

**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. 5  
PERIOD TO: **9/30/2025**

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 8/25/25 \$1,800 (reduced from contingency amount)		
AEA #2: Approved 9/2/2025 \$17,200 (reduced from contingency amount)		
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: 10-17-25

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)	\$ 712,468.08
5. RETAINAGE	
a. 5 % of Completed Work (Column D + E G703)	\$ 35,623.41
b. 5 % of Stored Material (Column F on G703)	_____
Total Retainage (Line 5a + 5b or Total in Column I G703)	\$ 35,623.41
6. TOTAL EARNED LESS RETAINAGE	\$ 676,844.67
7. LESS PREVIOUS CERTIFICATES FOR PAYMENT	\$ 448,834.81
8. CURRENT PAYMENT DUE	\$ 228,009.86
9. BALANCE TO FINISH, PLUS RETAINAGE (Line 3 less line 6)	\$ 1,259,348.95

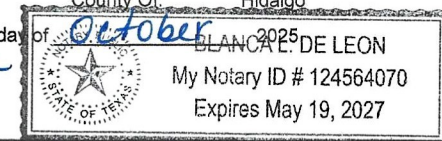
State of: Texas

County Of: Hidalgo

Subscribed and sworn to before me this 17 day of October, 2025

Notary Public: Blanca E 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 \$ 228,009.86

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

ARCHITECT

By:  Date: 10/17/2025

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: 5  
 APPLICATION DATE: 10/3/2025  
 PERIOD FROM: 9/1/2025  
 TO: 9/30/2025  
 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	\$ 69,004.30		\$ 258,546.00		\$ 99,560.00	\$ 12,927.30
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		\$ 38,444.17		\$ 38,444.17		\$ 21,555.83	\$ 1,922.21
5	Wood Trusses	\$ 18,500.00		\$ 15,256.91		\$ 15,256.91		\$ 3,243.09	\$ 762.85
6	Framing Labor	\$ 40,000.00	\$ 20,000.00	\$ 20,000.00		\$ 40,000.00		\$ -	\$ 2,000.00
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			\$ 30,075.00	\$ 30,075.00		\$ 29,925.00	\$ 1,503.75
18	HVAC	\$ 164,571.92						\$ 164,571.92	
19	Plumbing	\$ 128,000.00	\$ 25,600.00	\$ 20,480.00		\$ 46,080.00		\$ 81,920.00	\$ 2,304.00
20	Electrical	\$ 117,000.00		\$ 15,250.00		\$ 15,250.00		\$ 101,750.00	\$ 762.50
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								



# TOTAL COMMITMENT CONSTRUCTION CO., LLC

11435 N. BRYAN RD

MISSION, TX 78573

OFFICE: (956) 519-7111

TOTALCOMMITMENTLLC@YAHOO.COM

FAX: (956) 265-1178

## HIDALGO COUNTY MCALLEN HEALTH CLINIC

Invoice #2025-005-04

ITEM #	ITEM DESCRIPTION	EST. QTYS	UNIT	UNIT/PRICE	TOTAL	PREVIOUS BILLING	CURRENT BILLING	QTY TO DATE	BILLED TO DATE	%
1	Erosion Control	1	LS	\$ 10,500.00	\$ 10,500.00	\$ 10,500.00	\$ -		\$ 10,500.00	100%
3	Site Prep	1	LS	\$ 13,500.00	\$ 13,500.00	\$ 13,500.00	\$ -		\$ 13,500.00	100%
4	Building Pad 3' Select Fill	1	LS	\$ 24,000.00	\$ 24,000.00	\$ 24,000.00	\$ -		\$ 24,000.00	100%
5	Water line as per plans	1	LS	\$ 57,506.00	\$ 57,506.00	\$ 54,630.70	\$ 2,875.30		\$ 57,506.00	100%
6	Sewer Line As per plans	1	LS	\$ 42,000.00	\$ 42,000.00	\$ 12,600.00	\$ 29,400.00		\$ 42,000.00	100%
7	Drainage	1	LS	\$ 53,500.00	\$ 53,500.00	\$ 53,500.00	\$ -		\$ 53,500.00	100%
8	Cynthia Road	1	LS	\$ 14,000.00	\$ 14,000.00		\$ 8,400.00		\$ 8,400.00	60%
9	Dumpster Pad, Concrete Pad	1	LS	\$ 4,500.00	\$ 4,500.00		\$ -		\$ -	0%
10	Parking lot	1	LS	\$ 149,100.00	\$ 149,100.00	\$ 31,311.00	\$ 28,329.00		\$ 59,640.00	40%
11				\$ -	\$ -		\$ -		\$ -	
12				\$ -	\$ -		\$ -		\$ -	
<b>PROPOSAL TOTAL</b>					<b>\$ 368,606.00</b>	<b>\$ 200,041.70</b>	<b>\$ 69,004.30</b>		<b>\$ 269,046.00</b>	

COMPLETED TO DATE    \$ 269,046.00  
 \$ -

**BALANCE DUE    \$ 69,004.30**

PROJECT NOTES

CLIENT INFORMATION
Accepted By: _____
Date _____

ARMANDO GUTIERREZ  
 Total Commitment Construction Co., LLC

9/25/2025  
 Date

# TOTAL COMMITMENT CONSTRUCTION CO., LLC

11435 N. BRYAN RD  
MISSION, TX 78573

OFFICE: (956) 519-7111

TOTALCOMMITMENTLLC@YAHOO.COM

FAX: (956) 265-1178

## HIDALGO COUNTY MCALLEN HEALTH CLINIC

### Invoice #2025-005-EXTRA

ITEM #	ITEM DESCRIPTION	EST. QTYS	UNIT	UNIT/PRICE	TOTAL	PREVIOUS BILLING	CURRENT BILLING	QTY TO DATE	BILLED TO DATE	%
1	Install temporary fence for security purposes around perimeter of property	1	LS	\$ 1,800.00	\$ 1,800.00		\$ 1,800.00		\$ 1,800.00	100%
2	4 45's 8" Water Line Deflection due to gas line conflict. Up to approx. 80' in length with potential replacement of sidewalks. 2 8" Shut-Off Valves per City of McAllen.	1	LS	\$ 17,200.00	\$ 17,200.00		\$ 17,200.00		\$ 17,200.00	100%
<b>PROPOSAL TOTAL</b>					<b>\$ 19,000.00</b>	<b>\$ 8,600.00</b>	<b>\$ 19,000.00</b>		<b>\$ 19,000.00</b>	

COMPLETED TO DATE    \$            19,000.00

\$                                    -

**BALANCE DUE    \$            19,000.00**

PROJECT NOTES

CLIENT INFORMATION
Accepted By: _____ Date _____

ARMANDO GUTIERREZ  
Total Commitment Construction Co., LLC

9/25/2025  
Date

## CONTRACTOR TIME STATEMENT

PAY APP NO. 5 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 9/1/2025 DATE WORK COMPLETED 9/30/2025

MONTH	DATE OR DAYS	WORKING DAYS CHARGED	CREDITED DAYS	DAYS CREDITED AND REASONS THEREFORE
September	1		1	Labor Day Holiday
September	2	1		
September	3	1		
September	4	1		
September	5	1		
September	6	1		
September	7	1		
September	8	1		
September	9	1		
September	10	1		
September	11	1		
September	12	1		
September	13	1		
September	14	1		
September	15	1		
September	16	1		
September	17	1		
September	18	1		
September	19	1		
September	20	1		
September	21	1		
September	22	1		
September	23	1		
September	24	1		
September	25	1		
September	26	1		
September	27	1		
September	28	1		
September	29	1		
September	30	1		
<b>TOTALS</b>		<b>29</b>	<b>1</b>	

NO. OF CONTRACT WORKING DAYS 278 NO. WORKING DAYS CHARGED TO DATE 149  
 ASSESSED LIQUIDATED DAMAGES: 0 NO. CREDITED DAYS TO DATE 9  
 CERTIFIED AS CORRECT PER DAY \$ 500.00 TOTAL \$ 0

  
 \_\_\_\_\_  
 ENGINEER/CONSTRUCTION MANAGER

Prevailing Wage Rates  
Certification Statement

Date October 5, 2025

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

Contractor RGV Construction, LLC. Application# 5

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

**PAYROLL**

For contractor's optional use; see instructions at [dol.gov/agencies/whd/forms/wh347](http://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 <input type="checkbox"/> OR SUBCONTRACTOR <input checked="" type="checkbox"/>		ADDRESS		OMB No. 1235-0008 Expires 09/30/2026
Total Commitment Construction Co. LLC		11435 N Bryan Rd. Mission Tx78573		
PAYROLL NO. 19	FOR WEEK ENDING 09/03/2025	PROJECT AND LOCATION Hidalgo County Health Clinic McAllen 529 N Cynthia St, McAllen Tx		PROJECT OR CONTRACT NO.

(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.	28	29	30	31	01	02				03	FICA	WITH- HOLDING TAX	OTHER	TOTAL DEDUCTIONS	
				HOURS WORKED EACH DAY														
Oscar M Alvizo XXX-XX-8784		Backhoe/ Excavator	o								39	936	\$1,014.00					
			s	9.00	9.00				9.00	9.00	36.00	26.00						
Oscar Aleman XXX-XX-6290		Laborer Utility	o									\$576.00	\$49.56					
			s	9.00	9.00				9.00	9.00	36.00	16.00						
Jesus M Aguilar XXX-XX-5599		Laborer Utility	o									\$569.50	\$92.54					
			s	8.50	8.50				8.00	8.50	33.50	17.00						
			o															
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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 09/08/2025

I, Armando Gutierrez Management Member  
(Name of Signatory Party) (Title)

do hereby state:

(1) That I pay or supervise the payment of the persons employed by  
Total Commitment Construction Co. LLC on the  
(Contractor or Subcontractor)

Hidalgo County Health Clinic McAllen; that during the payroll period commencing on the  
(Building or Work)  
28 day of August, 2025, and ending the 03 day of September, 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

Total Commitment Construction Co. 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.

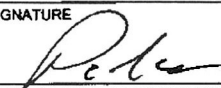
(c) EXCEPTIONS

EXCEPTION (CRAFT)	EXPLANATION

REMARKS:

Oscar M Alvizo is 1099 Employee

NAME AND TITLE  
Armando Gutierrez - Management 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.

Date 09/08/2025

I, Armando Gutierrez Management Member  
(Name of Signatory Party) (Title)

do hereby state:

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Total Commitment Construction Co. 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.

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(c) EXCEPTIONS

EXCEPTION (CRAFT)	EXPLANATION

REMARKS:

Oscar M Alvizo is 1099 Employee

NAME AND TITLE Armando Gutierrez - Management Member	SIGNATURE
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**PAYROLL**

For contractor's optional use; see instructions at [dol.gov/agencies/whd/forms/wh347](http://dol.gov/agencies/whd/forms/wh347)

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NAME OF CONTRACTOR <input type="checkbox"/> OR SUBCONTRACTOR <input checked="" type="checkbox"/> <b>Total Commitment Construction Co. LLC</b>	ADDRESS <b>11435 N Bryan Rd. Mission Tx78573</b>	OMB No. 1235-0008 Expires 09/30/2026
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PAYROLL NO. <b>20</b>	FOR WEEK ENDING <b>09/10/2025</b>	PROJECT AND LOCATION <b>Hidalgo County Health Clinic McAllen 529 N Cynthia St, McAllen Tx</b>	PROJECT OR CONTRACT NO.
--------------------------	--------------------------------------	--	-------------------------

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				04	05	06	07	08	09	10				FICA	WITH-HOLDING TAX	OTHER	TOTAL DEDUCTIONS		
				HOURS WORKED EACH DAY															
Oscar M Alvizo XXX-XX-8784		Backhoe/ Excavator	O									39	1040						\$1,222.00
			S	9.00	9.00			9.00	9.00	4.00	40.00	26.00	\$1,222.00						
Oscar Aleman XXX-XX-6290		Laborer Utility	O										\$368.00						\$339.86
			S	9.00	9.00			5.00			23.00	16.00	\$368.00	\$28.14			\$28.14		
			O																
			S																
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Date 09/08/2025

I, Armando Gutierrez Management Member  
(Name of Signatory Party) (Title)

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Hidalgo County Health Clinic McAllen; that during the payroll period commencing on the  
(Building or Work)

04 day of September, 2025, and ending the 10 day of September, 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

Total Commitment Construction Co. 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.

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- 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:

Oscar M Alvizo is 1099 Employee

NAME AND TITLE  
Armando Gutierrez - Management 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.

Date 09/08/2025

I, Armando Gutierrez Management Member  
(Name of Signatory Party) (Title)

do hereby state:

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

Total Commitment Construction Co. LLC on the  
(Contractor or Subcontractor)

Hidalgo County Health Clinic McAllen; that during the payroll period commencing on the  
(Building or Work)  
04 day of September, 2025, and ending the 10 day of September, 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

Total Commitment Construction Co. 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:

Oscar M Alvizo is 1099 Employee

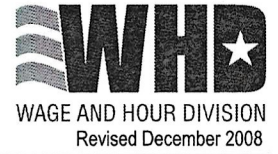
NAME AND TITLE Armando Gutierrez - Management Member	SIGNATURE
---	-----------

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.

