owner.

☐ Other (see instructions)

4 Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3):

Exempt payee code (if any)

Exemption from Foreign Account Tax Compliance Act (FATCA) reporting code (if any)

(Applies to accounts maintained outside the United States.)

3b If on line 3a you checked "Partnership" or "Trust/estate," or checked "LLC" and entered "P" as its tax classification, and you are providing this form to a partnership, trust, or estate in which you have an ownership interest, check this box if you have any foreign partners, owners, or beneficiaries. See instructions . . . . . ☐

5 Address (number, street, and apt. or suite no.). See instructions.
26220 Groesbeck Hwy

6 City, state, and ZIP code
Warren, MI 48089

Requester's name and address (optional)

7 List account number(s) here (optional)

Part I Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box. The TIN provided must match the name given on line 1 to avoid backup withholding. For individuals, this is generally your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the instructions for Part I, later. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN*, later.

Note: If the account is in more than one name, see the instructions for line 1. See also *What Name and Number To Give the Requester* for guidelines on whose number to enter.

Social security number

			–			–				

or

Employer identification number

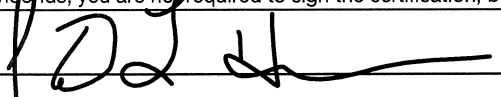
2	7	–	1	6	8	3	7	6	4

Part II Certification

Under penalties of perjury, I certify that:

1. The number shown on this form is my 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 (defined below); and
4. The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct.

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 you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and, generally, payments other than interest and dividends, you are not required to sign the certification, but you must provide your correct TIN. See the instructions for Part II, later.

Sign Here Signature of U.S. person  **Date** 05/13/2026

General Instructions

Section references are to the Internal Revenue Code unless otherwise noted.

Future developments. For the latest information about developments related to Form W-9 and its instructions, such as legislation enacted after they were published, go to *www.irs.gov/FormW9*.

What's New

Line 3a has been modified to clarify how a disregarded entity completes this line. An LLC that is a disregarded entity should check the appropriate box for the tax classification of its owner. Otherwise, it should check the "LLC" box and enter its appropriate tax classification.

New line 3b has been added to this form. A flow-through entity is required to complete this line to indicate that it has direct or indirect foreign partners, owners, or beneficiaries when it provides the Form W-9 to another flow-through entity in which it has an ownership interest. This change is intended to provide a flow-through entity with information regarding the status of its indirect foreign partners, owners, or beneficiaries, so that it can satisfy any applicable reporting requirements. For example, a partnership that has any indirect foreign partners may be required to complete Schedules K-2 and K-3. See the Partnership Instructions for Schedules K-2 and K-3 (Form 1065).

Purpose of Form

An individual or entity (Form W-9 requester) who is required to file an information return with the IRS is giving you this form because they

CITY OF LATHRUP VILLAGE

NOTICE TO BIDDERS

ADDENDUM No. 2

 10/16/2026

This Addendum updates the terms of the specifications and/or plans associated with the project indicated below. By submitting a bid, any and all changes included in this Addendum are made a part of the contract.

Project Name	Contract No.	Bid Due Date
2027 – 2029 Landscaping and Maintenance	L&M 2026	10/26/2026 (unchanged)

CHANGES TO SPECIFICATIONS (SCOPE OF WORK)

The following list describes all changes made to the contract documents and plans:

1. Under Spring and Fall Cleanups

   Alleyway overgrowth has been identified as an area that requires cutting on a regular basis. The intent is to have these alleys cut on the same days as 11 Mile Service Drive. It is mostly tree and brush trimming. You are also expected to clean up the areas cut, and to not leave trimmings behind.

2. The Bid Table has been expanded.

   Please note the following:

   Nuisance Cuts on Residential and Commercial Properties are to be priced per event/property that requires cutting. You will be contact by our Code Enforcement Office regarding properties that are in need of cutting and will send City Staff the invoice for the cut.

   Flower Bed Weeding along City Hall Flower Beds are to occur every three weeks, up to 10 times per year.

   The Cutting of the 11 Mile Service Drive is to occur every 3 weeks, up to 10 times per year. During this, it is expected that you will also clean the area of trash and debris.

   All mulch is to be natural- no artificial colored mulch of any kind at any location.

3. We have added additional photos of the Parks and their boundaries. We have also included a map of the areas of focus.

Please be reminded to acknowledge receipt on page 1 of the bid form (BF-1)

FAILURE TO CARRY OUT THE INSTRUCTIONS IN THIS ADDENDUM MAY RESULT IN THE REJECTION OF YOUR BID.

