

APPLICATION AND CERTIFICATE FOR PAYMENT

AIA DOCUMENT G702

PAGE ONE OF 3 PAGES

TO (OWNER): The County of Hidalgo
2812 S. Bus. Hwy 281
Edinburg, TX 78539

PROJECT: McAllen Health Clinic
529 N. Cynthia St.
McAllen, TX 78501

APPLICATION NO. 4
PERIOD TO: **8/31/2025**

Distribution To:	
x	Owner
x	Architect
x	Contractor

FROM: (GC) RGV Construction, LLC
PO Box 720137
McAllen, TX 78504

VIA (ARCH): B2Z Engineering, LLC
900 S. Stewart Rd., Ste 4
Mission, TX 78572

PROJECT NO.: **24.2.23**

CONTRACT FOR: McAllen Health Clinic


CONTRACT DATE:

CONTRACTOR'S APPLICATION FOR PAYMENT

CHANGE ORDER SUMMARY		
Change Orders approved in Previous months by Owner	ADDITIONS	DEDUCTIONS
TOTAL		
Approved this month		
Number	Date Approved	
AEA #1 - Approved 8/5/2025 - \$1,800 (reduced from contingency amt.)		
TOTALS	-	-
Net change by Change Orders		
	-	-

The undersigned Contractor certifies that to the best of the Contractor's knowledge, information and belief the Work covered by this Application for Payment has been completed in accordance with the Contract Documents, that all amounts have been paid by the Contractor for Work for which previous Certificates for Payment were issued and payments received from the Owner, and that current payment shown herein is now due.

CONTRACTOR:

By: 

Date: 9-24-25

Application is made for Payment, as shown below, in connection with the Contract.
Continuation Sheet attached.

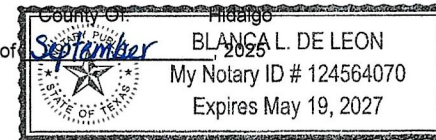
1. ORIGINAL CONTRACT SUM	\$ 1,936,193.62
2. NET CHANGE BY CHANGE ORDERS	\$ -
3. CONTRACT SUM TO DATE	\$ 1,936,193.62
4. TOTAL COMPLETED AND STORED TO DATE (Column G on G703)	\$ 472,457.70
5. RETAINAGE	
a. 5 % of Completed Work (Column D + E G703)	\$ 23,622.89
b. 5 % of Stored Material (Column F on G703)	_____
Total Retainage (Line 5a + 5b or Total in Column I G703)	\$ 23,622.89
6. TOTAL EARNED LESS RETAINAGE	\$ 448,834.81
7. LESS PREVIOUS CERTIFICATES FOR PAYMENT	\$ 282,281.76
8. CURRENT PAYMENT DUE	\$ 166,553.05
9. BALANCE TO FINISH, PLUS RETAINAGE (Line 3 less line 6)	\$ 1,487,358.81

State of: Texas

Subscribed and sworn to before me this 24 day of September, 2025

Notary Public: Blanca L. de Leon

My Commission Expires: May 19, 2027



ARCHITECT'S CERTIFICATE FOR PAYMENT

In accordance with the Contract Documents, based on on-site observations and the data comprising the above application, the Architect certifies to the Owner that to the best of the Architect's knowledge, information and belief the Work has progressed as indicated, the quality of the Work is in accordance with the Contract Documents, and the Contractor is entitled to payment of the AMOUNT CERTIFIED.

AMOUNT CERTIFIED \$ 166,553.05

(Attach explanation if amount certified differs from the amount applied for.)

ARCHITECT: Project Manager:

By: 

Date: 9/24/2025

This Certificate is not negotiable. The AMOUNT CERTIFIED is payable only to the Contractor named herein. Issuance, payment and acceptance of payment are without prejudice to any rights of the Owner or Contractor under this Contract.

McAllen Health Clinic
 McAllen, Texas

APPLICATION NUMBER: 4
 APPLICATION DATE: 9/2/2025
 PERIOD FROM: 8/1/2025
 TO: 8/31/2025
 ARCHITECT'S PROJ. NO.: 24.2.23

Item No.	Description of Work	Scheduled Value	Work Completed			Total Completed and Stored To Date	% Complete	Balance to Finish	Retainage
			Previously	This Application					
				Work In Place	Stored Materials				
A	B	C	D	E	F	G	H	I	J
1	Site Work & Utilities	\$ 358,106.00	\$ 189,541.70			\$ 189,541.70		\$ 168,564.30	\$ 9,477.09
2	Foundation	\$ 122,721.00		\$ 92,719.00		\$ 92,719.00		\$ 30,002.00	\$ 4,635.95
3	Structural Steel	\$ 48,850.00		\$ 48,850.00		\$ 48,850.00		\$ -	\$ 2,442.50
4	Frame Material	\$ 60,000.00						\$ 60,000.00	
5	Wood Trusses	\$ 18,500.00						\$ 18,500.00	
6	Framing Labor	\$ 40,000.00		\$ 20,000.00		\$ 20,000.00		\$ 20,000.00	\$ 1,000.00
7	Roofing	\$ 55,500.00						\$ 55,500.00	
8	Sheetrock Labor & Material	\$ 4,000.00						\$ 4,000.00	
9	Suspended Acoustical Ceilings	\$ 54,000.00						\$ 54,000.00	
10	Doors Frames & Hardware	\$ 63,000.00						\$ 63,000.00	
11	Millwork	\$ 18,000.00						\$ 18,000.00	
12	Countertops	\$ 6,000.00						\$ 6,000.00	
13	Toilet Partitions	\$ 14,000.00						\$ 14,000.00	
14	Toilet Accessories	\$ 4,500.00						\$ 4,500.00	
15	Painting	\$ 44,000.00						\$ 44,000.00	
16	Flooring	\$ 36,000.00						\$ 36,000.00	
17	Brick Materials & Labor	\$ 60,000.00						\$ 60,000.00	
18	HVAC	\$ 164,571.92						\$ 164,571.92	
19	Plumbing	\$ 128,000.00	\$ 25,600.00			\$ 25,600.00		\$ 102,400.00	\$ 1,280.00
20	Electrical	\$ 117,000.00						\$ 117,000.00	
21	Fire Alarm	\$ 9,000.00						\$ 9,000.00	
22	Fire Sprinkler	\$ 58,000.00		\$ 13,750.00		\$ 13,750.00		\$ 44,250.00	\$ 687.50
23	Landscaping Allowance	\$ 40,000.00						\$ 40,000.00	
24	Trash & Cleaning								

CONTRACTOR TIME STATEMENT

PAY APP NO. 4 CONTRACTOR RGV Construction, LLC.
 PROJECT NAME McAllen Health Center Improvement Project
 CONTRACT NO. ARPA-24-340-352 OWNER Hidalgo Co.Pct. #2 NOTICE-TO-PROCEED 4/16/2025
 TIME COMPUTED FROM 8/1/2025 DATE WORK COMPLETE 8/31/2025

MONTH	DATE OR DAYS	WORKING DAYS CHARGED	CREDITED DAYS	DAYS CREDITED AND REASONS THEREFORE
August	1	1		
August	2	1		
August	3	1		
August	4	1		
August	5	1		
August	6	1		
August	7	1		
August	8	1		
August	9	1		
August	10	1		
August	11	1		
August	12	1		
August	13	1		
August	14	1		
August	15	1		
August	16	1		
August	17	1		
August	18	1		
August	19		1	Wind Damage to frame
August	20		1	Wind Damage to frame
August	21	1		
August	22	1		
August	23	1		
August	24	1		
August	25	1		
August	26	1		
August	27	1		
August	28	1		
August	29	1		
August	30	1		
August	31	1		
TOTALS		29	2	

NO. OF CONTRACT WORKING DAYS 278 NO. WORKING DAYS CHARGED TO DATE 120
 NO. CREDITED DAYS TO DATE 8
 ASSESSED LIQUIDATED DAMAGES: 0 PER DAY \$ 500.00 TOTAL \$ 0
 CERTIFIED AS CORRECT



 ENGINEER/CONSTRUCTION MANAGER

Prevailing Wage Rates
Certification Statement

Date September 9, 2025

Project Name McAllen Health Clinic Impr. Project CSJ# N/A

Contractor RGV Construction, LLC. Application# 4

I, David Rivera do hereby state:
(Name of Project Director)

1. That a payroll (form WII-347 or similar form) was submitted for contract work performed for the period covered by the attached application.
2. That a statement of compliance (form WH-347 or similar form) was submitted with the payroll.
3. The certified payroll complies with the classifications and minimum wage rates stipulated in the contract.
4. That a minimum of one interview was conducted with laborers using Form HUD-11 or similar.