**PAYROLL**

**For contractor's optional use; see instructions at [dol.gov/agencies/whd/forms/wh347](http://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 <input type="checkbox"/> OR SUBCONTRACTOR <input checked="" type="checkbox"/> <p style="text-align: center;">Total Commitment Construction Co. LLC</p>	ADDRESS 11435 N Bryan Rd. Mission Tx78573	OMB No. 1235-0008 Expires 09/30/2026
--	--	---

PAYROLL NO. 21	FOR WEEK ENDING 09/17/2025	PROJECT AND LOCATION Hidalgo County Health Clinic McAllen 529 N Cynthia St, McAllen Tx	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	OT. OR ST.	(4) DAY AND DATE							(5) TOTAL HOURS	(6) RATE OF PAY	(7) GROSS AMOUNT EARNED	(8) DEDUCTIONS					(9) NET WAGES PAID FOR WEEK
				11	12	13	14	15	16	17				FICA	WITH- HOLDING TAX	OTHER	TOTAL DEDUCTIONS		
				HOURS WORKED EACH DAY															
Oscar M Alvizo XXX-XX-8784		Backhoe/ Excavator	o									39	962						\$1,066.00
				s	9.00	9.00			6.00	7.00	6.00	37.00	26.00	\$1,066.00					
Oscar Aleman XXX-XX-6290		Laborer Utility	o										\$368.00						\$339.84
				s					8.00	7.00	8.00	23.00	16.00	\$368.00	\$28.16				
			o																
				s															
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				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 09/22/2025

I, Armando Gutierrez Management Member  
(Name of Signatory Party) (Title)

do hereby state:

(1) That I pay or supervise the payment of the persons employed by  
Total Commitment Construction Co. LLC on the  
(Contractor or Subcontractor)

Hidalgo County Health Clinic McAllen; that during the payroll period commencing on the  
(Building or Work)  
11 day of September, 2025, and ending the 17 day of September, 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

Total Commitment Construction Co. 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:

Oscar M Alvizo is 1099 Employee

NAME AND TITLE  
Armando Gutierrez - Management 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.

Date 09/22/2025

I, Armando Gutierrez Management Member  
(Name of Signatory Party) (Title)

do hereby state:

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

Total Commitment Construction Co. LLC on the  
(Contractor or Subcontractor)

Hidalgo County Health Clinic McAllen; that during the payroll period commencing on the  
(Building or Work)

11 day of September, 2025, and ending the 17 day of September, 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

Total Commitment Construction Co. 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.

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(4) That:

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

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(c) EXCEPTIONS

EXCEPTION (CRAFT)	EXPLANATION

REMARKS:

Oscar M Alvizo is 1099 Employee

NAME AND TITLE  
Armando Gutierrez - Management 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.



Please Remit To:  
 P.O. BOX 844193  
 DALLAS TX 75284-4193

DATE	INVOICE NO.
07-17-25	79471898

956-755-0301 **INVOICE**

\*\*INVOICE\*\* PG 1

S 463887  
 O  
 L RGV CONSTRUCTION LLC  
 D PO BOX 720137  
 T  
 O MCALLEN, TX 78504

S 467677  
 H  
 I RGV CONSTRUCTION LLC-LMBR  
 P 529 N. CYNTHIA  
 T MCALLEN HEALTH CLINIC  
 O MCALLEN, TX 78501

**LINE ITEM #4**

(HERINAFTER REFERRED TO AS CUSTOMER)

JOB NO. 529NCYNTHIA	CUST. ORDER NO.	COST CODE	DATE SHIPPED 07-16-25	SALES ORDER # 82777529	TERMS N10THPRX
------------------------	-----------------	-----------	--------------------------	---------------------------	-------------------

ORDERED	SHIPPED	B/O	ITEM NO.	DESCRIPTION	U/M	UNIT PRICE	EXTENSION
100	100		071625 GR5810GAB25EA	COPY OF MYBLDR.COM QUOTE 5/8X10 FOUNDTN BOLT W/2X2SQN&W EA PLACED BY UNDEFINED ON JUL 16 25 08:05:18 AM		1.29	129.00 N

TEXAS SALES TAX

TXMCAL TAX CODE	MCALTYD SHIPPED FROM	129.00 SALES AMOUNT	.00 SALES TAX	.00 SHIPPING CHARGE	PLS198YY MISCELLANEOUS	129.00 <b>TOTAL</b>
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TERMS & CONDITIONS can be found at [www.bldr.com/customer-terms-conditions](http://www.bldr.com/customer-terms-conditions)

P000757 ALBERT FLORES  
 BUYER:  
 ENT BY: Raquel Mata  
 \*\*\*CPU\*\*\*

**DUE DATE** 08-10-25



Please Remit To:  
 P.O. BOX 844193  
 DALLAS TX 75284-4193

DATE	INVOICE NO.
08-07-25	79863138

956-755-0301 **INVOICE**

\*\*INVOICE\*\* PG 1

S 463887  
 O L RGV CONSTRUCTION LLC  
 D PO BOX 720137  
 T  
 O MCALLEN, TX 78504

S 467677  
 H I RGV CONSTRUCTION LLC-LMBR  
 P 529 N. CYNTHIA  
 T MCALLEN HEALTH CLINIC  
 O MCALLEN, TX 78501

(HERINAFTER REFERRED TO AS CUSTOMER)

JOB NO. 529NCYNTHIA	CUST. ORDER NO.	COST CODE	DATE SHIPPED 08-06-25	SALES ORDER # 83197145	TERMS N10THPRX
------------------------	-----------------	-----------	--------------------------	---------------------------	-------------------

ORDERED	SHIPPED	B/O	ITEM NO.	DESCRIPTION	U/M	UNIT PRICE	EXTENSION
25	25		GR5810GAB25EA	5/8X10 FOUNDTN BOLT W/2X2SQN&W EA		1.29	32.25 N

TXMICAL	MCALTXYD	32.25	.00	.00	PLS219YY	32.25
TAX CODE	SHIPPED FROM	SALES AMOUNT	SALES TAX	SHIPPING CHARGE	MISCELLANEOUS	<b>TOTAL</b>

TERMS & CONDITIONS can be found at [www.blldr.com/customer-terms-conditions](http://www.blldr.com/customer-terms-conditions)

P000757 ALBERT FLORES  
 BUYER:  
 ENT BY: Raquel Mata  
 \*\*\*CPU\*\*\*

**DUE DATE** 09-10-25



Please Remit To:  
 P.O. BOX 844193  
 DALLAS TX 75284-4193

DATE	INVOICE NO.
08-14-25	79975975

956-755-0301 **INVOICE**

\*\*INVOICE\*\* PG 1

S 463887  
 O LRGV CONSTRUCTION LLC  
 D PO BOX 720137  
 T  
 O MCALLEN, TX 78504

S 467677  
 H I LRGV CONSTRUCTION LLC-LMBR  
 P 529 N. CYNTHIA  
 T MCALLEN HEALTH CLINIC  
 O MCALLEN, TX 78501

(HEREINAFTER REFERRED TO AS CUSTOMER)

JOB NO.	CUST. ORDER NO.	COST CODE	DATE SHIPPED	SALES ORDER #	TERMS
529NCYNTHIA			08-14-25	83316291	N10THPRX

ORDERED	SHIPPED	B/O	ITEM NO.	DESCRIPTION	U/M	UNIT PRICE	EXTENSION
			081325				
				COPY OF MYBLDR.COM QUOTE			
7	7		SS550	SILL SEALER 5.5" X 50'	EA	6.69	46.83 N
120	120		2412S2	2X4-12' #2 SPF	EA	5.46	655.20 N
420	420		2414S2	2X4-14' #2 SPF	EA	6.60	2,772.00 N
60	60		2416S2	2X4-16' #2 SPF	EA	8.79	527.40 N
53	53		2416T-B	2X4-16' #2 TRTD BORATE	EA	10.08	534.24 N
180	180		2614S2	2X6-14' #2 SPF	EA	8.58	1,544.40 N
50	50		2616S2	2X6-16' #2 SPF	EA	11.48	574.00 N
10	10		716OSB	7/16"4X8 OSB RTD	EA	11.52	115.20 N
20	20		2616T25	2X6-16' #2 TRTD AG	EA	11.85	237.00 N
				PLACED BY UNDEFINED ON AUG 13 25 10:58:46 AM			
TEXAS SALES TAX							

TXMCAL	MCALTXYD	7,006.27	.00	.00	LGS226YY	7,006.27
TAX CODE	SHIPPED FROM	SALES AMOUNT	SALES TAX	SHIPPING CHARGE	MISCELLANEOUS	<b>TOTAL</b>

TERMS & CONDITIONS can be found at [www.bldr.com/customer-terms-conditions](http://www.bldr.com/customer-terms-conditions)

P000757 ALBERT FLORES  
 BUYER:  
 ENT BY: Sandra Garcia

**DUE DATE** 09-10-25



Please Remit To:  
 P.O. BOX 844193  
 DALLAS TX 75284-4193

DATE	INVOICE NO.
08-14-25	79987192

956-755-0301

# INVOICE

\*\*INVOICE\*\* PG 1

S 463887  
 O L RGV CONSTRUCTION LLC  
 D PO BOX 720137  
 T  
 O MCALLEN, TX 78504

S 467677  
 H I RGV CONSTRUCTION LLC-LMBR  
 P 529 N. CYNTHIA  
 T MCALLEN HEALTH CLINIC  
 O MCALLEN, TX 78501

(HERINAFTER REFERRED TO AS CUSTOMER)

JOB NO.	CUST. ORDER NO.	COST CODE	DATE SHIPPED	SALES ORDER #	TERMS
529NCYNTHIA			08-14-25	83328709	N10THPRX

ORDERED	SHIPPED	B/O	ITEM NO.	DESCRIPTION	U/M	UNIT PRICE	EXTENSION
3	3		21014SYP2	2X10-14' #2&BTR SYP	EA	12.79	38.37 N
16	16		2814SYP2	2X8-14' #2&BTR SYP	EA	10.38	166.08 N
1	1		2818SYP2	2X8-18' #2&BTR SYP	EA	13.05	13.05 N
TEXAS SALES TAX							

TXMCAL	MCALTXD	217.50	.00	.00	LGS226YY	217.50
TAX CODE	SHIPPED FROM	SALES AMOUNT	SALES TAX	SHIPPING CHARGE	MISCELLANEOUS	<b>TOTAL</b>

TERMS & CONDITIONS can be found at [www.blr.com/customer-terms-conditions](http://www.blr.com/customer-terms-conditions)

P000757 ALBERT FLORES  
 BUYER:  
 ENT BY: Raquel Mata

**DUE DATE** 09-10-25



Please Remit To:  
 P.O. BOX 844193  
 DALLAS TX 75284-4193

DATE	INVOICE NO.
08-15-25	80516672

956-755-0301 **INVOICE**

\*\*INVOICE\*\* PG 1

S 463887  
 O  
 L RGV CONSTRUCTION LLC  
 D PO BOX 720137  
 T  
 O MCALLEN, TX 78504

S 467677  
 H  
 I RGV CONSTRUCTION LLC-LMBR  
 P 529 N. CYNTHIA  
 T MCALLEN HEALTH CLINIC  
 O MCALLEN, TX 78501

(HERINAFTER REFERRED TO AS CUSTOMER)

JOB NO.	CUST. ORDER NO.	COST CODE	DATE SHIPPED	SALES ORDER #	TERMS
529NCYNTHIA			08-15-25	83354511	N10THPRX

ORDERED	SHIPPED	B/O	ITEM NO.	DESCRIPTION	U/M	UNIT PRICE	EXTENSION
			081525				
180	180		2614S2	COPY OF MYBLDR.COM QUOTE	EA	8.58	1,544.40 N
30	30		2616S2	2X6-14' #2 SPF	EA	11.48	344.40 N
				2X6-16' #2 SPF			
				PLACED BY UNDEFINED ON AUG 14			
				25 04:45:44 PM			
TEXAS SALES TAX							

TXMCAL	MCALTXYD	1,888.80	.00	.00	LGS227YY	1,888.80
TAX CODE	SHIPPED FROM	SALES AMOUNT	SALES TAX	SHIPPING CHARGE	MISCELLANEOUS	<b>TOTAL</b>

TERMS & CONDITIONS can be found at [www.bldr.com/customer-terms-conditions](http://www.bldr.com/customer-terms-conditions)

P000757 ALBERT FLORES  
 BUYER:  
 ENT BY: Lucia Salazar

**DUE DATE** 09-10-25



Please Remit To:  
 P.O. BOX 844193  
 DALLAS TX 75284-4193

DATE	INVOICE NO.
08-19-25	82096785

956-755-0301 **INVOICE**

\*\*INVOICE\*\* PG 1

S 463887  
 O RGV CONSTRUCTION LLC  
 L PO BOX 720137  
 D  
 T  
 O MCALLEN, TX 78504

S 467677  
 H RGV CONSTRUCTION LLC-LMBR  
 I 529 N. CYNTHIA  
 P MCALLEN HEALTH CLINIC  
 T  
 O MCALLEN, TX 78501

(HERINAFTER REFERRED TO AS CUSTOMER)

JOB NO.	CUST. ORDER NO.	COST CODE	DATE SHIPPED	SALES ORDER #	TERMS
529NCYNTHIA			08-18-25	83388484	N10THPRX

ORDERED	SHIPPED	B/O	ITEM NO.	DESCRIPTION	U/M	UNIT PRICE	EXTENSION
6	6		2616T25	2X6-16' #2 TRTD AG	EA	11.63	69.78 N
8	8		2816SYP2	2X8-16' #2&BTR SYP	EA	12.67	101.36 N
6	6		21214SYP2	2X12-14' #2&BTR SYP	EA	14.88	89.28 N
2	2		14BC20LVL16	1-3/4X14 BC LVL 2.1E 16' 2.1E VERSA-LAM	BOM	144.24	288.48 N

TEXAS SALES TAX

TXMCAL	MCALTXYD	548.90	.00	.00	PLS231YY	548.90
TAX CODE	SHIPPED FROM	SALES AMOUNT	SALES TAX	SHIPPING CHARGE	MISCELLANEOUS	<b>TOTAL</b>

TERMS & CONDITIONS can be found at [www.bldr.com/customer-terms-conditions](http://www.bldr.com/customer-terms-conditions)

P000757 ALBERT FLORES  
 BUYER:  
 ENT BY: Sandra Garcia

**DUE DATE** 09-10-25



Please Remit To:  
 P.O. BOX 844193  
 DALLAS TX 75284-4193

DATE	INVOICE NO.
08-19-25	82305726

956-755-0301 **INVOICE**

\*\*INVOICE\*\* PG 1

S 463887  
 O RGV CONSTRUCTION LLC  
 L PO BOX 720137  
 D  
 T  
 O MCALLEN, TX 78504

S 467677  
 H RGV CONSTRUCTION LLC-LMBR  
 I 529 N. CYNTHIA  
 P  
 T MCALLEN HEALTH CLINIC  
 O MCALLEN, TX 78501

(HERINAFTER REFERRED TO AS CUSTOMER)