EXHIBIT B - CITY PARKS

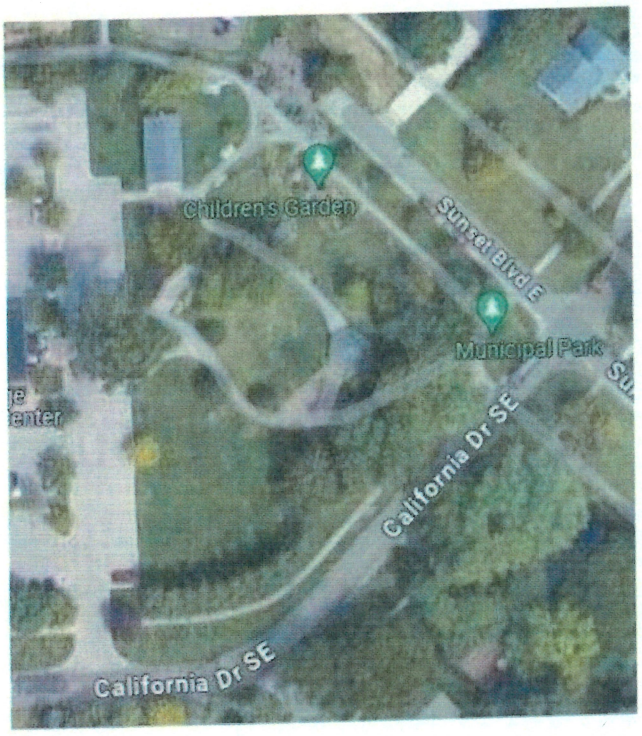






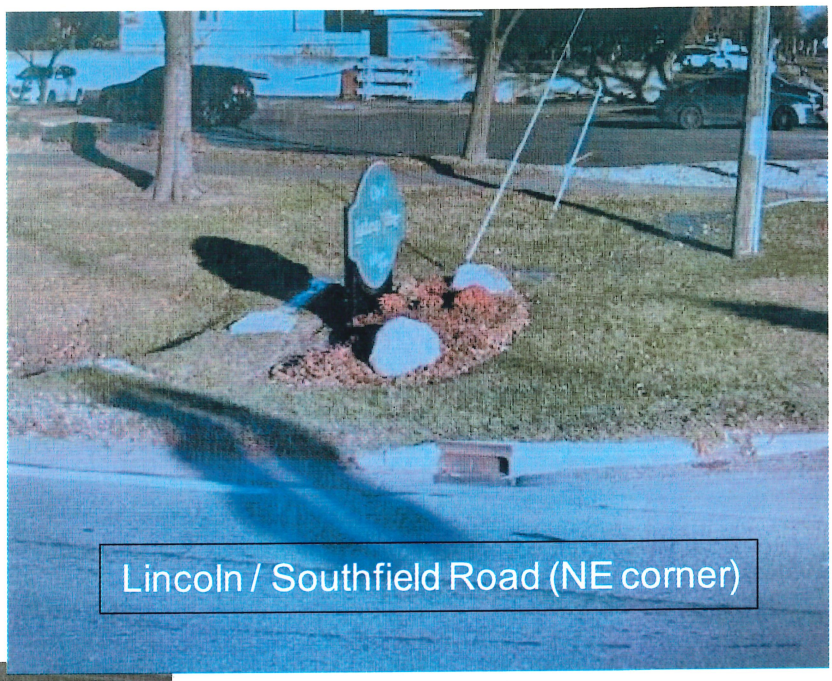


Dorothy Warren Park

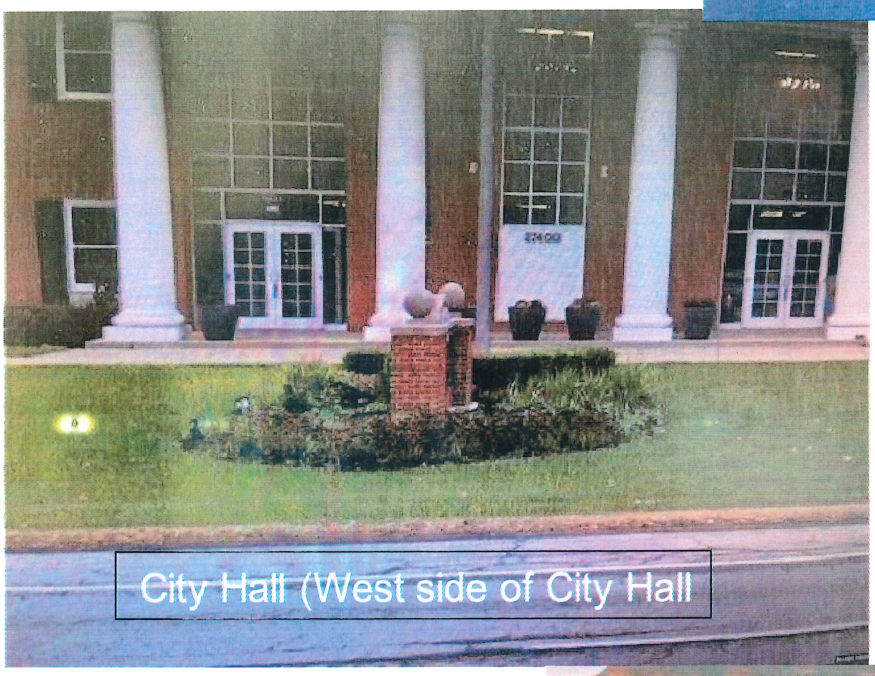


Municipal Park

EXHIBIT C -



Lincoln / Southfield Road (NE corner)