Signature

CONDITIONAL WAIVER AND RELEASE ON PROGRESS PAYMENT

Project Name Mcallen Health Clinic

Job No. _____

On receipt by the signer of this document of a check from RGVConstruction
(maker of check) in the sum of \$ 92,719.00 payable to J. Salazar Construction (payee or payees of check) and when the check has been properly endorsed and has been paid by the bank on which it is drawn, this document becomes effective to release any mechanic's lien right, any right arising from a payment bond that complies with a state or federal statute, any common law payment bond right, any claim for payment, and any rights under any similar ordinance, rule, or statute related to claim or payment rights for persons in the signer's position that the signer has on the property of Mcallen Health Clinic (owner) located at 529 N. Cynthia St McAllen, Tx (location) to the following extent: Concrete Services (job description).

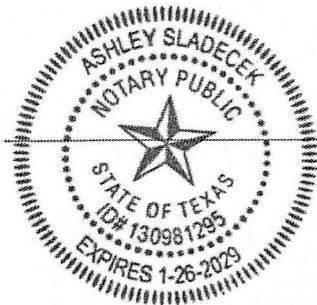
This release covers a progress payment for all labor, services, equipment, or materials furnished to the property or to Mcallen Health Clinic (person with whom signer contracted) as indicated in the attached statement(s) or progress payment request(s), except for unpaid retention, pending modifications and changes, or other items furnished.

Before any recipient of this document relies on this document, the recipient should verify evidence of payment to the signer.

The signer warrants that the signer has already paid or will use the funds received from this progress payment to promptly pay in full all of the signer's laborers, subcontractors, material men, and suppliers for all work, materials, equipment, or services provided for or to the above referenced project in regard to the attached statement(s) or progress payment request(s).

Date: 8-7-25
Company Name: J. Salazar Construction
By: Berenice Gonzalez
Signature: [Handwritten Signature]
Title: Administrative Assistant

SUBSCRIBED AND SWORN TO BEFORE ME this the 7 day of Aug., 2025



NOTARY PUBLIC, in and for the State of Texas

Signature: [Handwritten Signature]

My Commission Expires: 1/26/29

Submission of Final DBRA Certified Payroll Form

Prime Contractor

Sub Contractor

Project Name	RGV Construction, LLC:McAllen Health Clinic	Project No. or Contract No.		Certified Payroll No.	6
Project Location	RGV Construction, LLC, 2723 Cornerstone Blvd., Edinburg, Texas 78539	Sub Contractor's Business Name	J Salazar Construction	Week Ending Date	8/12/2025
		Sub Contractor Address	701 Palmview Dr, Palmview, TX 78574-0553		

Worker Entry No.	Worker Name	Worker Identifying No.	(J) Journeyworker/ (RA) Registered Apprentice	Labor Classification	Pay Type	Hours Worked by Day							Total Hours Worked for the Week	Paid Hours on Check	Hourly Wage Rate Paid for ST, OT and DT	Gross Amt Earned	Total Fringe Benefit Credit	Payment in Lieu of Fringe Benefits	Check Number	Gross Amt Earned for All Work	Deduction for All Work					Total Deduction	Net Payment to Worker for All Work
						Wed 6	Thu 7	Fri 8	Sat 9	Sun 10	Mon 11	Tue 12									Social Security	Medicare	Federal Tax	State Tax	Other (Must Specify and see instructions)		
1	Garza, Armando	7679		Concrete Labor H	ST OT DT		9.97						9.97	9.97	16.50	164.45	0.00	0.00	83191	787.88	48.85	11.43	50.00	0.00	10.50	120.78	667.10
2	Molina Sanchez, Oscar	4933		Foremen	ST OT DT		10.90						10.90	10.90	18.50	201.65	0.00	0.00	DD6293	819.08	50.78	11.88	0.00	0.00	10.50	73.16	745.92
3	Morales, Cesar M	0661		Concrete Labor H	ST OT DT	9.53	9.97						19.50	19.50	16.50	321.75	0.00	0.00	83202	783.75	48.60	11.36	21.00	0.00	10.50	91.46	692.29
4	Quiroga, Juan	9322		Concrete Labor H	ST OT DT		9.88						9.88	9.88	17.50	172.96	0.00	0.00	83207	747.26	46.33	10.84	42.00	0.00	10.50	109.67	637.59
5	Ramon, Gumaro	0690		Concrete Labor H	ST OT DT	9.55	9.93						19.48	19.48	15.00	292.25	0.00	0.00	DD6298	757.50	46.96	10.99	0.00	0.00	184.73	242.68	514.82
6	Santos, Francisco	5643		Concrete Labor H	ST OT DT	9.32	10.00						19.32	19.32	14.50	280.09	0.00	0.00	83208	719.20	44.59	10.42	0.00	0.00	10.50	65.51	653.69

Project Name	RGV Construction, LLC-McAhen Health Clinic	Project No. or Contract No.		Sub Contractor's Business Name	J Salazar Construction
Project Location	RGV Construction, LLC, 2723 Cornerstone Blvd., Edinburg, Texas	Certified Payroll No.	6	Certifying Official's Name and Title	Ashley Sladeczek, Human Resources
Week Ending Date	8/12/2025				

I paid or supervised the payment of the laborers or mechanics working on the above project during the stated time period. I certify the following:

- The payroll information submitted with this statement is correct and complete for the above project during the above period, and the wage and fringe benefit rates paid to the workers, including credit taken for the reasonably anticipated costs of a bona fide fringe benefit plan, fund or program, are not less than the applicable wage and fringe benefits rates for the classification(s) of work actually performed, as specified in the wage determination(s) incorporated into the contract.
- All regular payrolls and all other basic records that the contractor is required to maintain for this payroll period are complete and accurate and will be made available upon request from the agency or the Department of Labor.
- The classifications reported for each laborer or mechanic are the classification(s) of work that each worker actually performed.
- Any workers paid as apprentices during the above period are duly registered in a bona fide apprenticeship program registered with the Office of Apprenticeship, Employment and Training Administration, United States Department of Labor ("OEA"), or a State Apprenticeship Agency ("SAA") recognized by Department of Labor. I have verified the registered apprenticeship program information provided below as accurate and applicable to any apprentices identified on page 1 of this form.

Apprenticeship Program Name	Registered	Name of Labor Classification
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- Fringe benefits have been paid in cash and/or to bona fide fringe benefit plans, funds, or programs. Where the contractor is claiming an hourly credit for their contributions to or reasonably anticipated costs of a bona fide fringe benefit plan, fund, or program, provide plan information and the hourly credit claimed for each worker listed on the previous page of this form.

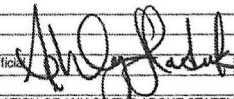
HOURLY CREDIT FOR FRINGE BENEFITS

If an amount is listed in (6B) on the first page of this certified payroll form, enter the hourly credit claimed under each plan name, type and number for each worker and check whether the plan is funded or unfunded.

Name of Worker	FB Name FB Type Plan No			TOTAL HOURLY CREDIT
		<input checked="" type="checkbox"/> Funded	<input type="checkbox"/> Unfunded	
Garza, Armando				
Molina Sanchez, Osca				
Morales, Cesar M				
Quiroga, Juan				
Ramon, Gumaro				
Santos, Francisco				

- All workers on the project have been paid the full weekly wages earned, and no rebates or deductions have been or will be made either directly or indirectly, other than permissible deductions as defined in 29 CFR part 3.

Additional Remarks

Signature of Certifying Official:  Date: 9/3/2025 Telephone Number: Email Address:

THE WILLFUL FALSIFICATION OF ANY OF THE ABOVE STATEMENTS MAY SUBJECT THE CONTRACTOR OR SUBCONTRACTOR TO CIVIL OR CRIMINAL PROSECUTION(SEE SECTION 1001 OF TITLE 18 AND SECTION 3729 OF TITLE 31 OF THE UNITED STATES CODE), AS WELL AS DEBARMENT FROM FUTURE FEDERAL AND FEDERALLY-ASSISTED CONTRACTS. INFORMATION REPORTED IN CERTIFIED PAYROLLS MAY BE SUBJECT TO DISCLOSURE IN RESPONSE TO A FREEDOM OF INFORMATION ACT REQUEST.