JOB NO.	CUST. ORDER NO.	COST CODE	DATE SHIPPED	SALES ORDER #	TERMS
529NCYNTHIA			08-18-25	83393755	N10THPRX

ORDERED	SHIPPED	B/O	ITEM NO.	DESCRIPTION	U/M	UNIT PRICE	EXTENSION
			*** ADD TO ORDER ***				
294	294		2414S2	COPY OF MYBLDR.COM QUOTE	EA	6.60	1,940.40 N
6	6		2416T-B	2X4-14' #2 SPF 2X4-16' #2 TRTD BORATE PLACED BY UNDEFINED ON AUG 18 25 12:20:29 PM	EA	10.08	60.48 N
TEXAS SALES TAX							

TXMCAL	MCALTXYD	2,000.88	.00	.00	PLS231YY	2,000.88
TAX CODE	SHIPPED FROM	SALES AMOUNT	SALES TAX	SHIPPING CHARGE	MISCELLANEOUS	<b>TOTAL</b>

TERMS & CONDITIONS can be found at [www.bldr.com/customer-terms-conditions](http://www.bldr.com/customer-terms-conditions)

P000757 ALBERT FLORES  
 BUYER:  
 ENT BY: Raquel Mata

**DUE DATE** 09-10-25



Please Remit To:  
 P.O. BOX 844193  
 DALLAS TX 75284-4193

DATE	INVOICE NO.
08-19-25	82309939

956-755-0301 **INVOICE**

\*\*INVOICE\*\* PG 1

S 463887  
 O L RGV CONSTRUCTION LLC  
 P PO BOX 720137  
 T  
 O MCALLEN, TX 78504

S 467677  
 H I RGV CONSTRUCTION LLC-LMBR  
 P 529 N. CYNTHIA  
 T MCALLEN HEALTH CLINIC  
 O MCALLEN, TX 78501

(HEREINAFTER REFERRED TO AS CUSTOMER)

JOB NO. 529NCYNTHIA	CUST. ORDER NO.	COST CODE	DATE SHIPPED 08-19-25	SALES ORDER # 83393966	TERMS N10THPRX
------------------------	-----------------	-----------	--------------------------	---------------------------	-------------------

ORDERED	SHIPPED	B/O	ITEM NO.	DESCRIPTION	U/M	UNIT PRICE	EXTENSION
84	84		081925				
3	3		716OSB 30FELT18	COPY OF MYBLDR.COM QUOTE 7/16"4X8 OSB RTD 30# FELT 18" PLACED BY UNDEFINED ON AUG 18 25 12:25:41 PM	EA EA	11.52 18.50	967.68 N 55.50 N
TEXAS SALES TAX							

TXMICAL TAX CODE	MCALTXYD SHIPPED FROM	1,023.18 SALES AMOUNT	.00 SALES TAX	.00 SHIPPING CHARGE	PLS231YY MISCELLANEOUS	1,023.18 <b>TOTAL</b>
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TERMS & CONDITIONS can be found at [www.blr.com/customer-terms-conditions](http://www.blr.com/customer-terms-conditions)

P000757 ALBERT FLORES  
 BUYER:  
 ENT BY: Raquel Mata

**DUE DATE** 09-10-25



Please Remit To:  
 P.O. BOX 844193  
 DALLAS TX 75284-4193

DATE	INVOICE NO.
08-19-25	82306296

956-755-0301 **INVOICE**

\*\*INVOICE\*\* PG 1

S 463887  
 O L RGV CONSTRUCTION LLC  
 P PO BOX 720137  
 T  
 O MCALLEN, TX 78504

S 467677  
 H I RGV CONSTRUCTION LLC-LMBR  
 P 529 N. CYNTHIA  
 T MCALLEN HEALTH CLINIC  
 O MCALLEN, TX 78501

(HERINAFTER REFERRED TO AS CUSTOMER)

JOB NO.	CUST. ORDER NO.	COST CODE	DATE SHIPPED	SALES ORDER #	TERMS
529NCYNTHIA			08-18-25	83334292	N10THPRX

ORDERED	SHIPPED	B/O	ITEM NO.	DESCRIPTION	U/M	UNIT PRICE	EXTENSION
38	38		41391872.10	HDU5-SDS2.5 SIMPSON HOLDOWNS	EA	41.32	1,570.16 N
			*** ADD TO ORDER ***				

TEXAS SALES TAX	MCALTXYD	1,570.16	.00	.00	PLS231YY	1,570.16
TAX CODE	SHIPPED FROM	SALES AMOUNT	SALES TAX	SHIPPING CHARGE	MISCELLANEOUS	<b>TOTAL</b>

TERMS & CONDITIONS can be found at [www.blcf.com/customer-terms-conditions](http://www.blcf.com/customer-terms-conditions)

P000757 ALBERT FLORES  
 BUYER:  
 ENT BY: Raquel Mata

**DUE DATE** 09-10-25



Please Remit To:  
 P.O. BOX 844193  
 DALLAS TX 75284-4193

DATE	INVOICE NO.
08-21-25	84052362

956-755-0301 **INVOICE**

\*\*INVOICE\*\* PG 1

S 463887  
 O L RGV CONSTRUCTION LLC  
 D PO BOX 720137  
 T  
 O MCALLEN, TX 78504

S 467677  
 H I RGV CONSTRUCTION LLC-LMBR  
 P 529 N. CYNTHIA  
 T MCALLEN HEALTH CLINIC  
 O MCALLEN, TX 78501

(HERINAFTER REFERRED TO AS CUSTOMER)

JOB NO. 529NCYNTHIA	CUST. ORDER NO.	COST CODE	DATE SHIPPED 08-20-25	SALES ORDER # 83440841	TERMS N10THPRX
------------------------	-----------------	-----------	--------------------------	---------------------------	-------------------

ORDERED	SHIPPED	B/O	ITEM NO.	DESCRIPTION	U/M	UNIT PRICE	EXTENSION
189	189		082025 2614S2	COPY OF MYBLDR.COM QUOTE 2X6-14' #2 SPF PLACED BY UNDEFINED ON AUG 20 25 09:38:54	EA	8.58	1,621.62 N
TEXAS SALES TAX							

TXMCAL TAX CODE	MCALTXYD SHIPPED FROM	1,621.62 SALES AMOUNT	.00 SALES TAX	.00 SHIPPING CHARGE	PLS233YY MISCELLANEOUS	1,621.62 <b>TOTAL</b>
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TERMS & CONDITIONS can be found at [www.blr.com/customer-terms-conditions](http://www.blr.com/customer-terms-conditions)

P000757 ALBERT FLORES  
 BUYER:  
 ENT BY: Lucia Salazar

**DUE DATE** 09-10-25



Please Remit To:  
 P.O. BOX 844193  
 DALLAS TX 75284-4193

DATE	INVOICE NO.
08-21-25	84619090

956-755-0301 **INVOICE**

\*\*INVOICE\*\* PG 1

S 463887  
 O L RGV CONSTRUCTION LLC  
 D PO BOX 720137

T  
 O MCALLEN, TX 78504

S 467677  
 H I RGV CONSTRUCTION LLC-LMBR  
 P 529 N. CYNTHIA  
 T MCALLEN HEALTH CLINIC  
 O MCALLEN, TX 78501

(HEREINAFTER REFERRED TO AS CUSTOMER)

JOB NO. 529NCYNTHIA	CUST. ORDER NO.	COST CODE	DATE SHIPPED 08-21-25	SALES ORDER # 83458123	TERMS N10THPRX
------------------------	-----------------	-----------	--------------------------	---------------------------	-------------------

ORDERED	SHIPPED	B/O	ITEM NO.	DESCRIPTION	U/M	UNIT PRICE	EXTENSION
6	6		82125 2616T25	COPY OF MYBLDR.COM QUOTE 2X6-16' #2 TRTD AG PLACED BY UNDEFINED ON AUG 20 25 16:31:19	EA	11.85	71.10 N

TEXAS SALES TAX

TXMCAL TAX CODE	MCALTXYD SHIPPED FROM	71.10 SALES AMOUNT	.00 SALES TAX	.00 SHIPPING CHARGE	PLS233YY MISCELLANEOUS	71.10 <b>TOTAL</b>
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TERMS & CONDITIONS can be found at [www.blr.com/customer-terms-conditions](http://www.blr.com/customer-terms-conditions)

P000757 ALBERT FLORES  
 BUYER:  
 ENT BY: Lucia Salazar

**DUE DATE** 09-10-25



Please Remit To:  
 P.O. BOX 844193  
 DALLAS TX 75284-4193

DATE	INVOICE NO.
08-21-25	84595096

956-755-0301 **INVOICE**

\*\*INVOICE\*\* PG 1

S 463887  
 O L RGV CONSTRUCTION LLC  
 D PO BOX 720137  
 T  
 O MCALLEN, TX 78504

S 467677  
 H I RGV CONSTRUCTION LLC-LMBR  
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 O MCALLEN, TX 78501

(HEREINAFTER REFERRED TO AS CUSTOMER)

JOB NO.	CUST. ORDER NO.	COST CODE	DATE SHIPPED	SALES ORDER #	TERMS
529NCYNTHIA			08-21-25	83457536	N10THPRX

ORDERED	SHIPPED	B/O	ITEM NO.	DESCRIPTION	U/M	UNIT PRICE	EXTENSION
294	294		082125 2414S2	COPY OF MYBLDR.COM QUOTE 2X4-14' #2 SPF PLACED BY UNDEFINED ON AUG 20 25 16:03:19	EA	6.60	1,940.40 N
TEXAS SALES TAX							

TXMCAL	MCALTXYD	1,940.40	.00	.00	PLS233YY	1,940.40
TAX CODE	SHIPPED FROM	SALES AMOUNT	SALES TAX	SHIPPING CHARGE	MISCELLANEOUS	<b>TOTAL</b>

TERMS & CONDITIONS can be found at [www.blfr.com/customer-terms-conditions](http://www.blfr.com/customer-terms-conditions)

P000757 ALBERT FLORES  
 BUYER:  
 ENT BY: Lucia Salazar

**DUE DATE** 09-10-25



Please Remit To:  
 P.O. BOX 844193  
 DALLAS TX 75284-4193

DATE	INVOICE NO.
08-25-25	86315470

956-755-0301 **INVOICE**

\*\*INVOICE\*\* PG 1

S 463887  
 O L RGV CONSTRUCTION LLC  
 P PO BOX 720137  
 T  
 O MCALLEN, TX 78504

S 467677  
 H I RGV CONSTRUCTION LLC-LMBR  
 P 529 N. CYNTHIA  
 T MCALLEN HEALTH CLINIC  
 O MCALLEN, TX 78501

(HEREINAFTER REFERRED TO AS CUSTOMER)

JOB NO. 529NCYNTHIA	CUST. ORDER NO.	COST CODE	DATE SHIPPED 08-25-25	SALES ORDER # 83506936	TERMS N10THPRX
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ORDERED	SHIPPED	B/O	ITEM NO.	DESCRIPTION	U/M	UNIT PRICE	EXTENSION
6	6		082525 2814SYP2	COPY OF MYBLDR.COM QUOTE 2X8-14' #2&BTR SYP PLACED BY UNDEFINED ON AUG 22 25 16:29:53	EA	10.33	61.98 N
TEXAS SALES TAX							
TXMCAL TAX CODE	MCALTXYD SHIPPED FROM	61.98 SALES AMOUNT	.00 SALES TAX	.00 SHIPPING CHARGE	PLS237YY MISCELLANEOUS	61.98 TOTAL	

TERMS & CONDITIONS can be found at [www.bltr.com/customer-terms-conditions](http://www.bltr.com/customer-terms-conditions)

P000757 ALBERT FLORES  
 BUYER:  
 ENT BY: Lucia Salazar

**DUE DATE** 09-10-25



Please Remit To:  
 P.O. BOX 844193  
 DALLAS TX 75284-4193

DATE	INVOICE NO.
08-25-25	86181402

956-755-0301 **INVOICE**

\*\*INVOICE\*\* PG 1

S 463887  
 O L RGV CONSTRUCTION LLC  
 P PO BOX 720137  
 T O MCALLEN, TX 78504

S 467677  
 H I RGV CONSTRUCTION LLC-LMBR  
 P 529 N. CYNTHIA  
 T MCALLEN HEALTH CLINIC  
 O MCALLEN, TX 78501

(HEREINAFTER REFERRED TO AS CUSTOMER)

JOB NO.	CUST. ORDER NO.	COST CODE	DATE SHIPPED	SALES ORDER #	TERMS
529NCYNTHIA			08-25-25	83502758	N10THPRX

ORDERED	SHIPPED	B/O	ITEM NO.	DESCRIPTION	U/M	UNIT PRICE	EXTENSION
			82225				
87	87		716OSB121	COPY OF MYBLDR.COM QUOTE 7/16"4X121-1/8 OSB RTD	EA	16.44	1,430.28 N
40	40		2414S2	2X4-14' #2 SPF	EA	6.60	264.00 N
2	2		21214SYP2	2X12-14' #2&BTR SYP	EA	16.88	33.76 N
400	400		H2.5A	HURRICANE TIE UPLIFT TO 520	EA	0.39	156.00 N
300	300		RSP4	SIMPSON BOTTOM PLATE TIE	EA	0.61	183.00 N
2	2		CS20	SIMPSON CS20 11/4 250COILSTRAP PLACED BY UNDEFINED ON AUG 22 25 13:48:59	EA	181.99	363.98 N
TEXAS SALES TAX							

TXMCAL	MCALTXYD	2,431.02	.00	.00	PLS237YY	2,431.02
TAX CODE	SHIPPED FROM	SALES AMOUNT	SALES TAX	SHIPPING CHARGE	MISCELLANEOUS	<b>TOTAL</b>

TERMS & CONDITIONS can be found at [www.blldr.com/customer-terms-conditions](http://www.blldr.com/customer-terms-conditions)