City Hall (West side of City Hall



Southfield Road / 12 Mile (SW corner)

FLOWER BEDS





City Hall North Side

ITEM	DESCRIPTION	QUANTITY		FISCAL YEAR 2027-2028 UNIT PRICE	FISCAL YEAR 2027-2028 AMOUNT	FISCAL YEAR 2028-2029 UNIT PRICE	FISCAL YEAR 2028-2029 AMOUNT	FISCAL YEAR 2029-2030 UNIT PRICE	FISCAL YEAR 2029-2030 AMOUNT
1.	Watering, Hanging Baskets	47	Ea	$ 260.00	$ 12,220.00	$ 269.10	$ 12,647.70	$ 278.52	$ 13,090.44
2.	Watering of Child's Garden	1	Ea	$ 25.00	$ 25.00	$ 25.00	$ 25.00	$ 25.00	$ 25.00
3.	Watering of Veteran Memorial	4	Ea	$ 25.00	$ 100.00	$ 25.00	$ 100.00	$ 25.00	$ 100.00
4.	Early Season Application, Weed Preventer. Landscape Beds	1	Time	$ 275.31	$ 275.31	$ 284.95	$ 284.95	$ 294.92	$ 294.92
5.	Weeding Flower Beds, Bi-Weekly (City Hall) – includes all city hall beds, Lincoln sign/ 12 mile sign	10	Times	$ 274.28	$ 2,742.80	$ 283.88	$ 2,838.80	$ 293.82	$ 2,938.20
6.	Flowerbed Fertilizer: Municipal Park	2	Ea	$ Included in # 11	$ 0	$ Included below	$ 0	$ Included below	$ 0
7.	Flowerbed Fertilizer: City Hall	2	Ea	$ Included in # 11	$ 0	$ Included below	$ 0	$ Included below	$ 0
8.	Flowerbed Fertilizer: Annie Lathrup	2	Ea	$ Included in # 11	$ 0	$ Included below	$ 0	$ Included below	$ 0
9.	Flowerbed Fertilizer: Goldengate Park	2	Ea	$ Included in # 11	$ 0	$ Included below	$ 0	$ Included below	$ 0
10.	Flowerbed Fertilizer: Sarrackwood	2	Ea	$ Included in # 11	$ 0	$ Included below	$ 0	$ Included below	$ 0
11.	Flowerbed Fertilizer: Dorothy Warren - Price for all 6 sites above	2	Ea	$ 1100.00	$ 2200.00	$ 1140.00	$ 2280.00	$ 1180.00	$ 2360.00
12.	Spring Clean Up	1	Ea	$ 1950.00	$ 1950.00	$ 2,020.00	$ 2,020.00	$ 2,090.00	$ 2,090.00
13.	Fall Clean Up	1	Ea	$ 2,500.00	$ 2,500.00	$ 2,587.50	$ 2,587.50	$ 2,678.06	$ 2,678.06
14.	Trimming of shrubs and trees	1	Ea	$ 1,500.00	$ 1,500.00	$ 1,552.50	$ 1,552.50	$ 1,606.84	$ 1,606.84
15.	Alley Overgrowth Cutback	3	Times	$ 1,800.00	$ 5,400.00	$ 1,863.00	$ 5,589.00	$ 1,928.21	$ 5,784.63
16.	Roseland Overgrowth and Weed Control	3	Times	$ Included in #15	$ 0	$ Included in #15	$ 0	$ Included in #15	$ 0
17.	Irrigation System, Spring Opening	1	Time	$ 138.69	$ 138.69	$ 143.54	$ 143.54	$ 148.56	$ 148.56
18.	Irrigation System, Winterization	1	Time	$ 175.95	$ 175.95	$ 182.11	$ 182.11	$ 188.48	$ 188.48
19	11 Mile Service Drive Cutting	10	Times	$ 1,350.00	$ 13,500.00	$ 1,350.00	$ 13,500.00	$ 1,350.00	$ 13,500.00
20	Nuisance Cuts, Residential + Commercial	1	Ea	$ 275.31	$ 275.31	$ 284.95	$ 284.95	$ 294.92	$ 294.92
21	Mulch /Bed Prep (Around City Hall) includes all city hall beds, Lincoln sign/ 12 mile sign – 14 yards	3000	Sq/Ft	$ 95.00	$ 1330.00	$ 95.00	$ 1330.00	$ 95.00	$ 1330.00
				CY 2027 TOTAL:	$ 44,333.06	CY 2028 TOTAL:	$ 45,366.05	CY 2029 TOTAL:	$ 46,430.05