Submission of Final DBRA Certified Payroll Form

Prime Contractor

Sub Contractor

Project Name	RGV Construction, LLC/McAllen Health Clinic	Project No. or Contract No.		Certified Payroll No.	5
Project Location	RGV Construction, LLC, 2723 Cornerstone Blvd., Edinburg, Texas 78539	Sub Contractor's Business Name	J Salazar Construction	Week Ending Date	8/5/2025
		Sub Contractor Address	701 Palmview Dr, Palmview, TX 78574-0553		

Worker Entry No.	Worker Name	Worker Identifying No.	(J) Journeyworker/ (RA) Registered Apprentice	Labor Classification	Pay Type	Hours Worked by Day							Total Hours Worked for the Week	Paid Hours on Check	Hourly Wage Rate Paid for ST, OT and DT	Gross Amt Earned	Total Fringe Benefit Credit	Payment in Lieu of Fringe Benefits	Check Number	Gross Amt Earned for All Work	Deduction for All Work					Total Deduction	Net Payment to Worker for All Work
						Wed 30	Thu 31	Fri 1	Sat 2	Sun 3	Mon 4	Tue 5									Social Security	Medicare	Federal Tax	State Tax	Other (Must Specify and see Instructions)		
1	Bustos, Victor H	2543			ST OT DT						9.68	9.68	0.00 9.68	0.00 27.00	261.45	0.00	0.00	83133	1,019.25	63.19	14.78	0.00	0.00	0.00	77.97	941.28	
2	Castellanos, Jorge	0836		Concrete Labor H	ST OT DT	8.08						8.08	8.08	15.00	121.25	0.00	0.00	DD6251	633.75	39.29	9.19	0.00	0.00	0.00	48.48	585.27	
3	Escamilla, Jesus	8665		Salary Construction	ST OT DT								0.00	1,100.00	1,100.00	0.00	0.00	DD6256	1,100.00	68.20	15.95	0.00	0.00	0.00	84.15	1,015.85	
4	Garza, Armando	7679		Concrete Labor H	ST OT DT					8.35	0.37	17.85	8.72 9.13	16.50 24.75	369.88	0.00	0.00	83137	886.06	54.94	12.85	50.00	0.00	10.50	128.29	757.77	
5	Morales, Cesar M	0661			ST OT DT						9.43	9.43	0.00 9.43	0.00 24.75	233.47	0.00	0.00	83148	1,010.64	62.66	14.66	43.00	0.00	10.50	130.82	879.82	
6	Ramon, Gumaro	0630		Concrete Labor H	ST OT DT					8.17	5.27	17.55	13.43 4.12	15.00 22.50	294.13	0.00	0.00	DD6269	892.63	42.94	10.04	0.00	0.00	184.73	237.71	454.92	
7	Santos, Francisco	5643		Concrete Labor H	ST OT DT	8.08						8.08	8.08	14.50	117.21	0.00	0.00	83155	721.39	44.72	10.46	0.00	0.00	10.50	65.68	655.71	

Project Name	RGV Construction, LLC:McAllen Health Clinic	Project No. or Contract No.		Sub Contractor's Business Name	J Salazar Construction
Project Location	RGV Construction, LLC, 2723 Cornerstone Blvd., Edinburg, Texas	Certified Payroll No.	5	Certifying Official's Name and Title	Ashley Sladeczek, Human Resources
Week Ending Date	8/5/2025				

I paid or supervised the payment of the laborers or mechanics working on the above project during the stated time period. I certify the following:

- The payroll information submitted with this statement is correct and complete for the above project during the above period, and the wage and fringe benefit rates paid to the workers, including credit taken for the reasonably anticipated costs of a bona fide fringe benefit plan, fund or program, are not less than the applicable wage and fringe benefits rates for the classification(s) of work actually performed, as specified in the wage determination(s) incorporated into the contract.
- All regular payrolls and all other basic records that the contractor is required to maintain for this payroll period are complete and accurate and will be made available upon request from the agency or the Department of Labor.
- The classifications reported for each laborer or mechanic are the classification(s) of work that each worker actually performed.
- Any workers paid as apprentices during the above period are duly registered in a bona fide apprenticeship program registered with the Office of Apprenticeship, Employment and Training Administration, United States Department of Labor ("OA"), or a State Apprenticeship Agency ("SAA") recognized by Department of Labor. I have verified the registered apprenticeship program information provided below as accurate and applicable to any apprentices identified on page 1 of this form.

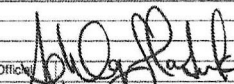
Apprenticeship Program Name	Registered	Name of Labor Classification
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- Fringe benefits have been paid in cash and/or to bona fide fringe benefit plans, funds, or programs. Where the contractor is claiming an hourly credit for their contributions to or reasonably anticipated costs of a bona fide fringe benefit plan, fund, or program, provide plan information and the hourly credit claimed for each worker listed on the previous page of this form.

HOURLY CREDIT FOR FRINGE BENEFITS		
If an amount is listed in (6B) on the first page of this certified payroll form, enter the hourly credit claimed under each plan name, type and number for each worker and check whether the plan is funded or unfunded.		
Name of Worker	FB Name FB Type Plan No	TOTAL HOURLY CREDIT
Bustos, Victor H	<input type="checkbox"/> Funded <input checked="" type="checkbox"/> Unfunded	
Castellanos, Jorge		
Escamilla, Jesus		
Gerza, Armando		
Morales, Cesar M		
Hannon, Gumaro		
Santos, Francisco		

- All workers on the project have been paid the full weekly wages earned, and no rebates or deductions have been or will be made either directly or indirectly, other than permissible deductions as defined in 29 CFR part 3.

Additional Remarks

Signature of Certifying Official:  Date: 8/3/2025 Telephone Number: Email Address:

THE WILLFUL FALSIFICATION OF ANY OF THE ABOVE STATEMENTS MAY SUBJECT THE CONTRACTOR OR SUBCONTRACTOR TO CIVIL OR CRIMINAL PROSECUTION(SEE SECTION 1001 OF TITLE 18 AND SECTION 3729 OF TITLE 31 OF THE UNITED STATES CODE), AS WELL AS DEBARMENT FROM FUTURE FEDERAL AND FEDERALLY-ASSISTED CONTRACTS. INFORMATION REPORTED IN CERTIFIED PAYROLLS MAY BE SUBJECT TO DISCLOSURE IN RESPONSE TO A FREEDOM OF INFORMATION ACT REQUEST.

Submission of Final DBRA Certified Payroll Form

Prime Contractor

Sub Contractor

Project Name	RGV Construction, LLC:McAllen Health Clinic	Project No. or Contract No.		Certified Payroll No.	4
Project Location	RGV Construction, LLC, 2723 Cornerstone Blvd., Edinburg, Texas 78539	Sub Contractor's Business Name	J Salazar Construction	Week Ending Date	7/29/2025
		Sub Contractor Address	701 Palmview Dr. Palmview, TX 78574-0553		

Worker Entry No.	Worker Name	Worker Identifying No.	(J) Journeyworker/ (RA) Registered Apprentice	Labor Classification	Pay Type	Hours Worked by Day							Total Hours Worked for the Week	Paid Hours on Check	Hourly Wage Rate Paid for ST, OT and DT	Gross Amt Earned	Total Fringe Benefit Credit	Payment in Lieu of Fringe Benefits	Check Number	Gross Amt Earned for All Work	Deduction for All Work					Total Deduction	Net Payment to Worker for All Work
						Wed 23	Thu 24	Fri 25	Sat 26	Sun 27	Mon 28	Tue 29									Social Security	Medicare	Federal Tax	State Tax	Other (Must Specify and see instructions)		
1	Castellanos, Jorge	0836		Concrete Labor H	ST OT DT						3.45		3.45	15.00	51.75	0.00	0.00	DD6220	375.25	23.27	5.44	0.00	0.00	0.00	28.71	346.54	
2	Herrera Martínez, Roberto	1596		Shop Maintenance	ST OT DT						0.53 2.93		0.53 2.93	12.00 18.00	59.20	0.00	0.00	83089	532.80	33.03	7.73	0.00	0.00	10.50	51.26	481.54	
3	Santos, Francisco	5643		Concrete Labor H	ST OT DT						1.50 2.00		1.50 2.00	14.50 21.75	65.25	0.00	0.00	83101	623.50	38.66	9.04	0.00	0.00	10.50	58.20	565.30	