P000757 ALBERT FLORES  
 BUYER:  
 ENT BY: Raquel Mata

**DUE DATE** 09-10-25



Please Remit To:  
 P.O. BOX 844193  
 DALLAS TX 75284-4193

DATE	INVOICE NO.
08-29-25	90068097

956-755-0301 **INVOICE**

\*\*INVOICE\*\* PG 1

S 463887  
 O L RGV CONSTRUCTION LLC  
 D PO BOX 720137  
 T  
 O MCALLEN, TX 78504

S 467677  
 H I RGV CONSTRUCTION LLC-LMBR  
 P 529 N. CYNTHIA  
 T MCALLEN HEALTH CLINIC  
 O MCALLEN, TX 78501

(HERINAFTER REFERRED TO AS CUSTOMER)

JOB NO. 529NCYNTHIA	CUST. ORDER NO.	COST CODE	DATE SHIPPED 08-29-25	SALES ORDER # 83614187	TERMS N10THPRX
------------------------	-----------------	-----------	--------------------------	---------------------------	-------------------

ORDERED	SHIPPED	B/O	ITEM NO.	DESCRIPTION	U/M	UNIT PRICE	EXTENSION
168	168		082925				
3	3		716OSB PSCA7/16	COPY OF MYBLDR.COM QUOTE 7/16"4X8 OSB RTD 7/16"ECON STEEL PLY CLIP (250) PLACED BY UNDEFINED ON AUG 28 25 15:54:30	EA BOX	11.52 12.99	1,935.36 N 38.97 N
TEXAS SALES TAX							

TXMCAL	MCALTXYD	1,974.33	.00	.00	PLS241YY	1,974.33
TAX CODE	SHIPPED FROM	SALES AMOUNT	SALES TAX	SHIPPING CHARGE	MISCELLANEOUS	<b>TOTAL</b>

TERMS & CONDITIONS can be found at [www.blldr.com/customer-terms-conditions](http://www.blldr.com/customer-terms-conditions)

P000757 ALBERT FLORES  
 BUYER:  
 ENT BY: Lucia Salazar

**DUE DATE** 09-10-25



Please Remit To:  
 P.O. BOX 844193  
 DALLAS TX 75284-4193

DATE	INVOICE NO.
08-29-25	90050629

956-755-0301 **INVOICE**

\*\*INVOICE\*\* PG 1

S 463887  
 O L RGV CONSTRUCTION LLC  
 P PO BOX 720137  
 T O MCALLEN, TX 78504

S 467677  
 H I RGV CONSTRUCTION LLC-LMBR  
 P 529 N. CYNTHIA  
 T MCALLEN HEALTH CLINIC  
 O MCALLEN, TX 78501

(HEREINAFTER REFERRED TO AS CUSTOMER)

JOB NO.	CUST. ORDER NO.	COST CODE	DATE SHIPPED	SALES ORDER #	TERMS
529NCYNTHIA			08-28-25	83607138	N10THPRX

ORDERED	SHIPPED	B/O	ITEM NO.	DESCRIPTION	U/M	UNIT PRICE	EXTENSION
35	35		2616S2	2X6-16' #2 SPF	EA	11.31	395.85 N
50	50		2618S2	2X6-18' #2 SPF/HF	EA	14.69	734.50 N
45	45		2414S2	2X4-14' #2 SPF	EA	7.16	322.20 N
20	20		WA62700EA	WEDGE-ALL 5/8X7	EA	2.49	49.80 N
TEXAS SALES TAX							

TXMCAL	MCALTXYD	1,502.35	.00	.00	PLS241YY	1,502.35
TAX CODE	SHIPPED FROM	SALES AMOUNT	SALES TAX	SHIPPING CHARGE	MISCELLANEOUS	TOTAL

TERMS & CONDITIONS can be found at [www.bltr.com/customer-terms-conditions](http://www.bltr.com/customer-terms-conditions)

P000757 ALBERT FLORES  
 BUYER:  
 ENT BY: Sandra Garcia

**DUE DATE** 09-10-25



Please Remit To:  
 P.O. BOX 844193  
 DALLAS TX 75284-4193

DATE	INVOICE NO.
09-02-25	90107916

956-755-0301 **INVOICE**

\*\*INVOICE\*\* PG 1

S 463887  
 O L RGV CONSTRUCTION LLC  
 D PO BOX 720137

S 467677  
 H I RGV CONSTRUCTION LLC-LMBR  
 P 529 N. CYNTHIA  
 T MCALLEN HEALTH CLINIC  
 O MCALLEN, TX 78501

T  
 O MCALLEN, TX 78504

(HEREINAFTER REFERRED TO AS CUSTOMER)

JOB NO.		CUST. ORDER NO.		COST CODE	DATE SHIPPED	SALES ORDER #	TERMS
529NCYNTHIA					08-30-25	83626848	N10THPRX
ORDERED	SHIPPED	B/O	ITEM NO.	DESCRIPTION	U/M	UNIT PRICE	EXTENSION
			083025				
				COPY OF MYBLDR.COM QUOTE			
42	42		716OSB	7/16"4X8 OSB RTD	EA	11.52	483.84 N
60	60		2414S2	2X4-14' #2 SPF	EA	6.60	396.00 N
40	40		2614S2	2X6-14' #2 SPF	EA	8.58	343.20 N
200	200		H2.5A	HURRICANE TIE UPLIFT TO 520 PLACED BY UNDEFINED ON AUG 29 25 10:57:55	EA	0.39	78.00 N
TEXAS SALES TAX							
TXMCAL	MCALTXYD	1,301.04	.00	.00	PLS245YY	1,301.04	
TAX CODE	SHIPPED FROM	SALES AMOUNT	SALES TAX	SHIPPING CHARGE	MISCELLANEOUS	<b>TOTAL</b>	

TERMS & CONDITIONS can be found at [www.blldr.com/customer-terms-conditions](http://www.blldr.com/customer-terms-conditions)

P000757 ALBERT FLORES  
 BUYER:  
 ENT BY: Lucia Salazar

**DUE DATE** 10-10-25



Please Remit To:  
 P.O. BOX 844193  
 DALLAS TX 75284-4193

DATE	INVOICE NO.
09-03-25	90203185

956-755-0301 **INVOICE**

\*\*INVOICE\*\* PG 1

S 463887  
 O L RGV CONSTRUCTION LLC  
 D PO BOX 720137  
 T  
 O MCALLEN, TX 78504

S 467677  
 H I RGV CONSTRUCTION LLC-LMBR  
 P 529 N. CYNTHIA  
 T MCALLEN HEALTH CLINIC  
 O MCALLEN, TX 78501

(HEREINAFTER REFERRED TO AS CUSTOMER)

JOB NO. 529NCYNTHIA	CUST. ORDER NO.	COST CODE	DATE SHIPPED 09-03-25	SALES ORDER # 83663833	TERMS N10THPRX
------------------------	-----------------	-----------	--------------------------	---------------------------	-------------------

ORDERED	SHIPPED	B/O	ITEM NO.	DESCRIPTION	U/M	UNIT PRICE	EXTENSION
24	24		716OSB	PLEASE ADD  COPY OF MYBLDR.COM QUOTE 7/16"4X8 OSB RTD PLACED BY UNDEFINED ON SEP 02 25 14:56:44	EA	11.52	276.48 N
TEXAS SALES TAX							
TXMCAL TAX CODE	MCALTXYD SHIPPED FROM		276.48 SALES AMOUNT	.00 SALES TAX	.00 SHIPPING CHARGE	PLS246YY MISCELLANEOUS	276.48 <b>TOTAL</b>

TERMS & CONDITIONS can be found at [www.blr.com/customer-terms-conditions](http://www.blr.com/customer-terms-conditions)

P000757 ALBERT FLORES  
 BUYER:  
 ENT BY: Lucia Salazar

**DUE DATE** 10-10-25



Please Remit To:  
 P.O. BOX 844193  
 DALLAS TX 75284-4193

DATE	INVOICE NO.
09-03-25	90200792

956-755-0301 **INVOICE**

\*\*INVOICE\*\* PG 1

S 463887  
 O L RGV CONSTRUCTION LLC  
 D PO BOX 720137  
 T  
 O MCALLEN, TX 78504

S 467677  
 H I RGV CONSTRUCTION LLC-LMBR  
 P 529 N. CYNTHIA  
 T MCALLEN HEALTH CLINIC  
 O MCALLEN, TX 78501

(HEREINAFTER REFERRED TO AS CUSTOMER)

JOB NO. 529NCYNTHIA	CUST. ORDER NO.	COST CODE	DATE SHIPPED 09-03-25	SALES ORDER # 83662293	TERMS N10THPRX
------------------------	-----------------	-----------	--------------------------	---------------------------	-------------------

ORDERED	SHIPPED	B/O	ITEM NO.	DESCRIPTION	U/M	UNIT PRICE	EXTENSION
60	60		090325 716OSB	COPY OF MYBLDR.COM QUOTE 7/16"4X8 OSB RTD PLACED BY UNDEFINED ON SEP 02 25 14:56:44	EA	11.52	691.20 N
TEXAS SALES TAX							

TXMICAL TAX CODE	MCALTYXD SHIPPED FROM	691.20 SALES AMOUNT	.00 SALES TAX	.00 SHIPPING CHARGE	PLS246YY MISCELLANEOUS	691.20 <b>TOTAL</b>
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TERMS & CONDITIONS can be found at [www.blldr.com/customer-terms-conditions](http://www.blldr.com/customer-terms-conditions)

P000757 ALBERT FLORES  
 BUYER:  
 ENT BY: Lucia Salazar

**DUE DATE** 10-10-25



Please Remit To:  
 P.O. BOX 844193  
 DALLAS TX 75284-4193

DATE	INVOICE NO.
09-03-25	90178628

956-755-0301 **INVOICE**

\*\*INVOICE\*\* PG 1

S 463887  
 O L RGV CONSTRUCTION LLC  
 D PO BOX 720137  
 T  
 O MCALLEN, TX 78504

S 467677  
 H I RGV CONSTRUCTION LLC-LMBR  
 P 529 N. CYNTHIA  
 T MCALLEN HEALTH CLINIC  
 O MCALLEN, TX 78501

(HEREINAFTER REFERRED TO AS CUSTOMER)

JOB NO. 529NCYNTHIA	CUST. ORDER NO.	COST CODE	DATE SHIPPED 09-02-25	SALES ORDER # 83651798	TERMS N10THPRX
------------------------	-----------------	-----------	--------------------------	---------------------------	-------------------

ORDERED	SHIPPED	B/O	ITEM NO.	DESCRIPTION	U/M	UNIT PRICE	EXTENSION
			090225				
150	150		2414S2	COPY OF MYBLDR.COM QUOTE	EA	6.60	990.00 N
3	3		2416T25	2X4-14' #2 SPF	EA	9.13	27.39 N
300	300		H2.5A	2X4-16' #2 TRTD AG	EA	0.39	117.00 N
				HURRICANE TIE UPLIFT TO 520			
				PLACED BY UNDEFINED ON			
				SEP 02 25 11:11:59			
TEXAS SALES TAX							

TXMCAL	MCALTXYD	1,134.39	.00	.00	PLS246YY	1,134.39
TAX CODE	SHIPPED FROM	SALES AMOUNT	SALES TAX	SHIPPING CHARGE	MISCELLANEOUS	<b>TOTAL</b>

TERMS & CONDITIONS can be found at [www.blr.com/customer-terms-conditions](http://www.blr.com/customer-terms-conditions)

P000757 ALBERT FLORES  
 BUYER:  
 ENT BY: Lucia Salazar

**DUE DATE** 10-10-25



Please Remit To:  
 P.O. BOX 844193  
 DALLAS TX 75284-4193

DATE	INVOICE NO.
09-03-25	90162078

956-755-0301 **INVOICE**

\*\*INVOICE\*\* PG 1

S 463887  
 O L RGV CONSTRUCTION LLC  
 D PO BOX 720137  
 T  
 O MCALLEN, TX 78504

S 467677  
 H I RGV CONSTRUCTION LLC-LMBR  
 P 529 N. CYNTHIA  
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 O MCALLEN, TX 78501

(HEREINAFTER REFERRED TO AS CUSTOMER)

JOB NO.	CUST. ORDER NO.	COST CODE	DATE SHIPPED	SALES ORDER #	TERMS
529NCYNTHIA			09-02-25	83645226	N10THPRX

ORDERED	SHIPPED	B/O	ITEM NO.	DESCRIPTION	U/M	UNIT PRICE	EXTENSION
3	3		080225 PSCA7/16	COPY OF MYBLDR.COM QUOTE 7/16"ECON STEEL PLY CLIP (250) PLACED BY UNDEFINED ON SEP 02 25 09:14:02	BOX	12.99	38.97 N

TEXAS SALES TAX

TXMCAL	MCALTXD	38.97	.00	.00	PLS246YY	38.97
TAX CODE	SHIPPED FROM	SALES AMOUNT	SALES TAX	SHIPPING CHARGE	MISCELLANEOUS	<b>TOTAL</b>

TERMS & CONDITIONS can be found at [www.bltr.com/customer-terms-conditions](http://www.bltr.com/customer-terms-conditions)

P000757 ALBERT FLORES  
 BUYER:  
 ENT BY: Lucia Salazar  
 \*\*\*CPU\*\*\*

**DUE DATE** 10-10-25



Please Remit To:  
 P.O. BOX 844193  
 DALLAS TX 75284-4193

DATE	INVOICE NO.
09-04-25	90278830

956-755-0301 **INVOICE**

\*\*INVOICE\*\* PG 1

S 463887  
 O L RGV CONSTRUCTION LLC  
 D PO BOX 720137  
 T  
 O MCALLEN, TX 78504

S 467677  
 H I RGV CONSTRUCTION LLC-LMBR  
 P 529 N. CYNTHIA  
 T MCALLEN HEALTH CLINIC  
 O MCALLEN, TX 78501

(HERINAFTER REFERRED TO AS CUSTOMER)

JOB NO. 529NCYNTHIA	CUST. ORDER NO.	COST CODE	DATE SHIPPED 09-04-25	SALES ORDER # 83700604	TERMS N10THPRX
------------------------	-----------------	-----------	--------------------------	---------------------------	-------------------

ORDERED	SHIPPED	B/O	ITEM NO.	DESCRIPTION	U/M	UNIT PRICE	EXTENSION
15	15		090425				
1	0		2614S2	COPY OF MYBLDR.COM QUOTE	EA	8.58	128.70 N
			GR014	2X6-14' #2 SPF	EA	66.99	.00 N
				3"X131 21DEG CTD PLSTC SM 4M			
				PLACED BY UNDEFINED ON			
				SEP 04 25 08:56:09			
TEXAS SALES TAX							

TXMCAL	MCALTXYD	128.70	.00	.00	PLS247YY	128.70
TAX CODE	SHIPPED FROM	SALES AMOUNT	SALES TAX	SHIPPING CHARGE	MISCELLANEOUS	<b>TOTAL</b>

TERMS & CONDITIONS can be found at [www.blldr.com/customer-terms-conditions](http://www.blldr.com/customer-terms-conditions)

P000757 ALBERT FLORES  
 BUYER:  
 ENT BY: Lucia Salazar

**DUE DATE** 10-10-25



Please Remit To:  
 P.O. BOX 844193  
 DALLAS TX 75284-4193

DATE	INVOICE NO.
09-04-25	90256078

956-755-0301 **INVOICE**

\*\*INVOICE\*\* PG 1

S 463887  
 O L RGV CONSTRUCTION LLC  
 P PO BOX 720137  
 T  
 O MCALLEN, TX 78504

S 467677  
 H I RGV CONSTRUCTION LLC-LMBR  
 P 529 N. CYNTHIA  
 T MCALLEN HEALTH CLINIC  
 O MCALLEN, TX 78501

(HERINAFTER REFERRED TO AS CUSTOMER)

JOB NO. 529NCYNTHIA	CUST. ORDER NO.	COST CODE	DATE SHIPPED 09-04-25	SALES ORDER # 83688409	TERMS N10THPRX
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ORDERED	SHIPPED	B/O	ITEM NO.	DESCRIPTION	U/M	UNIT PRICE	EXTENSION
23	23		090425 21216T	COPY OF MYBLDR.COM QUOTE 2X12-16' #2 TRTD GC PLACED BY UNDEFINED ON SEP 03 25 14:23:45	EA	37.47	861.81 N
TEXAS SALES TAX							

TXMER TAX CODE	MERCTXYD SHIPPED FROM	861.81 SALES AMOUNT	.00 SALES TAX	.00 SHIPPING CHARGE	BR247Y MISCELLANEOUS	861.81 <b>TOTAL</b>
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TERMS & CONDITIONS can be found at [www.bldr.com/customer-terms-conditions](http://www.bldr.com/customer-terms-conditions)

P000757 ALBERT FLORES  
 BUYER:  
 ENT BY: Sandra Garcia

**DUE DATE** 10-10-25



Please Remit To:  
 P.O. BOX 844193  
 DALLAS TX 75284-4193

DATE	INVOICE NO.
09-04-25	90248452

956-755-0301 **INVOICE**

\*\*INVOICE\*\* PG 1

S 463887  
 O L RGV CONSTRUCTION LLC  
 P PO BOX 720137  
 T  
 O MCALLEN, TX 78504

S 467677  
 H I RGV CONSTRUCTION LLC-LMBR  
 P 529 N. CYNTHIA  
 T MCALLEN HEALTH CLINIC  
 O MCALLEN, TX 78501

(HEREINAFTER REFERRED TO AS CUSTOMER)

JOB NO. 529NCYNTHIA	CUST. ORDER NO.	COST CODE	DATE SHIPPED 09-03-25	SALES ORDER # 83685290	TERMS N10THPRX
------------------------	-----------------	-----------	--------------------------	---------------------------	-------------------

ORDERED	SHIPPED	B/O	ITEM NO.	DESCRIPTION	U/M	UNIT PRICE	EXTENSION
3	3		090325 GR014	COPY OF MYBLDR.COM QUOTE 3"X131 21DEG CTD PLSTC SM 4M PLACED BY UNDEFINED ON SEP 03 25 13:17:25	EA	66.99	200.97 N

TXMICAL	MCALTXYD	200.97	.00	.00	PLS247YY	200.97
TAX CODE	SHIPPED FROM	SALES AMOUNT	SALES TAX	SHIPPING CHARGE	MISCELLANEOUS	<b>TOTAL</b>

TERMS & CONDITIONS can be found at [www.bldr.com/customer-terms-conditions](http://www.bldr.com/customer-terms-conditions)

P000757 ALBERT FLORES  
 BUYER:  
 ENT BY: Lucia Salazar  
 \*\*\*CPU\*\*\*

**DUE DATE** 10-10-25



Please Remit To:  
 P.O. BOX 844193  
 DALLAS TX 75284-4193

DATE	INVOICE NO.
09-05-25	90318664

956-755-0301

# INVOICE

\*\*INVOICE\*\* PG 1

S 463887  
 O L RGV CONSTRUCTION LLC  
 D PO BOX 720137  
 T  
 O MCALLEN, TX 78504

S 467677  
 H I RGV CONSTRUCTION LLC-LMBR  
 P 529 N. CYNTHIA  
 T MCALLEN HEALTH CLINIC  
 O MCALLEN, TX 78501

(HERINAFTER REFERRED TO AS CUSTOMER)

JOB NO. 529NCYNTHIA	CUST. ORDER NO.	COST CODE	DATE SHIPPED 09-05-25	SALES ORDER # 83718722	TERMS N10THPRX
------------------------	-----------------	-----------	--------------------------	---------------------------	-------------------

ORDERED	SHIPPED	B/O	ITEM NO.	DESCRIPTION	U/M	UNIT PRICE	EXTENSION
10	10		2614S2	2X6-14' #2 SPF	EA	8.37	83.70 N
TEXAS SALES TAX							

TXMCAL TAX CODE	MCALTXD SHIPPED FROM	83.70 SALES AMOUNT	.00 SALES TAX	.00 SHIPPING CHARGE	PLS248YY MISCELLANEOUS	83.70 <b>TOTAL</b>
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TERMS & CONDITIONS can be found at [www.blldr.com/customer-terms-conditions](http://www.blldr.com/customer-terms-conditions)

P000757 ALBERT FLORES  
 BUYER:  
 ENT BY: Lucia Salazar

**DUE DATE** 10-10-25



Please Remit To:  
 P.O. BOX 844193  
 DALLAS TX 75284-4193

DATE	INVOICE NO.
09-05-25	90318152

956-755-0301 **INVOICE**

\*\*INVOICE\*\* PG 1

S 463887  
 O L RGV CONSTRUCTION LLC  
 P PO BOX 720137  
 T  
 O MCALLEN, TX 78504

S 467677  
 H I RGV CONSTRUCTION LLC-LMBR  
 P 529 N. CYNTHIA  
 T MCALLEN HEALTH CLINIC  
 O MCALLEN, TX 78501

(HEREINAFTER REFERRED TO AS CUSTOMER)

JOB NO. 529NCYNTHIA	CUST. ORDER NO.	COST CODE	DATE SHIPPED 09-05-25	SALES ORDER # 83718214	TERMS N10THPRX
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ORDERED	SHIPPED	B/O	ITEM NO.	DESCRIPTION	U/M	UNIT PRICE	EXTENSION
			090525				
20	20		2414S2	COPY OF MYBLDR.COM QUOTE	EA	6.60	132.00 N
200	200		RSP4	2X4-14' #2 SPF	EA	0.61	122.00 N
2	2		HI17131	SIMPSON BOTTOM PLATE TIE	BOX	57.49	114.98 N
25	25		2614S2	112X131 36DEG SM HT HDG NAIL4M	EA	8.58	214.50 N
				2X6-14' #2 SPF			
				PLACED BY UNDEFINED ON			
				SEP 04 25 15:11:59			
TEXAS SALES TAX							

TXMCAL	MCALTXYD	583.48	.00	.00	PLS248YY	583.48
TAX CODE	SHIPPED FROM	SALES AMOUNT	SALES TAX	SHIPPING CHARGE	MISCELLANEOUS	<b>TOTAL</b>

TERMS & CONDITIONS can be found at [www.blkr.com/customer-terms-conditions](http://www.blkr.com/customer-terms-conditions)

P000757 ALBERT FLORES  
 BUYER:  
 ENT BY: Lucia Salazar

**DUE DATE** 10-10-25



Please Remit To:  
 P.O. BOX 844193  
 DALLAS TX 75284-4193

DATE	INVOICE NO.
09-10-25	90468191

956-755-0301 **INVOICE**

\*\*INVOICE\*\* PG 1

S 463887  
 O L RGV CONSTRUCTION LLC  
 D PO BOX 720137  
 T  
 O MCALLEN, TX 78504

S 467677  
 H I RGV CONSTRUCTION LLC-LMBR  
 P 529 N. CYNTHIA  
 T MCALLEN HEALTH CLINIC  
 O MCALLEN, TX 78501

(HERINAFTER REFERRED TO AS CUSTOMER)

JOB NO. 529NCYNTHIA	CUST. ORDER NO.	COST CODE	DATE SHIPPED 09-09-25	SALES ORDER # 83784484	TERMS N10THPRX
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ORDERED	SHIPPED	B/O	ITEM NO.	DESCRIPTION	U/M	UNIT PRICE	EXTENSION
20	6		WA62700EA	WEDGE-ALL 5/8X7 1 BOX	EA	2.49	14.94 N
TEXAS SALES TAX							

TXMCAL TAX CODE	MCALTXYD SHIPPED FROM	14.94 SALES AMOUNT	.00 SALES TAX	.00 SHIPPING CHARGE	PLS253YY MISCELLANEOUS	14.94 <b>TOTAL</b>
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TERMS & CONDITIONS can be found at [www.blfr.com/customer-terms-conditions](http://www.blfr.com/customer-terms-conditions)

P000757 ALBERT FLORES  
 BUYER:  
 ENT BY: Sandra Garcia

**DUE DATE** 10-10-25



Please Remit To:  
 P.O. BOX 844193  
 DALLAS TX 75284-4193

DATE	INVOICE NO.
09-10-25	90518322

956-755-0301 **INVOICE**

\*\*INVOICE\*\* PG 1

S 463887  
 O  
 L RGV CONSTRUCTION LLC  
 D PO BOX 720137  
 T  
 O MCALLEN, TX 78504

S 467677  
 H  
 I RGV CONSTRUCTION LLC-LMBR  
 P 529 N. CYNTHIA  
 T MCALLEN HEALTH CLINIC  
 O MCALLEN, TX 78501

(HERINAFTER REFERRED TO AS CUSTOMER)

JOB NO. 529NCYNTHIA	CUST. ORDER NO.	COST CODE	DATE SHIPPED 09-10-25	SALES ORDER # 83801513	TERMS N10THPRX
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ORDERED	SHIPPED	B/O	ITEM NO.	DESCRIPTION	U/M	UNIT PRICE	EXTENSION
4	4		091025				
4	4		HG9150HW 78CFS2	COPY OF MYBLDR.COM QUOTE 9X150' HOME GUARD HOUSEWRAP 7/8" CROSSFIRE STAPLE 2M PLACED BY UNDEFINED ON SEP 10 25 05:45:10	ROLL BOX	77.00 55.49	308.00 N 221.96 N
TEXAS SALES TAX							

TXMCAL TAX CODE	MCALTXYD SHIPPED FROM	529.96 SALES AMOUNT	.00 SALES TAX	.00 SHIPPING CHARGE	PLS253YY MISCELLANEOUS	529.96 <b>TOTAL</b>
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TERMS & CONDITIONS can be found at [www.bldr.com/customer-terms-conditions](http://www.bldr.com/customer-terms-conditions)

P000757 ALBERT FLORES  
 BUYER:  
 ENT BY: Sandra Garcia

**DUE DATE** 10-10-25



Please Remit To:  
 P.O. BOX 844193  
 DALLAS TX 75284-4193

DATE	INVOICE NO.
09-10-25	90526349

956-755-0301

# INVOICE

\*\*INVOICE\*\* PG 1

S 463887  
 O L RGV CONSTRUCTION LLC  
 P PO BOX 720137  
 T  
 O MCALLEN, TX 78504

S 467677  
 H I RGV CONSTRUCTION LLC-LMBR  
 P 529 N. CYNTHIA  
 T MCALLEN HEALTH CLINIC  
 O MCALLEN, TX 78501

(HEREINAFTER REFERRED TO AS CUSTOMER)

JOB NO. 529NCYNTHIA	CUST. ORDER NO.	COST CODE	DATE SHIPPED 09-10-25	SALES ORDER # 83807158	TERMS N10THPRX
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ORDERED	SHIPPED	B/O	ITEM NO.	DESCRIPTION	U/M	UNIT PRICE	EXTENSION
140	140		2416S2	2X4-16' #2 SPF	EA	8.80	1,232.00 N
1	1		GR014	3"X131 21DEG CTD PLSTC SM 4M	EA	104.99	104.99 N
1	1		GR212131HG	212X131 21DEG SM HDG NAIL 5M	BOX	100.99	100.99 N
TEXAS SALES TAX							

TXMCAL TAX CODE	MCALTXYD SHIPPED FROM	1,437.98 SALES AMOUNT	.00 SALES TAX	.00 SHIPPING CHARGE	PLS253YY MISCELLANEOUS	1,437.98 <b>TOTAL</b>
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TERMS & CONDITIONS can be found at [www.bldr.com/customer-terms-conditions](http://www.bldr.com/customer-terms-conditions)

P000757 ALBERT FLORES  
 BUYER:  
 ENT BY: Lucia Salazar

**DUE DATE** 10-10-25



Please Remit To:  
 P.O. BOX 844193  
 DALLAS TX 75284-4193

DATE	INVOICE NO.
09-10-25	90526162

956-755-0301 **INVOICE**

\*\*INVOICE\*\* PG 1

S 463887  
 O  
 L RGV CONSTRUCTION LLC  
 D PO BOX 720137  
 T  
 O MCALLEN, TX 78504

S 467677  
 H  
 I RGV CONSTRUCTION LLC-LMBR  
 P 529 N. CYNTHIA  
 T MCALLEN HEALTH CLINIC  
 O MCALLEN, TX 78501

(HEREINAFTER REFERRED TO AS CUSTOMER)