Project Name	RGV Construction, LLC:McAllen Health Clinic	Project No. or Contract No.		Sub Contractor's Business Name	J Salazar Construction
Project Location	RGV Construction, LLC, 2723 Cornerstone Blvd., Edinburg, Texas	Certified Payroll No.	4	Certifying Official's Name and Title	Ashley Sladeczek, Human Resources
Week Ending Date	7/29/2025				

I paid or supervised the payment of the laborers or mechanics working on the above project during the stated time period. I certify the following:

- The payroll information submitted with this statement is correct and complete for the above project during the above period, and the wage and fringe benefit rates paid to the workers, including credit taken for the reasonably anticipated costs of a bona fide fringe benefit plan, fund or program, are not less than the applicable wage and fringe benefits rates for the classification(s) of work actually performed, as specified in the wage determination(s) incorporated into the contract.
- All regular payrolls and all other basic records that the contractor is required to maintain for this payroll period are complete and accurate and will be made available upon request from the agency or the Department of Labor.
- The classifications reported for each laborer or mechanic are the classification(s) of work that each worker actually performed.
- Any workers paid as apprentices during the above period are duly registered in a bona fide apprenticeship program registered with the Office of Apprenticeship, Employment and Training Administration, United States Department of Labor ("OEA"), or a State Apprenticeship Agency ("SAA") recognized by Department of Labor. I have verified the registered apprenticeship program information provided below as accurate and applicable to any apprentices identified on page 1 of this form.

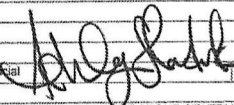
Apprenticeship Program Name	Registered	Name of Labor Classification
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- Fringe benefits have been paid in cash and/or to bona fide fringe benefit plans, funds, or programs. Where the contractor is claiming an hourly credit for their contributions to or reasonably anticipated costs of a bona fide fringe benefit plan, fund, or program, provide plan information and the hourly credit claimed for each worker listed on the previous page of this form.

HOURLY CREDIT FOR FRINGE BENEFITS			
If an amount is listed in (6E) on the first page of this certified payroll form, enter the hourly credit claimed under each plan name, type and number for each worker and check whether the plan is funded or unfunded.			
Name of Worker	FB Name FB Type Plan No.	<input type="checkbox"/> Funded <input type="checkbox"/> Unfunded	TOTAL HOURLY CREDIT
Castellanos, Jorge			
Herrera Martinez, Rob			
Santos, Francisco			

- All workers on the project have been paid the full weekly wages earned, and no rebates or deductions have been or will be made either directly or indirectly, other than permissible deductions as defined in 29 CFR part 3.

Additional Remarks

Signature of Certifying Official:  Date: 9/3/2025 Telephone Number: Email Address:

THE WILLFUL FALSIFICATION OF ANY OF THE ABOVE STATEMENTS MAY SUBJECT THE CONTRACTOR OR SUBCONTRACTOR TO CIVIL OR CRIMINAL PROSECUTION (SEE SECTION 1001 OF TITLE 18 AND SECTION 3729 OF TITLE 31 OF THE UNITED STATES CODE), AS WELL AS DEBARMENT FROM FUTURE FEDERAL AND FEDERALLY-ASSISTED CONTRACTS. INFORMATION REPORTED IN CERTIFIED PAYROLLS MAY BE SUBJECT TO DISCLOSURE IN RESPONSE TO A FREEDOM OF INFORMATION ACT REQUEST.

Submission of Final DBRA Certified Payroll Form

Prime Contractor

Sub Contractor

Project Name	RGV Construction, LLC:McAllen Health Clinic	Project No. or Contract No.		Certified Payroll No.	3
Project Location	RGV Construction, LLC, 2723 Cornerstone Blvd., Edinburg, Texas 78539	Sub Contractor's Business Name	J Salazar Construction	Week Ending Date	7/22/2025
		Sub Contractor Address	701 Palmview Dr, Palmview, TX 78574-0553		

Worker Entry No.	Worker Name	Worker Identifying No.	(J) Journeyworker/ (RA) Registered Apprentice	Labor Classification	Pay Type	Hours Worked by Day							Total Hours Worked for the Week	Paid Hours on Check	Hourly Wage Rate Paid for ST, OT and DT	Gross Amt Earned	Total Fringe Benefit Credit	Payment in Lieu of Fringe Benefits	Check Number	Gross Amt Earned for All Work	Deduction for All Work					Total Deduction	Net Payment to Worker for All Work
						Wed 16	Thu 17	Fri 18	Sat 19	Sun 20	Mon 21	Tue 22									Social Security	Medicare	Federal Tax	State Tax	Other (Must Specify and see Instructions)		
1	Morales, Cesar M	0661		Concrete Labor H	ST OT DT	3.92							3.92	16.50	64.63	0.00	0.00	83042	753.65	46.73	10.93	18.00	0.00	10.50	86.16	667.49	
2	Ramon, Gumaro	0630		Concrete Labor H	ST OT DT	4.55							4.55	15.00	68.25	0.00	0.00	DD6208	668.25	41.43	9.69	0.00	0.00	184.73	235.85	432.40	

Project Name	RGV Construction, LLC/McAllen Health Clinic	Project No. or Contract No.		Sub Contractor's Business Name	J Salazar Construction
Project Location	RGV Construction, LLC, 2723 Cornerstone Blvd., Edinburg, Texas	Certified Payroll No.	3	Certifying Official's Name and Title	Ashley Sladecak, Human Resources
Week Ending Date	7/22/2025				

I paid or supervised the payment of the laborers or mechanics working on the above project during the stated time period. I certify the following:

- The payroll information submitted with this statement is correct and complete for the above project during the above period, and the wage and fringe benefit rates paid to the workers, including credit taken for the reasonably anticipated costs of a bona fide fringe benefit plan, fund or program, are not less than the applicable wage and fringe benefits rates for the classification(s) of work actually performed, as specified in the wage determination(s) incorporated into the contract.
- All regular payrolls and all other basic records that the contractor is required to maintain for this payroll period are complete and accurate and will be made available upon request from the agency or the Department of Labor.
- The classifications reported for each laborer or mechanic are the classification(s) of work that each worker actually performed.
- Any workers paid as apprentices during the above period are duly registered in a bona fide apprenticeship program registered with the Office of Apprenticeship, Employment and Training Administration, United States Department of Labor ("OA"), or a State Apprenticeship Agency ("SAA") recognized by Department of Labor. I have verified the registered apprenticeship program information provided below as accurate and applicable to any apprentices identified on page 1 of this form.

Apprenticeship Program Name	Registered	Name of Labor Classification
-----------------------------	------------	------------------------------

- Fringe benefits have been paid in cash and/or to bona fide fringe benefit plans, funds, or programs. Where the contractor is claiming an hourly credit for their contributions to or reasonably anticipated costs of a bona fide fringe benefit plan, fund, or program, provide plan information and the hourly credit claimed for each worker listed on the previous page of this form.

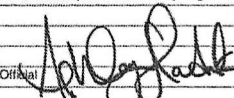
HOURLY CREDIT FOR FRINGE BENEFITS

If an amount is listed in (6B) on the first page of this certified payroll form, enter the hourly credit claimed under each plan name, type and number for each worker and check whether the plan is funded or unfunded.

Name of Worker	FB Name FB Type Plan No			TOTAL HOURLY CREDIT
		<input type="checkbox"/> Funded	<input type="checkbox"/> Unfunded	
Morales, Cesar M				
Ramon, Gumaro				

- All workers on the project have been paid the full weekly wages earned, and no rebates or deductions have been or will be made either directly or indirectly, other than permissible deductions as defined in 29 CFR part 3.

Additional Remarks

Signature of Certifying Official:  Date: 9/3/2025 Telephone Number: Email Address:

THE WILLFUL FALSIFICATION OF ANY OF THE ABOVE STATEMENTS MAY SUBJECT THE CONTRACTOR OR SUBCONTRACTOR TO CIVIL OR CRIMINAL PROSECUTION (SEE SECTION 1001 OF TITLE 18 AND SECTION 3729 OF TITLE 31 OF THE UNITED STATES CODE), AS WELL AS DEBARMENT FROM FUTURE FEDERAL AND FEDERALLY-ASSISTED CONTRACTS. INFORMATION REPORTED IN CERTIFIED PAYROLLS MAY BE SUBJECT TO DISCLOSURE IN RESPONSE TO A FREEDOM OF INFORMATION ACT REQUEST.

Submission of Final DBRA Certified Payroll Form

Prime Contractor

Sub Contractor

Project Name	RGV Construction, LLC/McAllen Health Clinic	Project No. or Contract No.		Certified Payroll No.	2
Project Location	RGV Construction, LLC, 2723 Cornerstone Blvd., Edinburg, Texas 78539	Sub Contractor's Business Name	J Salazar Construction	Week Ending Date	7/15/2025
		Sub Contractor Address	701 Palmview Dr. Palmview, TX 78574-0553		

Worker Entry No.	Worker Name	Worker Identifying No.	(J) Journeyworker/ (RA) Registered Apprentice	Labor Classification	Pay Type	Hours Worked by Day							Total Hours Worked for the Week	Paid Hours on Check	Hourly Wage Rate Paid for ST, OT and DT	Gross Amt Earned	Total Fringe Benefit Credit	Payment in Lieu of Fringe Benefits	Check Number	Gross Amt Earned for All Work	Deduction for All Work					Total Deduction	Net Payment to Worker for All Work
						Wed 9	Thu 10	Fri 11	Sat 12	Sun 13	Mon 14	Tue 15									Social Security	Medicare	Federal Tax	State Tax	Other (Must Specify and see instructions)		
1	Casanova Jr, Daniel	9401		Concrete Labor H	ST OT DT	8.57	7.63			4.32		20.52	20.52	15.00	307.75	0.00	0.00	DD6155	422.00	26.16	6.11	0.00	0.00	0.00	32.27	389.73	
2	Escamilla, Jesus	8665		Salary Construction	ST OT DT								0.00	1,100.00	1,100.00	0.00	0.00	DD6161	1,100.00	68.20	15.95	0.00	0.00	0.00	84.15	1,015.85	
3	Gonzalez, Edgar E	9887		Salary Construction	ST OT DT								0.00	1,100.00	1,100.00	0.00	0.00	DD6166	1,100.00	68.20	15.95	93.00	0.00	0.00	177.15	922.85	
4	Morales, Cesar M	0661		Concrete Labor H	ST OT DT	8.88	8.47			8.72		26.07	26.07	16.50	430.10	0.00	0.00	82988	762.41	47.27	11.06	19.00	0.00	10.50	87.83	674.58	
5	Ramon, Gumaro	0630		Concrete Labor H	ST OT DT	8.82	8.47			8.88	5.30	34.78	31.47	15.00	546.63	0.00	0.00	DD6176	698.10	43.28	10.12	0.00	0.00	164.73	238.13	459.97	

Project Name	RGV Construction, LLC:McAllen Health Clinic	Project No. or Contract No.		Sub Contractor's Business Name	J Salazar Construction
Project Location	RGV Construction, LLC, 2723 Cornerstone Blvd., Edinburg, Texas	Certified Payroll No.	2	Certifying Official's Name and Title	Ashley Sladecek, Human Resources
Week Ending Date	7/15/2025				

I paid or supervised the payment of the laborers or mechanics working on the above project during the stated time period. I certify the following:

- The payroll information submitted with this statement is correct and complete for the above project during the above period, and the wage and fringe benefit rates paid to the workers, including credit taken for the reasonably anticipated costs of a bona fide fringe benefit plan, fund or program, are not less than the applicable wage and fringe benefits rates for the classification(s) of work actually performed, as specified in the wage determination(s) incorporated into the contract.
- All regular payrolls and all other basic records that the contractor is required to maintain for this payroll period are complete and accurate and will be made available upon request from the agency or the Department of Labor.
- The classifications reported for each laborer or mechanic are the classification(s) of work that each worker actually performed.
- Any workers paid as apprentices during the above period are duly registered in a bona fide apprenticeship program registered with the Office of Apprenticeship, Employment and Training Administration, United States Department of Labor ("OA"), or a State Apprenticeship Agency ("SAA") recognized by Department of Labor. I have verified the registered apprenticeship program information provided below as accurate and applicable to any apprentices identified on page 1 of this form.

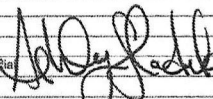
Apprenticeship Program Name	Registered	Name of Labor Classification
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- Fringe benefits have been paid in cash and/or to bona fide fringe benefit plans, funds, or programs. Where the contractor is claiming an hourly credit for their contributions to or reasonably anticipated costs of a bona fide fringe benefit plan, fund, or program, provide plan information and the hourly credit claimed for each worker listed on the previous page of this form.

HOURLY CREDIT FOR FRINGE BENEFITS			
If an amount is listed in (6B) on the first page of this certified payroll form, enter the hourly credit claimed under each plan name, type and number for each worker and check whether the plan is funded or unfunded.			
Name of Worker	FB Name	<input type="checkbox"/> Funded <input checked="" type="checkbox"/> Unfunded	TOTAL HOURLY CREDIT
	FB Type Plan No		
Casanova Jr, Daniel			
Escamilla, Jesus			
Gonzalez, Edgar E			
Morales, Cesar M			
Ramon, Gumaro			

- All workers on the project have been paid the full weekly wages earned, and no rebates or deductions have been or will be made either directly or indirectly, other than permissible deductions as defined in 29 CFR part 3.

Additional Remarks

Signature of Certifying Official:  Date: 9/3/2025 Telephone Number: Email Address:

THE WILLFUL FALSIFICATION OF ANY OF THE ABOVE STATEMENTS MAY SUBJECT THE CONTRACTOR OR SUBCONTRACTOR TO CIVIL OR CRIMINAL PROSECUTION(SEE SECTION 1001 OF TITLE 18 AND SECTION 3729 OF TITLE 31 OF THE UNITED STATES CODE), AS WELL AS DEBARMENT FROM FUTURE FEDERAL AND FEDERALLY-ASSISTED CONTRACTS.INFORMATION REPORTED IN CERTIFIED PAYROLLS MAY BE SUBJECT TO DISCLOSURE IN RESPONSE TO A FREEDOM OF INFORMATION ACT REQUEST.

Submission of Final DBRA Certified Payroll Form

Prime Contractor

Sub Contractor

Project Name	RGV Construction, LLC-McAllen Health Clinic	Project No. or Contract No.		Certified Payroll No.	1
Project Location	RGV Construction, LLC, 2723 Cornerstone Blvd., Edinburg, Texas 78539	Sub Contractor's Business Name	J Salazar Construction	Week Ending Date	7/8/2025
		Sub Contractor Address	701 Palmview Dr, Palmview, TX 78574-0553		

Worker Entry No.	Worker Name	Worker Identifying No.	(J) Journeyworker/ (RA) Registered Apprentice	Labor Classification	Pay Type	Hours Worked by Day							Total Hours Worked for the Week	Paid Hours on Check	Hourly Wage Rate Paid for ST, OT and DT	Gross Amt Earned	Total Fringe Benefit Credit	Payment in Lieu of Fringe Benefits	Check Number	Gross Amt Earned for All Work	Deduction for All Work					Total Deduction	Net Payment to Worker for All Work
						Wed 2	Thu 3	Fri 4	Sat 5	Sun 6	Mon 7	Tue 8									Social Security	Medicare	Federal Tax	State Tax	Other (Must Specify and see Instructions)		
1	Escamilla, Jesus	8665		Salary Construction	ST OT DT								0.00	1,100.00	1,100.00	0.00	0.00	DD6127	1,100.00	68.20	15.95	0.00	0.00	0.00	84.15	1,015.85	
2	Morales, Cesar M	0661		Concrete Labor H	ST OT DT						5.70		5.70	16.50	94.05	0.00	0.00	82935	398.82	24.73	5.78	0.00	0.00	10.50	41.01	357.81	
3	Ramirez Dominguez, Eugenio	3329		Concrete Labor H	ST OT DT					4.85	5.78		10.63	14.50	154.18	0.00	0.00	DD6142	350.94	21.76	5.09	6.00	0.00	104.88	137.73	213.21	
4	Ramon, Gumaro	0630		Concrete Labor H	ST OT DT						5.53		5.53	15.00	83.00	0.00	0.00	DD6143	344.50	21.36	5.00	0.00	0.00	10.50	36.86	307.64	