JOB NO.	CUST. ORDER NO.	COST CODE	DATE SHIPPED	SALES ORDER #	TERMS
529NCYNTHIA			09-10-25	83807084	N10THPRX

ORDERED	SHIPPED	B/O	ITEM NO.	DESCRIPTION	U/M	UNIT PRICE	EXTENSION
60	60		2416S2	2X4-16' #2 SPF	EA	8.80	528.00 N
1	1		GR014	3"X131 21DEG CTD PLSTC SM 4M	EA	104.99	104.99 N
1	1		GR212131HG	212X131 21DEG SM HDG NAIL 5M	BOX	100.99	100.99 N
1	1		HI17131	112X131 36DEG SM HT HDG NAIL4M JOIST HANGER NAILS	BOX	57.49	57.49 N
TEXAS SALES TAX							

TXMCAL	MCALTXYD	791.47	.00	.00	PLS253YY	791.47
TAX CODE	SHIPPED FROM	SALES AMOUNT	SALES TAX	SHIPPING CHARGE	MISCELLANEOUS	<b>TOTAL</b>

TERMS & CONDITIONS can be found at [www.bldr.com/customer-terms-conditions](http://www.bldr.com/customer-terms-conditions)

P000757 ALBERT FLORES  
 BUYER:  
 ENT BY: Lucia Salazar

**DUE DATE** 10-10-25



Please Remit To:  
 P.O. BOX 844193  
 DALLAS TX 75284-4193

DATE	INVOICE NO.
09-12-25	90592273

956-755-0301 **INVOICE**

\*\*INVOICE\*\* PG 1

S 463887  
 O L RGV CONSTRUCTION LLC  
 D PO BOX 720137  
 T  
 O MCALLEN, TX 78504

S 467677  
 H I RGV CONSTRUCTION LLC-LMBR  
 P 529 N. CYNTHIA  
 T MCALLEN HEALTH CLINIC  
 O MCALLEN, TX 78501

(HERINAFTER REFERRED TO AS CUSTOMER)

JOB NO. 529NCYNTHIA	CUST. ORDER NO.	COST CODE	DATE SHIPPED 09-11-25	SALES ORDER # 83833448	TERMS N10THPRX
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ORDERED	SHIPPED	B/O	ITEM NO.	DESCRIPTION	U/M	UNIT PRICE	EXTENSION
35	35		2616S2	2X6-16' #2 SPF	EA	10.90	381.50 N
30	30		716OSB121	7/16"4X121-1/8 OSB RTD	EA	13.65	409.50 N
TEXAS SALES TAX							

TXMCAL TAX CODE	MCALTXYD SHIPPED FROM	791.00 SALES AMOUNT	.00 SALES TAX	.00 SHIPPING CHARGE	PLS255YY MISCELLANEOUS	791.00 <b>TOTAL</b>
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TERMS & CONDITIONS can be found at [www.bldr.com/customer-terms-conditions](http://www.bldr.com/customer-terms-conditions)

P000757 ALBERT FLORES  
 BUYER:  
 ENT BY: Raquel Mata

**DUE DATE** 10-10-25



Please Remit To:  
 P.O. BOX 844193  
 DALLAS TX 75284-4193

DATE	INVOICE NO.
09-12-25	90638886

956-755-0301 **INVOICE**

\*\*INVOICE\*\* PG 1

S 463887  
 O L RGV CONSTRUCTION LLC  
 D PO BOX 720137  
 T  
 O MCALLEN, TX 78504

S 467677  
 H I RGV CONSTRUCTION LLC-LMBR  
 P 529 N. CYNTHIA  
 T MCALLEN HEALTH CLINIC  
 O MCALLEN, TX 78501

(HEREINAFTER REFERRED TO AS CUSTOMER)

JOB NO.	CUST. ORDER NO.	COST CODE	DATE SHIPPED	SALES ORDER #	TERMS
529NCYNTHIA			09-11-25	83848315	N10THPRX

ORDERED	SHIPPED	B/O	ITEM NO.	DESCRIPTION	U/M	UNIT PRICE	EXTENSION
1	1		HG9150HW	9X150' HOMETEAM HOUSEWRAP	ROLL	77.00	77.00 N

TEXAS SALES TAX

TXMCAL	MCALTXD	77.00	.00	.00	PLS255YY	77.00
TAX CODE	SHIPPED FROM	SALES AMOUNT	SALES TAX	SHIPPING CHARGE	MISCELLANEOUS	<b>TOTAL</b>

TERMS & CONDITIONS can be found at [www.bldr.com/customer-terms-conditions](http://www.bldr.com/customer-terms-conditions)

P000757 ALBERT FLORES  
 BUYER:  
 ENT BY: Sandra Garcia  
 \*\*\*CPU\*\*\*

**DUE DATE** 10-10-25



Please Remit To:  
 P.O. BOX 844193  
 DALLAS TX 75284-4193

DATE	INVOICE NO.
09-24-25	90998560

956-755-0301 **INVOICE**

\*\*INVOICE\*\* PG 1

S 463887  
 O L RGV CONSTRUCTION LLC  
 D PO BOX 720137  
 T  
 O MCALLEN, TX 78504

S 467677  
 H I RGV CONSTRUCTION LLC-LMBR  
 P 529 N. CYNTHIA  
 T MCALLEN HEALTH CLINIC  
 O MCALLEN, TX 78501

(HERINAFTER REFERRED TO AS CUSTOMER)

JOB NO. 529NCYNTHIA	CUST. ORDER NO.	COST CODE	DATE SHIPPED 09-23-25	SALES ORDER # 84039454	TERMS N10THPRX
------------------------	-----------------	-----------	--------------------------	---------------------------	-------------------

ORDERED	SHIPPED	B/O	ITEM NO.	DESCRIPTION	U/M	UNIT PRICE	EXTENSION
20	20		092325 HTT5	COPY OF MYBLDR.COM QUOTE SIMPSON TENSION TIE HTT5 PLACED BY UNDEFINED ON SEP 23 25 09:30:17	EA	22.50	450.00 N

TXMCAL TAX CODE	MCALTXYD SHIPPED FROM	450.00 SALES AMOUNT	.00 SALES TAX	.00 SHIPPING CHARGE	PLS267YY MISCELLANEOUS	450.00 <b>TOTAL</b>
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TERMS & CONDITIONS can be found at [www.blbr.com/customer-terms-conditions](http://www.blbr.com/customer-terms-conditions)

P000757 ALBERT FLORES  
 BUYER:  
 ENT BY: Lucia Salazar

**DUE DATE** 10-10-25





**GOSMAR LLC**  
**INDUSTRIAL SUPPLY**  
 1724 Beech Ave, - McAllen, TX 78501  
 +1(956)994-8334  
 gosmarllc@hotmail.com

Invoice  
**No. 101778**

<b>BILL TO</b>	RGV CONSTRUCTION, LLC	<b>DATE</b>	09/06/2025
<b>ADDRESS</b>		<b>DUE DATE</b>	09/06/2025
<b>CITY</b>			
<b>PHONE</b>	(956)212-4114	<b>IDENTIFICATION</b>	RGVCONSTRUCTION,LLC

Item	Price	Quantity	Amount
FRAMING NAIL 3"X.120 REG 4M(GR301)	USD 35	8	USD 280.00
POWER NAIL 2-1/2(00809)	USD 18	3	USD 54.00
COIL REG. 2"X.0999M(GRC6S99BCP)	USD 55	2	USD 110.00

Made with Alogra www.alogra.com/usa

**PAID**  
 9-12-25  
 #6538

Sub Total	<b>USD 444.00</b>
Fax (8.25%)	<del>USD 36.64</del>
<b>Total</b>	<b>USD 480.64</b>



**GOSMAR LLC**  
**INDUSTRIAL SUPPLY**  
 1724 Beech Ave. - McAllen, TX 78501  
 +1(956)994-8334  
 gosmarllc@hotmail.com

624

Invoice  
**No. 102081**

<b>BILL TO:</b> RGV CONSTRUCTION, LLC	<b>DATE:</b>
<b>ADDRESS:</b>	09/18/2025
<b>CITY:</b>	<b>DUE DATE:</b>
<b>PHONE:</b> (956)212-4114	09/18/2025
<b>IDENTIFICATION:</b> RGVCONSTRUCTION,LLC	

Item	Price	Quantity	Amount
FRAMING NAIL 3"X.120 REG 4M (GR301)	USD 35	6	USD 210.00
COIL REG. 2"X.0999M (GRC6S99BCP)	USD 55	1	USD 55.00
JOIST HANGER NAIL E. GALV 1-1/2 4M (GRJH4DZHT)	USD 55	3	USD 165.00

**PAID**  
 9-19-25  
 #4167

Sub Total      USD 430.00  
**Total**      **USD 430.00**

Made with Alegria www.alegra.com/usa



**GOSMAR LLC**  
**INDUSTRIAL SUPPLY**  
 1724 Beech Ave, - McAllen, TX 78501  
 +1(956)994-8334  
 gosmarllc@hotmail.com

Invoice  
**No. 101099**

<b>BILL TO:</b> RGV CONSTRUCTION, LLC	<b>DATE:</b> 08/14/2025
<b>ADDRESS:</b>	<b>DUE DATE:</b> 08/14/2025
<b>CITY:</b>	
<b>PHONE:</b> (956)212-4114	<b>IDENTIFICATION:</b> RGVCONSTRUCTION,LLC

Item	Price	Quantity	Amount
FRAMING NAIL 3"X.120 REG 4M (GR301)	USD 35	20	USD 700.00
POWER NAIL 2-1/2 (00809)	USD 18	3	USD 54.00
POWER LOAD .27 CAL #5 (5RS27)	USD 18	3	USD 54.00
PLYWOOD NAIL 2-1/2" X 131 CTD SMOOTH 5M (GR212131)	USD 60	8	USD 480.00
JOIST HANGER NAIL E. GALV 1-1/2 4M (GRJH4DZHT)	USD 55	4	USD 220.00

**PAID**  
 9-5-25  
 #4138

Sub Total      USD 1,508.00  
**Total:**      **USD 1,508.00**

Made with Aiegra www.aiegra.com/usa



**GOSMAR LLC**  
**INDUSTRIAL SUPPLY**  
 1724 Beech Ave. - McAllen, TX 78501  
 +1(956)994-8334  
 gosmarllc@hotmail.com

Invoice  
**No. 101418**

<b>BILL TO</b>	RGV CONSTRUCTION, LLC	<b>DATE</b>	08/25/2025
<b>ADDRESS</b>		<b>DUE DATE</b>	08/25/2025
<b>CITY</b>			
<b>PHONE</b>	(956)212-4114	<b>IDENTIFICATION</b>	RGVCONSTRUCTION,LLC

Item	Price	Quantity	Amount
FELPA 18" 30ANOS (30FLT108)	USD 23	2	USD 46.00
<b>PAID</b> 9-5-25 #4138			

Sub Total      USD 46.00  
**Total**      **USD 46.00**



**GOSMAR LLC**  
**INDUSTRIAL SUPPLY**  
1724 Beech Ave, - McAllen, TX 78501  
+1(956)994-8334  
gosmarllc@hotmail.com

Invoice  
**No. 101424**

<b>BILL TO</b>	RGV CONSTRUCTION, LLC	<b>DATE</b>	08/26/2025
<b>ADDRESS</b>		<b>DUE DATE</b>	08/26/2025
<b>CITY</b>			
<b>PHONE</b>	(956)212-4114	<b>IDENTIFICATION</b>	RGVCONSTRUCTION,LLC

Item	Price	Quantity	Amount
STRONGTIE HDU8-MITEK (PHD8) (HDU8-SDS2.5)	USD 54.03	38	USD 2,053.14

**PAID**  
9-5-25  
# 4138

Sub Total    USD 2,053.14  
**Total**    **USD 2,053.14**

Made with Alegre [www.alegra.com/usa](http://www.alegra.com/usa)



**GOSMAR LLC**  
**INDUSTRIAL SUPPLY**  
 1724 Beech Ave, - McAllen, TX 78501  
 +1(956)994-8334  
 gosmarllc@hotmail.com

Invoice  
**No. 101831**

<b>BILL TO:</b> RGV CONSTRUCTION, LLC	<b>DATE:</b> 09/09/2025
<b>ADDRESS:</b>	<b>DUE DATE:</b> 09/09/2025
<b>CITY:</b>	
<b>PHONE:</b> (956)212-4114	<b>IDENTIFICATION:</b> RGVCONSTRUCTION,LLC

Item	Price	Quantity	Amount
EPOXYADHESIVEHGHSTR22 OZ. (SET3G22-N)	USD 60	8	USD 480.00
			<b>PAID</b> 9-12-25 #6538

Sub Total	USD 480.00
<b>Total</b>	<b>USD 480.00</b>

Made with Alegra www.alegra.com/usa



Please Remit To:  
 P.O. BOX 844193  
 DALLAS TX 75284-4193

DATE	INVOICE NO.
08-27-25	81070986

956-755-0301 **INVOICE**

\*\*INVOICE\*\* PG 1

S 463887  
 O L RGV CONSTRUCTION LLC  
 P PO BOX 720137

S 467682  
 H I RGV CONSTRUCTION LLC-TRUSS  
 P 529 N. CYNTHIA  
 T MCALLEN HEALTH CLINIC  
 O MCALLEN, TX 78501

**LINE ITEM #5**

T  
 O MCALLEN, TX 78504

App #:4439658

(HEREINAFTER REFERRED TO AS CUSTOMER)

JOB NO. 529NCYNTHIA	CUST. ORDER NO.	COST CODE	DATE SHIPPED 08-27-25	SALES ORDER # 83366146	TERMS N10THPRX
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ORDERED	SHIPPED	B/O	ITEM NO.	DESCRIPTION	U/M	UNIT PRICE	EXTENSION
1	1		83366146.10	Manufactured Roof Truss	EA	15256.91	15,256.91 N
TEXAS SALES TAX							

TXMER TAX CODE	MERCTXMF SHIPPED FROM	15,256.91 SALES AMOUNT	.00 SALES TAX	.00 SHIPPING CHARGE	BR239INV MISCELLANEOUS	15,256.91 <b>TOTAL</b>
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TERMS & CONDITIONS can be found at [www.bldr.com/customer-terms-conditions](http://www.bldr.com/customer-terms-conditions)

P000757 ALBERT FLORES  
 BUYER:  
 ENT BY: Belma Ramirez

**DUE DATE** 09-10-25

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

# Invoice



LINE #6

**BILL TO**

RGV Construction

INVOICE #	DATE	TOTAL DUE	DUE DATE	TERMS	ENCLOSED
1370	09/24/2025	\$20,000.00	09/26/2025	Custom	

DATE	DESCRIPTION	QTY	RATE	AMOUNT
	<b>Rough Framing Labor</b> McAllen Health Clinic	1		40,000.00
	First Draw Paid---		\$20,000.00	
	Final Draw-----		\$20,000.00	

DUE THIS INVOICE

**\$20,000.00**

**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.



WAGE AND HOUR DIVISION

Revised December 2008

NAME OF CONTRACTOR  OR SUBCONTRACTOR  ADDRESS OMB No. 1235-0008 Expires 09/30/2028

PAYROLL NO. 4 FOR WEEK ENDING 09/14/2025 PROJECT AND LOCATION McAllen Health Clinic 529 N Cynthia St McAllen Tx 78501 PROJECT OR CONTRACT NO.