Project Name	RGV Construction, LLC-McAllen Health Clinic	Project No. or Contract No.		Sub Contractor's Business Name	J Salazar Construction
Project Location	RGV Construction, LLC, 2723 Cornerstone Blvd., Edinburg, Texas	Certified Payroll No.	1	Certifying Official's Name and Title	Ashley Sladecak, Human Resources
Week Ending Date	7/8/2025				

I paid or supervised the payment of the laborers or mechanics working on the above project during the stated time period. I certify the following:

- The payroll information submitted with this statement is correct and complete for the above project during the above period, and the wage and fringe benefit rates paid to the workers, including credit taken for the reasonably anticipated costs of a bona fide fringe benefit plan, fund or program, are not less than the applicable wage and fringe benefits rates for the classification(s) of work actually performed, as specified in the wage determination(s) incorporated into the contract.
- All regular payrolls and all other basic records that the contractor is required to maintain for this payroll period are complete and accurate and will be made available upon request from the agency or the Department of Labor.
- The classifications reported for each laborer or mechanic are the classification(s) of work that each worker actually performed.
- Any workers paid as apprentices during the above period are duly registered in a bona fide apprenticeship program registered with the Office of Apprenticeship, Employment and Training Administration, United States Department of Labor ("OA"), or a State Apprenticeship Agency ("SAA") recognized by Department of Labor. I have verified the registered apprenticeship program information provided below as accurate and applicable to any apprentices identified on page 1 of this form.

Apprenticeship Program Name	Registered	Name of Labor Classification
-----------------------------	------------	------------------------------

- Fringe benefits have been paid in cash and/or to bona fide fringe benefit plans, funds, or programs. Where the contractor is claiming an hourly credit for their contributions to or reasonably anticipated costs of a bona fide fringe benefit plan, fund, or program, provide plan information and the hourly credit claimed for each worker listed on the previous page of this form.

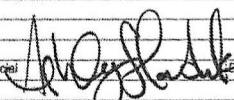
HOURLY CREDIT FOR FRINGE BENEFITS

If an amount is listed in (6B) on the first page of this certified payroll form, enter the hourly credit claimed under each plan name, type and number for each worker and check whether the plan is funded or unfunded.

Name of Worker	FB Name	FB Type	TOTAL HOURLY CREDIT
	Plan No.		
Escamilla, Jesus	<input type="checkbox"/> Funded	<input type="checkbox"/> Unfunded	
Morales, Cesar M			
Ramirez Dominguez, E			
Ramon, Gumaro			

- All workers on the project have been paid the full weekly wages earned, and no rebates or deductions have been or will be made either directly or indirectly, other than permissible deductions as defined in 29 CFR part 3.

Additional Remarks

Signature of Certifying Official:  Date: 9/3/2025 Telephone Number: Email Address:

THE WILLFUL FALSIFICATION OF ANY OF THE ABOVE STATEMENTS MAY SUBJECT THE CONTRACTOR OR SUBCONTRACTOR TO CIVIL OR CRIMINAL PROSECUTION (SEE SECTION 1001 OF TITLE 18 AND SECTION 3729 OF TITLE 31 OF THE UNITED STATES CODE), AS WELL AS DEBARMENT FROM FUTURE FEDERAL AND FEDERALLY-ASSISTED CONTRACTS. INFORMATION REPORTED IN CERTIFIED PAYROLLS MAY BE SUBJECT TO DISCLOSURE IN RESPONSE TO A FREEDOM OF INFORMATION ACT REQUEST.

RMV STRUCTURAL STEEL, LLC

3701 Mile 5 Rd
Mission, TX 78574 USA
valeria.mvstructuralsteel@gmail.com

INVOICE

BILL TO
RGV CONSTRUCTION
PO BOX 720563
MCALLEN, TEXAS 78504

INVOICE 1012
DATE 08/15/2025
TERMS Due on receipt
DUE DATE 08/15/2025

CONTRACT SUM
\$48,850.00

SERVICE DESCRIPTION

Services

QTY	RATE	AMOUNT
	48,850.00	48,850.00

Contract RMV STRUCTURAL STEEL, LLC to pay.

SUBTOTAL	48,850.00
TAX	0.00
TOTAL	48,850.00

[Pay Invoice](#)

U.S. Department of Labor
Wage and Hour Division

PAYROLL

(For Contractor's Optional Use; See Instructions at www.dol.gov/whd/forms/wh347instr.htm)



U.S. Wage and Hour Division

Rev. Dec. 2008

Persons are not required to respond to the collection of information unless it displays a currently valid OMB control number.

NAME OF CONTRACTOR OR SUBCONTRACTOR ADDRESS 3701 W MILE 5 RD
MISSION TEXAS 78574
RMV STRUCTURAL STEEL LLC

OMB No. 1235-0008
Expires 09/30/2026

PAYROLL NO. PAYROLL#1 FOR WEEK ENDING 08/17/2025 PROJECT AND LOCATION HIDALGO HEALTH CLINIC
529 N CYNTHIA RD
MCALLEN TEXAS 78504 PROJECT OR CONTRACT NO. 24-047

(1) NAME AND INDIVIDUAL IDENTIFYING NUMBER (e.g., LAST FOUR DIGITS OF SOCIAL SECURITY NUMBER) OF WORKER	(2) NO. OF WITHHOLDING EXEMPTIONS	(3) WORK CLASSIFICATION	(4) DAY AND DATE							(5) TOTAL HOURS	(6) RATE OF PAY	(7) GROSS AMOUNT EARNED	(8) DEDUCTIONS					(9) NET WAGES PAID FOR WEEK	
			Mon	Tue	Wed	Thr	Fri	Sat	Sun				FICA	WITH- HOLDING TAX	MEDICARE	FEDERAL	OTHER		TOTAL DEDUCTIONS
			11	12	13	14	15	16	17										
Esmerardo Ibarra 6370		IRONWORKER	o									\$850.00	\$50.22	\$0.00	\$11.74	\$153.80	\$0.00	\$215.76	\$634.24
			s			10.00	10.00				20.00								
Raul A Mendoza 0681		FORKLIFT	o									\$500.00	\$26.84	\$0.00	\$6.26	\$41.48	\$0.00	\$74.58	\$425.42
			s			10.00	10.00				20.00								
Enrique Alonzo Vela Marron 1828		LABORER COMMON	o									\$390.00	\$27.08	\$0.00	\$6.33	\$36.70	\$0.00	\$70.11	\$319.89
			s			10.00	10.00				20.00								
			o																
			s																
			o																
			s																
			o																
			s																
			o																
			s																

While completion of Form WH-347 is optional, it is mandatory for covered contractors and subcontractors performing work on Federally financed or assisted construction contracts to respond to the information collection contained in 29 C.F.R. §§ 3.3, 5.5(a). The Copeland Act (40 U.S.C. § 3145) contractors and subcontractors performing work on Federally financed or assisted construction contracts to "furnish weekly a statement with respect to the wages paid each employee during the preceding week." U.S. Department of Labor (DOL) regulations at 29 C.F.R. § 5.5(a)(3)(ii) require contractors to submit weekly a copy of all payrolls to the Federal agency contracting for or financing the construction project, accompanied by a signed "Statement of Compliance" indicating that the payrolls are correct and complete and that each laborer or mechanic has been paid not less than the proper Davis-Bacon prevailing wage rate for the work performed. DOL and federal contracting agencies receiving this information review the information to determine that employees have received legally required wages and fringe benefits.

Public Burden Statement

We estimate that it will take an average of 55 minutes to complete this collection, including time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. If you have any comments regarding these estimates or any other aspect of this collection, including suggestions for reducing this burden, send them to the Administrator, Wage and Hour Division, U.S. Department of Labor, Room S3502, 200 Constitution Avenue, N.W. Washington, D.C. 20210

Date 08/17/2025

I, RAUL MENDOZA MEMBER
(Name of Signatory Party) (Title)

do hereby state:

(1) That I pay or supervise the payment of the persons employed by

RMV STRUCTURAL STEEL LLC on the
(Contractor or Subcontractor)
HIDALGO HEALTH CLINIC; that during the payroll period commencing on the
(Building or Work)
11 day of AUG, 2025, and ending the 17 day of AUG, 2025

all persons employed on said project have been paid the full weekly wages earned, that no rebates have been or will be made either directly or indirectly to or on behalf of said

RMV STRUCTURAL STEEL LLC from the full
(Contractor or Subcontractor)

weekly wages earned by any person and that no deductions have been made either directly or indirectly from the full wages earned by any person, other than permissible deductions as defined in Regulations, Part 3 (29 C.F.R. Subtitle A), issued by the Secretary of Labor under the Copeland Act, as amended (48 Stat. 948, 63 Stat. 108, 72 Stat. 967; 76 Stat. 357; 40 U.S.C. § 3145), and described below:

(2) That any payrolls otherwise under this contract required to be submitted for the above period are correct and complete; that the wage rates for laborers or mechanics contained therein are not less than the applicable wage rates contained in any wage determination incorporated into the contract; that the classifications set forth therein for each laborer or mechanic conform with the work he performed.

(3) That any apprentices employed in the above period are duly registered in a bona fide apprenticeship program registered with a State apprenticeship agency recognized by the Bureau of Apprenticeship and Training, United States Department of Labor, or if no such recognized agency exists in a State, are registered with the Bureau of Apprenticeship and Training, United States Department of Labor.

(4) That:

(a) WHERE FRINGE BENEFITS ARE PAID TO APPROVED PLANS, FUNDS, OR PROGRAMS

- in addition to the basic hourly wage rates paid to each laborer or mechanic listed in the above referenced payroll, payments of fringe benefits as listed in the contract have been or will be made to appropriate programs for the benefit of such employees, except as noted in section 4(c) below.

(b) WHERE FRINGE BENEFITS ARE PAID IN CASH

- Each laborer or mechanic listed in the above referenced payroll has been paid, as indicated on the payroll, an amount not less than the sum of the applicable basic hourly wage rate plus the amount of the required fringe benefits as listed in the contract, except as noted in section 4(c) below.

(c) EXCEPTIONS

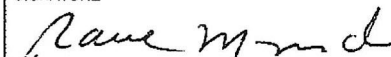
EXCEPTION (CRAFT)	EXPLANATION

REMARKS:

Laborer common helps the Ironworker by giving material.

NAME AND TITLE
RAUL MENDOZA / MEMBER

SIGNATURE



THE WILLFUL FALSIFICATION OF ANY OF THE ABOVE STATEMENTS MAY SUBJECT THE CONTRACTOR OR SUBCONTRACTOR TO CIVIL OR CRIMINAL PROSECUTION. SEE SECTION 1001 OF TITLE 18 AND SECTION 3729 OF TITLE 31 OF THE UNITED STATES CODE.

Leo's Framing LLC
2500 Trey Leal Ave
Mission, TX 78574 US
LeosFraming@gmail.com

Invoice



BILL TO
RGV Construction

INVOICE #	DATE	TOTAL DUE	DUE DATE	TERMS	ENCLOSED
1348	08/23/2025	\$20,000.00	08/23/2025	Custom	

DATE	DESCRIPTION	QTY	RATE	AMOUNT
	Rough Framing Labor McAllen Health Clinic	1		40,000.00

First Draw ----- \$20,000.00

DUE THIS INVOICE

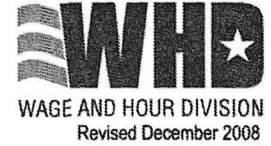
\$20,000.00

DOL WH-347 | Payroll Form

U.S. Department of Labor
Wage and Hour Division

PAYROLL

See instructions at <https://www.tdhca.texas.gov/sites/default/files/pdf/WH-347-PayrollFormInstructions.pdf>



Persons are not required to respond to the collection of information unless it displays a currently valid OMB control number.

NAME OF CONTRACTOR <input type="checkbox"/> OR SUBCONTRACTOR <input checked="" type="checkbox"/>	ADDRESS
Leo's Framing LLC	
PAYROLL NO. 1	FOR WEEK ENDING 08/24/2025
PROJECT AND LOCATION McAllen Health Clinic 529 N Cynthia St McAllen TX 78501	
PROJECT OR CONTRACT NO.	
OMB No. 1235-0008 Expires 09/30/2026	

(1) NAME AND INDIVIDUAL IDENTIFYING NUMBER (e.g., LAST FOUR DIGITS OF SOCIAL SECURITY NUMBER) OF WORKER	(2) NO. OF WITHHOLDING EXEMPTIONS	(3) WORK CLASSIFICATION	(4) DAY AND DATE							(5) TOTAL HOURS	(6) RATE OF PAY	(7) GROSS AMOUNT EARNED	(8) DEDUCTIONS					(9) NET WAGES PAID FOR WEEK	
			OT OR ST.	M	T	W	TH	F	S				SUN	FICA	WITH-HOLDING TAX	OTHER	TOTAL DEDUCTIONS		
				18	19	20	21	22	23				24						
Leonel Esquivel 6565		Framing laborer	O								40.00	20.00	\$800.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$800.00
			S	8.00	8.00	8.00	8.00	8.00											
Mark A. De La Fuente Jr 5001		Framing laborer	O								40.00	15.00	\$600.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$600.00
			S	8.00	8.00	8.00	8.00	8.00											
Victor H. Guinea Mora Jr 5722		Framing laborer	O								40.00	15.00	\$600.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$600.00
			S	8.00	8.00	8.00	8.00	8.00											
Sergio V. Perez 2862		Framing laborer	O								40.00	20.00	\$800.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$800.00
			S	8.00	8.00	8.00	8.00	8.00											
			O										/						
			S																
			O										/						
			S																
			O										/						
			S																
			O										/						
			S																

While completion of Form WH-347 is optional, it is mandatory for covered contractors and subcontractors performing work on Federally financed or assisted construction contracts to respond to the information collection contained in 29 C.F.R. §§ 3.3, 5.5(a). The Copeland Act (40 U.S.C. § 3145) contractors and subcontractors performing work on Federally financed or assisted construction contracts to "furnish weekly a statement with respect to the wages paid each employee during the preceding week." U.S. Department of Labor (DOL) regulations at 29 C.F.R. § 5.5(a)(3)(ii) require contractors to submit weekly a copy of all payrolls to the Federal agency contracting for or financing the construction project, accompanied by a signed "Statement of Compliance" indicating that the payrolls are correct and complete and that each laborer or mechanic has been paid not less than the proper Davis-Bacon prevailing wage rate for the work performed. DOL and federal contracting agencies receiving this information review the information to determine that employees have received legally required wages and fringe benefits.

Public Burden Statement

We estimate that it will take an average of 55 minutes to complete this collection, including time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. If you have any comments regarding these estimates or any other aspect of this collection, including suggestions for reducing this burden, send them to the Administrator, Wage and Hour Division, U.S. Department of Labor, Room S3502, 200 Constitution Avenue, N.W. Washington, D.C. 20210

DOL WH-348 | Statement of Compliance

Date 08/26/2025

I, Leonel Esquivel vice President
 (Name of Signatory Party) (Title)

do hereby state:

(1) That I pay or supervise the payment of the persons employed by

Leo's Framing LLC on the
 (Contractor or Subcontractor)
529 N. Cynthia Street McAllen TX 78501; that during the payroll period commencing on the
 (Building or Work)
18 day of August, 2025, and ending the 24 day of August, 2025.

all persons employed on said project have been paid the full weekly wages earned, that no rebates have been or will be made either directly or indirectly to or on behalf of said

Leo's Framing LLC from the full
 (Contractor or Subcontractor)

weekly wages earned by any person and that no deductions have been made either directly or indirectly from the full wages earned by any person, other than permissible deductions as defined in Regulations, Part 3 (29 C.F.R. Subtitle A), issued by the Secretary of Labor under the Copeland Act, as amended (48 Stat. 948, 63 Stat. 108, 72 Stat. 967; 76 Stat. 357; 40 U.S.C. § 3145), and described below:

(2) That any payrolls otherwise under this contract required to be submitted for the above period are correct and complete; that the wage rates for laborers or mechanics contained therein are not less than the applicable wage rates contained in any wage determination incorporated into the contract; that the classifications set forth therein for each laborer or mechanic conform with the work he performed.