(1) NAME AND INDIVIDUAL IDENTIFYING NUMBER (e.g., LAST FOUR DIGITS OF SOCIAL SECURITY NUMBER) OF WORKER	(2) EMPLOYEE STATUS INDICATING 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
			M	T	W	TH	F	S	SUN				FICA	WITH- HOLDING TAX	OTHER	TOTAL DEDUCTIONS		
			8	9	10	11	12	13	14									
Leonel Esquivel 6565		Framing laborer								16.00	20.00	\$320.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$320.00
Mark A. De La Fuente Jr 5001		Framing laborer								16.00	15.00	\$240.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$240.00
Victor H. Guinea Mora Jr 5722		Framing laborer								16.00	15.00	\$240.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$240.00
Sergio V. Perez 2862		Framing laborer								16.00	20.00	\$320.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$320.00

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)(i) 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

(over)

**DOL WH-348 | Statement of Compliance**

Date 09/17/2025

I, [Signature] 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 St. McAllen Tx 78501; that during the payroll period commencing on the \_\_\_\_\_  
 (Building or Work)

8 day of September, 2025, and ending the 14 day of September, 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 <u>Leonel Esquivel</u> <u>Vice President</u>	SIGNATURE <u>[Signature]</u>
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.	

celso gonzalez  
construction, inc.  
Since 1957

LINE #17

**INVOICE #101 - 2025**

September 19, 2025

<b>BILL TO</b>
RGV Construction CO Tony Flores P.O. Box 720137, McAllen, Texas 78504

<b>PROJECT</b>
Hidalgo County Health Clinic - McAllen 529 N. Cynthia Street McAllen, Tx 78501

Description		Amount	
<b>Services rendered:</b>			
1	Terracotta Modular Brick (60 pallets @ 525)	31500.00 ea	0.95 \$ 29,925.00
2	frieght	3.00 ea	50 \$ 150.00
<b>Balance due =</b>			<b>\$ 30,075.00</b>

*Thank you for your business....!*

Invoice due upon receipt

Make checks payable to: **Celso Gonzalez Construction, Inc.**



2710 N. Conway Ave., Mission, TX 78574  
 O: (956) 581-6937 F: (956) 519-3488  
 admin@cpitexas.net

# INVOICE

C23-9530

9/24/2025

LINE ITEM #19

**Bill To**

RGV Construction, LLC  
 PO Box 720137  
 McAllen, Tx 78504  
 O:956-972-1921 / C:956-212-4114  
 rgvconstructionllc@gmail.com

**Ship To**

Hidalgo County  
 McAllen Health Clinic  
 529 N Cynthia St  
 McAllen, TX 78501

P.O. Number	Due Date	Rep	Via	Project
	10/24/2025	SM	juan Hdz	McAllen Health Clinic

Qty	Description	Price Each	Amount
	DRAW REQUEST FOR:		
	PARTIAL - SANITARY WASTE DRAINS AND VENT LINES ABOVE GROUND		
	PARTIAL - ROOF DRAINS AND ROOF DRAIN LINES PER ROOF PLAN		
0.16	LABOR AND MATERIAL	128,000.00	20,480.00

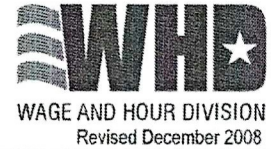
*Thank you for your business.*

All balances unpaid after 30 days will incur interest at the highest legal rate as permitted by state law.  
 TEXAS STATE BOARD OF PLUMBING EXAMINERS  
 PO BOX 4200 \* AUSTIN, TX 78765\*512-458-2145

Subtotal	\$20,480.00
Sales Tax (8.25%)	\$0.00
Total	\$20,480.00
Payments/Credits	\$0.00
Balance Due	\$20,480.00

**PAYROLL**

For contractor's optional use; see instructions at [dol.gov/agencies/whd/forms/wh347](http://dol.gov/agencies/whd/forms/wh347)



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

NAME OF CONTRACTOR <input checked="" type="checkbox"/> OR SUBCONTRACTOR <b>Cantu's Plumbing Inc</b>	ADDRESS <b>2710 N Conway Ave Mission, Texas 78574</b>	
PAYROLL NO. <b>11</b>	FOR WEEK ENDING <b>09/03/2025</b>	PROJECT AND LOCATION <b>HidalgoCounty-McAllenHealthClinic 529 N Cynthia Street McAllen, TX 78501</b>
		PROJECT OR CONTRACT NO.

(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	OT OR ST	(4) DAY AND DATE							(5) TOTAL HOURS	(6) RATE OF PAY	(7) GROSS AMOUNT EARNED	(8) DEDUCTIONS					(9) NET WAGES PAID FOR WEEK							
				Thu	Fri	Sat	Sun	Mon	Tue	Wed				FICA	WITH- HOLDING TAX	State	Local	OTHER		TOTAL DEDUCTIONS						
				8/28	8/29	8/30	8/31	9/1	9/2	9/3																
<i>No work Performed</i>			O								0.00		0.00							0.00	0.00	0.00	0.00	0.00	0.00	0.00
			S									0.00			0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	
			O								0.00		0.00							0.00	0.00	0.00	0.00	0.00	0.00	0.00
			S									0.00			0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	
			O								0.00		0.00							0.00	0.00	0.00	0.00	0.00	0.00	0.00
			S									0.00			0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	
			O								0.00		0.00							0.00	0.00	0.00	0.00	0.00	0.00	0.00
			S									0.00			0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	
			O								0.00		0.00							0.00	0.00	0.00	0.00	0.00	0.00	0.00
			S									0.00			0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	

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**

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Date 09/05/2025

I, Sandra Martinez Vice President  
(Name of Signatory Party) (Title)

do hereby state:

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

Cantu's Plumbing Inc

(Contractor or Subcontractor)

on the

529 N Cynthia Street McAllen, TX 78501; that during the payroll period commencing on the

(Building or Work)

28 day of 08, 2025, and ending the 03 day of 09, 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

Cantu's Plumbing Inc

(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>Sandra Martinez</u> <u>Vice President</u>	SIGNATURE <u>Sandra Martinez</u>
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.	

Date 09/11/2025

I, Saulon Martinez Vice President  
(Name of Signatory Party) (Title)

do hereby state:

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

Cantu's Plumbing Inc

(Contractor or Subcontractor)

on the

529 N Cynthia Street McAllen, TX 78501; that during the payroll period commencing on the

(Building or Work)

04 day of 09, 2025, and ending the 10 day of 09, 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

Cantu's Plumbing Inc

(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>Saulon Martinez</u> <u>Vice President</u>	SIGNATURE <u>Saulon Martinez</u>
---	-------------------------------------

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.

**PAYROLL**

For contractor's optional use; see instructions at [dol.gov/agencies/whd/forms/wh347](http://dol.gov/agencies/whd/forms/wh347)

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NAME OF CONTRACTOR <input checked="" type="checkbox"/> OR SUBCONTRACTOR <b>Cantu's Plumbing Inc</b>	ADDRESS <b>2710 N Conway Ave Mission, Texas 78574</b>
OMB No. 1235-0008 Expires 09/30/2026	

PAYROLL NO. <b>12</b>	FOR WEEK ENDING <b>09/10/2025</b>	PROJECT AND LOCATION <b>HidalgoCounty-McAllenHealthClinic 529 N Cynthia Street McAllen, TX 78501</b>	PROJECT OR CONTRACT NO.
--------------------------	--------------------------------------	---	-------------------------

(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	OT OR ST.	(4) DAY AND DATE							(5) TOTAL HOURS	(6) RATE OF PAY	(7) GROSS AMOUNT EARNED	(8) DEDUCTIONS					(9) NET WAGES PAID FOR WEEK	
				Thu	Fri	Sat	Sun	Mon	Tue	Wed				FICA	WITH- HOLDING TAX	State	Local	OTHER		TOTAL DEDUCTIONS
				9/4	9/5	9/6	9/7	9/8	9/9	9/10										
<i>No work Performed</i>			o								0.00	/	0.00	0.00	0.00	0.00	0.00	0.00	0.00	
			s								0.00									
			o								0.00	/	0.00	0.00	0.00	0.00	0.00	0.00	0.00	
			s								0.00									
			o								0.00	/	0.00	0.00	0.00	0.00	0.00	0.00	0.00	
			s								0.00									
			o								0.00	/	0.00	0.00	0.00	0.00	0.00	0.00	0.00	
			s								0.00									
			o								0.00	/	0.00	0.00	0.00	0.00	0.00	0.00	0.00	
			s								0.00									
			o								0.00	/	0.00	0.00	0.00	0.00	0.00	0.00	0.00	
			s								0.00									
			o								0.00	/	0.00	0.00	0.00	0.00	0.00	0.00	0.00	
			s								0.00									

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**PAYROLL**

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

NAME OF CONTRACTOR  OR SUBCONTRACTOR **Cantu's Plumbing Inc** ADDRESS **2710 N Conway Ave Mission, Texas 78574**

PAYROLL NO. **14** FOR WEEK ENDING **09/24/2025** PROJECT AND LOCATION **HidalgoCounty-McAllenHealthClinic 529 N Cynthia Street McAllen, TX 78501** PROJECT OR CONTRACT NO.

(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	C/O	(4) DAY AND DATE							(5) TOTAL HOURS	(6) RATE OF PAY	(7) GROSS AMOUNT EARNED	(8) DEDUCTIONS					(9) NET WAGES PAID FOR WEEK	
				Th	Fri	Sat	Sun	Mon	Tue	Wed				FICA	WITH-HOLDING TAX	State	Local	OTHER		TOTAL DEDUCTIONS
				9/18	9/19	9/20	9/21	9/22	9/23	9/24				HOURS WORKED EACH DAY						
Joshua Hernandez ###-##-2112	0	ASSISTANT PLUMBER	O								0.00	346.13	45.29	51.70	0.00	0.00	0.00	96.99	495.14	
			S	0	0	0	0	6	6.5	7	19.5									17.75
Juan Miguel Hernandez ###-##-4267	0	PLUMBER	O								0.00	858.00	101.71	110.91	0.00	0.00	20.00	232.62	1096.88	
			S	0	0	0	0	6	6.5	7	19.5									44.00
Hugo Orlando Siller Jr ###-##-4776	0	ASSISTANT PLUMBER	O	0	0	0	0	0	0	0	9	27.00	279.00	80.37	106.73	0.00	0.00	0.00	187.10	863.65
			S	0	0	0	0	0	0	2	2									
			O								0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	
			S								0.00									0.00
			O								0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	
			S								0.00									0.00
			O								0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	
			S								0.00									0.00
			O								0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	
			S								0.00									0.00

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Date 09/25/2025

I, Sandra Martinez Vice President  
(Name of Signatory Party) (Title)

do hereby state:

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

Cantu's Plumbing Inc

(Contractor or Subcontractor) on the

529 N Cynthia Street McAllen, TX 78501; that during the payroll period commencing on the

(Building or Work)

18 day of 09, 2025, and ending the 24 day of 09, 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

Cantu's Plumbing Inc

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:

VAC CLUB - 20.00

(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>Sandra Martinez</u> <u>Vice President</u>	SIGNATURE <u>Sel Mat</u>
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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.

**PAYROLL**

For contractor's optional use; see instructions at [dol.gov/agencies/whd/forms/wh347](http://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.



Revised December 2008

NAME OF CONTRACTOR <input checked="" type="checkbox"/> OR SUBCONTRACTOR <b>Cantu's Plumbing Inc</b>	ADDRESS <b>2710 N Conway Ave Mission, Texas 78574</b>
OMB No. 1235-0008 Expires 09/30/2026	

PAYROLL NO. <b>13</b>	FOR WEEK ENDING <b>09/17/2025</b>	PROJECT AND LOCATION <b>HidalgoCounty-McAllenHealthClinic 529 N Cynthia Street McAllen, TX 78501</b>	PROJECT OR CONTRACT NO.
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(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	OT. OR ST.	(4) DAY AND DATE							(5) TOTAL HOURS	(6) RATE OF PAY	(7) GROSS AMOUNT EARNED	(8) DEDUCTIONS					(9) NET WAGES PAID FOR WEEK		
				Thu	Fri	Sat	Sun	Mon	Tue	Wed				FICA	WITH-HOLDING TAX	State	Local	OTHER		TOTAL DEDUCTIONS	
				9/11	9/12	9/13	9/14	9/15	9/16	9/17											
				HOURS WORKED EACH DAY																	
Joshua Hernandez ###-##-2112	0	ASSISTANT PLUMBER	O	0	0	0	0	0	0	6	1.5	1.5	26.63	474.84	50.56	59.95	0.00	0.00	0.00	110.51	550.33
			S	0	7.5	0	0	8	5.5	3.5	24.5	17.75	660.84								
Juan Miguel Hernandez ###-##-4267	0	PLUMBER	O	0	0	0	0	0	0	1.5	1.5	66.00	1177.00	117.30	135.39	0.00	0.00	20.00	272.69	1260.81	
			S	0	7.3	0	0	8	5.5	3.5	24.5	44.00	1533.50								
			O								0.00		0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	
			S								0.00		0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	
			O								0.00		0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	
			S								0.00		0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	
			O								0.00		0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	
			S								0.00		0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	
			O								0.00		0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	
			S								0.00		0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	

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 09/18/2025

I, Sandra Martinez Vice President  
(Name of Signatory Party) (Title)

do hereby state:

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

Cantu's Plumbing Inc

(Contractor or Subcontractor)

on the

529 N Cynthia Street McAllen, TX 78501

(Building or Work)

11 day of 09, 2025, and ending the 17 day of 09, 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

Cantu's Plumbing Inc

(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:

VAC CLUB - 20.00

(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

Sandra Martinez  
Vice President

SIGNATURE

Sel Mat

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.