(3) That any apprentices employed in the above period are duly registered in a bona fide apprenticeship program registered with a State apprenticeship agency recognized by the Bureau of Apprenticeship and Training, United States Department of Labor, or if no such recognized agency exists in a State, are registered with the Bureau of Apprenticeship and Training, United States Department of Labor.

(4) That:

(a) WHERE FRINGE BENEFITS ARE PAID TO APPROVED PLANS, FUNDS, OR PROGRAMS

- in addition to the basic hourly wage rates paid to each laborer or mechanic listed in the above referenced payroll, payments of fringe benefits as listed in the contract have been or will be made to appropriate programs for the benefit of such employees, except as noted in section 4(c) below.

(b) WHERE FRINGE BENEFITS ARE PAID IN CASH

- Each laborer or mechanic listed in the above referenced payroll has been paid, as indicated on the payroll, an amount not less than the sum of the applicable basic hourly wage rate plus the amount of the required fringe benefits as listed in the contract, except as noted in section 4(c) below.

(c) EXCEPTIONS

EXCEPTION (CRAFT)	EXPLANATION

REMARKS:

NAME AND TITLE Leonel Esquivel SIGNATURE [Signature]
vice President

THE WILLFUL FALSIFICATION OF ANY OF THE ABOVE STATEMENTS MAY SUBJECT THE CONTRACTOR OR SUBCONTRACTOR TO CIVIL OR CRIMINAL PROSECUTION. SEE SECTION 1001 OF TITLE 18 AND SECTION 3729 OF TITLE 31 OF THE UNITED STATES CODE.

FireDefense Pros LLC

Invoice

SCR-G-2617820
 1709 Dulcinea Ave
 Edinburg, TX 78539
 Phone 956-457-5743

Date	Pay Application
8/28/2025	1

Bill To
RGV Construction LLC



FireDefense Pros LLC
 TRUST THE PROFESSIONALS

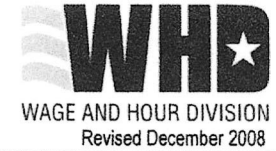
Project
McAllen Health Clinic McAllen, TX 78501

Item Description	Contract Amount	Prior %	Current %	Total % to Date	Prior Amount	Current Amount	Total to Date
Fire Flow & Design Plans	\$2,500.00	0%	50.00%	50%	\$0.00	\$1,250.00	\$1,250.00
Underground Fire & FDC Line	\$12,500.00	0%	100.00%	100%	\$0.00	\$12,500.00	\$12,500.00
Above Ground Fire Sprinkler	\$43,000.00	0%	0.00%	0%	\$0.00	\$0.00	\$0.00
	\$58,000.00						
Contract Total	\$58,000.00						
RETAINGE TO DATE	\$687.50						
				TOTAL TO DATE			\$13,750.00
				PREVIOUS PAYMENTS			\$0.00
				RETAINAGE (5%)			\$687.50
				BALANCE DUE THIS INVOICE			\$13,062.50

PAYROLL

For contractor's optional use; see instructions at dol.gov/agencies/whd/forms/wh347

Persons are not required to respond to the collection of information unless it displays a currently valid OMB control number.



NAME OF CONTRACTOR OR SUBCONTRACTOR ADDRESS 1709 Dulcinea Ave
 FireDefense Pros, LLC
 OMB No. 1235-0008 Expires 09/30/2026

PAYROLL NO. 1 FOR WEEK ENDING 07/25/2025 PROJECT AND LOCATION McAllen Health Clinic PROJECT OR CONTRACT NO.

(1) NAME AND INDIVIDUAL IDENTIFYING NUMBER (e.g. LAST FOUR DIGITS OF SOCIAL SECURITY NUMBER) OF WORKER	(2) NO. OF WITH-HOLDING EXEMPTIONS	(3) WORK CLASSIFICATION	(4) DAY AND DATE							(5) TOTAL HOURS	(6) RATE OF PAY	(7) GROSS AMOUNT EARNED	(8) DEDUCTIONS					(9) NET WAGES PAID FOR WEEK
			O	M	T	W	T	F	S				S	FICA	WITH- HOLDING TAX	OTHER	TOTAL DEDUCTIONS	
Gabriel Zammaron 2520		Laborer	o									\$504.00	1099 Subcontractor				\$504.00	
			s	8.00	8.00	8.00	8.00				32.00	15.75						
Felipe R Pedraza 5882		Laborer	o									\$504.00	1099 Subcontractor				\$504.00	
			s	8.00	8.00	8.00	8.00				32.00	15.75						
Pedro Pedraza 1340		Laborer	o									\$240.00	1099 Subcontractor				\$240.00	
			s			8.00	8.00				16.00	15.00						
Joel Vargas Hernandez 2210		Laborer	o									\$280.00	1099 Subcontractor				\$280.00	
			s			8.00	8.00				16.00	17.50						
			o															
			s															
			o															
			s															
			o															
			s															

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Public Burden Statement
 We estimate that it will take an average of 55 minutes to complete this collection, including time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. If you have any comments regarding these estimates or any other aspect of this collection, including suggestions for reducing this burden, send them to the Administrator, Wage and Hour Division, U.S. Department of Labor, Room S3502, 200 Constitution Avenue, N.W., Washington, D.C. 20210

Date 9-3-25

I, Omar Anzaldua Jr Principal
(Name of Signatory Party) (Title)

do hereby state:

(1) That I pay or supervise the payment of the persons employed by

FireDefense Pros, LLC

(Contractor or Subcontractor) on the

McAllen Health Clinic

(Building or Work); that during the payroll period commencing on the

21 day of July, 2025, and ending the 25 day of July, 2025

all persons employed on said project have been paid the full weekly wages earned. that no rebates have been or will be made either directly or indirectly to or on behalf of said

FireDefense Pros, LLC

(Contractor or Subcontractor) from the full

weekly wages earned by any person and that no deductions have been made either directly or indirectly from the full wages earned by any person, other than permissible deductions as defined in Regulations, Part 3 (29 C.F.R. Subtitle A), issued by the Secretary of Labor under the Copeland Act, as amended (48 Stat. 948, 63 Stat. 108, 72 Stat. 967; 76 Stat. 357; 40 U.S.C. § 3145), and described below:

(2) That any payrolls otherwise under this contract required to be submitted for the above period are correct and complete, that the wage rates for laborers or mechanics contained therein are not less than the applicable wage rates contained in any wage determination incorporated into the contract; that the classifications set forth therein for each laborer or mechanic conform with the work he performed.

(3) That any apprentices employed in the above period are duly registered in a bona fide apprenticeship program registered with a State apprenticeship agency recognized by the Bureau of Apprenticeship and Training, United States Department of Labor, or if no such recognized agency exists in a State, are registered with the Bureau of Apprenticeship and Training, United States Department of Labor.

(4) That:

(a) WHERE FRINGE BENEFITS ARE PAID TO APPROVED PLANS, FUNDS, OR PROGRAMS

- in addition to the basic hourly wage rates paid to each laborer or mechanic listed in the above referenced payroll, payments of fringe benefits as listed in the contract have been or will be made to appropriate programs for the benefit of such employees, except as noted in section 4(c) below.

(b) WHERE FRINGE BENEFITS ARE PAID IN CASH

- Each laborer or mechanic listed in the above referenced payroll has been paid, as indicated on the payroll, an amount not less than the sum of the applicable basic hourly wage rate plus the amount of the required fringe benefits as listed in the contract, except as noted in section 4(c) below.

(c) EXCEPTIONS

EXCEPTION (CRAFT)	EXPLANATION

REMARKS:

NAME AND TITLE <u>Omar Anzaldua Jr</u> <i>Principal</i>	SIGNATURE <i>Omar Anzaldua Jr</i>
THE WILLFUL FALSIFICATION OF ANY OF THE ABOVE STATEMENTS MAY SUBJECT THE CONTRACTOR OR SUBCONTRACTOR TO CIVIL OR CRIMINAL PROSECUTION. SEE SECTION 1001 OF TITLE 18 AND SECTION 3729 OF TITLE 31 OF THE UNITED STATES CODE.	