**ARCHIE'S ELECTRIC INC.**  
**11916 N. Bryan Road**  
**Mission, TX 78573**  
**T.E.C.L. # 20358**

# Invoice

Date	Invoice #
9/22/2025	21384

Bill To
Tony Flores 212-4114 rgvconstructionllc@gmail.com

**LINE #20**

<b>Project</b>
McAllen Health Clinic 529 N Cynthia J...

Description	Amount
For McAllen Health Clinic 529 N Cynthia McAllen Texas  1 st Electrical Draw  Labor and Material	15,250.00
<b>Thank you for your Business</b>	<b>Total</b> \$15,250.00

Phone: (956) 583-7878

archieelectricinc1@yahoo.com

Fax: 956-585-9539



PROJECT NAME <i>Hidalgo County Health Clinic</i>	PROJECT NO. or CONTRACT NO.	PAYROLL NO.	PRIME CONTRACTOR'S/SUBCONTRACTOR'S BUSINESS NAME <i>Archies Electric Inc</i>
PROJECT LOCATION <i>5291 N Cynthia St Medford</i>		WEEK ENDING DATE	CERTIFYING OFFICIAL'S NAME AND TITLE <i>1916 N Bryan St.</i>

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
	<input type="checkbox"/> OA <input type="checkbox"/> SAA	
	<input type="checkbox"/> OA <input type="checkbox"/> SAA	
	<input type="checkbox"/> OA <input type="checkbox"/> SAA	

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.

*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 NAME		FB NAME		FB NAME		FB NAME		TOTAL HOURLY CREDIT
	FB TYPE	PLAN NO.	FB TYPE	PLAN NO.	FB TYPE	PLAN NO.	FB TYPE	PLAN NO.	FB TYPE	PLAN NO.	
	<input type="checkbox"/> Funded <input type="checkbox"/> Unfunded	<input type="checkbox"/> Funded <input type="checkbox"/> Unfunded	<input type="checkbox"/> Funded <input type="checkbox"/> Unfunded	<input type="checkbox"/> Funded <input type="checkbox"/> Unfunded	<input type="checkbox"/> Funded <input type="checkbox"/> Unfunded	<input type="checkbox"/> Funded <input type="checkbox"/> Unfunded	<input type="checkbox"/> Funded <input type="checkbox"/> Unfunded	<input type="checkbox"/> Funded <input type="checkbox"/> Unfunded	<input type="checkbox"/> Funded <input type="checkbox"/> Unfunded	<input type="checkbox"/> Funded <input type="checkbox"/> Unfunded	
	Hourly Credit	\$	Hourly Credit	\$	Hourly Credit	\$	Hourly Credit	\$	Hourly Credit	\$	\$
	Hourly Credit	\$	Hourly Credit	\$	Hourly Credit	\$	Hourly Credit	\$	Hourly Credit	\$	\$
	Hourly Credit	\$	Hourly Credit	\$	Hourly Credit	\$	Hourly Credit	\$	Hourly Credit	\$	\$
	Hourly Credit	\$	Hourly Credit	\$	Hourly Credit	\$	Hourly Credit	\$	Hourly Credit	\$	\$
	Hourly Credit	\$	Hourly Credit	\$	Hourly Credit	\$	Hourly Credit	\$	Hourly Credit	\$	\$
	Hourly Credit	\$	Hourly Credit	\$	Hourly Credit	\$	Hourly Credit	\$	Hourly Credit	\$	\$
	Hourly Credit	\$	Hourly Credit	\$	Hourly Credit	\$	Hourly Credit	\$	Hourly Credit	\$	\$
	Hourly Credit	\$	Hourly Credit	\$	Hourly Credit	\$	Hourly Credit	\$	Hourly Credit	\$	\$
	Hourly Credit	\$	Hourly Credit	\$	Hourly Credit	\$	Hourly Credit	\$	Hourly Credit	\$	\$
	Hourly Credit	\$	Hourly Credit	\$	Hourly Credit	\$	Hourly Credit	\$	Hourly Credit	\$	\$

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

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SIGNATURE OF CERTIFYING OFFICIAL: *[Signature]*      DATE: *8/23/2025*      TELEPHONE NUMBER: *(505) 583-7878*      EMAIL ADDRESS: *archieelectricinc@yahoo.com*

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.

# Davis Bacon and Related Acts Weekly Certified Payroll Form

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

Unless otherwise noted, the information requested is specific to the named project below.

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



U.S. Wage and Hour Division

Rev. January 2025

OMB No.: 1235-0008

Expires: 01/31/2028

SUBMISSION OF FINAL DBRA CERTIFIED PAYROLL FORM

PRIME CONTRACTOR

SUBCONTRACTOR

PROJECT NAME <i>Hidalgo County Health Clinic</i>			PROJECT NO. or CONTRACT NO.			CERTIFIED PAYROLL NO. <i>2</i>			PRIME CONTRACTOR'S/SUBCONTRACTOR'S BUSINESS NAME <i>Archies Electric Inc</i>															
PROJECT LOCATION <i>599 N Cynthia St McAllen</i>			WAGE DETERMINATION NO.			WEEK ENDING DATE <i>9/20/2025</i>			PRIME CONTRACTOR'S/SUBCONTRACTOR'S BUSINESS ADDRESS <i>11916 U Bryan Rd Mission Texas</i>															
(1A) WORKER ENTRY NO.	(1B) WORKER LAST NAME	(1C) WORKER FIRST NAME	(1D) WORKER MIDDLE INITIAL	(1E) WORKER IDENTIFYING NO.	(2) (1) JOURNEWORKER (2) APPRENTICE	(3) LABOR CLASSIFICATION	ST # STRAIGHT TIME	OT # OVERTIME	(4) (TOP) DAYS OF WORK WEEK (BOTTOM) DATES					(5) TOTAL HOURS WORKED FOR WEEK	(6A) HOURLY WAGE RATE PAID FOR ST AND OT	(6B) TOTAL FRINGE BENEFIT CREDIT	(6C) PAYMENT IN LIEU OF FRINGE BENEFITS	(7A) GROSS AMT EARNED	(7B) GROSS AMT EARNED FOR ALL WORK	(8) DEDUCTIONS FOR ALL WORK				(9) NET PAY TO WORKER FOR ALL WORK
									15	16	17	18	19							20	TAX WITH-HOLDINGS	FICA	OTHER (MUST SPECIFY, SEE INSTRUCTIONS)	
	<i>Gonzalez</i>	<i>Carlos</i>		<i>2081</i>			ST		<i>9</i>	<i>9</i>	<i>9</i>		<i>27</i>	<i>16</i>	<i>0</i>	<i>0</i>	<i>432</i>	<i>432</i>	<i>0</i>	<i>0</i>	<i>0</i>	<i>0</i>	<i>432.00</i>	
	<i>Gonzalez</i>	<i>Heriberto</i>		<i>0850</i>			ST		<i>9</i>		<i>4</i>		<i>22</i>	<i>16</i>	<i>0</i>	<i>0</i>	<i>352</i>	<i>352</i>	<i>0</i>	<i>0</i>	<i>0</i>	<i>0</i>	<i>352.00</i>	
	<i>Mendez</i>	<i>Ruben</i>		<i>4293</i>			ST		<i>9</i>	<i>9</i>	<i>9</i>		<i>27</i>	<i>16</i>	<i>0</i>	<i>0</i>	<i>432</i>	<i>432</i>	<i>0</i>	<i>0</i>	<i>0</i>	<i>0</i>	<i>432.00</i>	
	<i>Sevilla</i>	<i>Miguel</i>		<i>0721</i>			ST		<i>9</i>	<i>9</i>	<i>4</i>		<i>22</i>	<i>16</i>	<i>0</i>	<i>0</i>	<i>352</i>	<i>352</i>	<i>0</i>	<i>0</i>	<i>0</i>	<i>0</i>	<i>352.00</i>	

While use of Form WH-347 itself is optional, covered contractors and subcontractors performing work on Federal or federally assisted construction contracts are required by the DBRA regulations and the contract clauses to submit payroll information on a weekly basis. The Copeland Act (40 U.S.C. § 3145) requires contractors and subcontractors performing work on Federal or federally financed construction contracts to, on a weekly basis, "furnish a statement on the wages paid each employee during the prior week." U.S. Department of Labor (DOL) Regulations at 29 C.F.R. § 5.5(a)(3)(ii) require contractors and subcontractors to submit weekly certified payrolls to the appropriate Federal agency if the agency is a party to the contract (or, if the agency is not such a party, to the applicant, sponsor, owner, or other entity, as the case may be, that maintains such records, for transmission to the Federal agency). Each certified payroll must be accompanied by a signed "Statement of Compliance" (e.g., page 2 of the WH-347 or another document with identical wording) indicating that the certified payrolls are accurate and complete, and that each laborer or mechanic has been paid not less than the required Davis-Bacon prevailing wage rate(s) (including any fringe benefits) for the work performed. DOL and contracting agencies receiving this information review the information to determine whether workers 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

(over)

PROJECT NAME: Hidalgo County Health Clinic

PROJECT NO. or CONTRACT NO.: \_\_\_\_\_ PAYROLL NO.: 1 PRIME CONTRACTOR'S/SUBCONTRACTOR'S BUSINESS NAME: Archies Electric Inc

PROJECT LOCATION: 529 N Central St Medford WEEK ENDING DATE: \_\_\_\_\_ CERTIFYING OFFICIAL'S NAME AND TITLE: 1916 N Bryan Rd.

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
	<input type="checkbox"/> OA	<input type="checkbox"/> SAA	
	<input type="checkbox"/> OA	<input type="checkbox"/> SAA	
	<input type="checkbox"/> OA	<input type="checkbox"/> SAA	

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.

*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 NAME		FB NAME		FB NAME		FB NAME		TOTAL HOURLY CREDIT
	FB TYPE	PLAN NO.	FB TYPE	PLAN NO.	FB TYPE	PLAN NO.	FB TYPE	PLAN NO.	FB TYPE	PLAN NO.	
	<input type="checkbox"/> Funded <input type="checkbox"/> Unfunded		<input type="checkbox"/> Funded <input type="checkbox"/> Unfunded		<input type="checkbox"/> Funded <input type="checkbox"/> Unfunded		<input type="checkbox"/> Funded <input type="checkbox"/> Unfunded		<input type="checkbox"/> Funded <input type="checkbox"/> Unfunded		
	Hourly Credit	\$	Hourly Credit	\$	Hourly Credit	\$	Hourly Credit	\$	Hourly Credit	\$	\$
	Hourly Credit	\$	Hourly Credit	\$	Hourly Credit	\$	Hourly Credit	\$	Hourly Credit	\$	\$
	Hourly Credit	\$	Hourly Credit	\$	Hourly Credit	\$	Hourly Credit	\$	Hourly Credit	\$	\$
	Hourly Credit	\$	Hourly Credit	\$	Hourly Credit	\$	Hourly Credit	\$	Hourly Credit	\$	\$
	Hourly Credit	\$	Hourly Credit	\$	Hourly Credit	\$	Hourly Credit	\$	Hourly Credit	\$	\$
	Hourly Credit	\$	Hourly Credit	\$	Hourly Credit	\$	Hourly Credit	\$	Hourly Credit	\$	\$
	Hourly Credit	\$	Hourly Credit	\$	Hourly Credit	\$	Hourly Credit	\$	Hourly Credit	\$	\$
	Hourly Credit	\$	Hourly Credit	\$	Hourly Credit	\$	Hourly Credit	\$	Hourly Credit	\$	\$
	Hourly Credit	\$	Hourly Credit	\$	Hourly Credit	\$	Hourly Credit	\$	Hourly Credit	\$	\$
	Hourly Credit	\$	Hourly Credit	\$	Hourly Credit	\$	Hourly Credit	\$	Hourly Credit	\$	\$

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: 9-30-2025 TELEPHONE NUMBER: 956-1583-7878 EMAIL ADDRESS: archieselectricinc1@yahoo.com

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.

# Davis Bacon and Related Acts Weekly Certified Payroll Form

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

Unless otherwise noted, the information requested is specific to the named project below.  
Persons are not required to respond to the collection of information unless it displays a currently valid OMB control number.



U.S. Wage and Hour Division

Rev. January 2025  
OMB No.: 1235-0008  
Expires: 01/31/2028

SUBMISSION OF FINAL DBRA CERTIFIED PAYROLL FORM

PRIME CONTRACTOR

SUBCONTRACTOR

PROJECT NAME <i>Arizalago County Health Clinic</i>		PROJECT NO. or CONTRACT NO.		CERTIFIED PAYROLL NO. <i>3</i>		PRIME CONTRACTOR'S/SUBCONTRACTOR'S BUSINESS NAME <i>Archies Electric Inc</i>																					
PROJECT LOCATION <i>529 N Cynthia St Mission</i>		WAGE DETERMINATION NO.		WEEK ENDING DATE <i>9/21/25</i>		PRIME CONTRACTOR'S/SUBCONTRACTOR'S BUSINESS ADDRESS <i>11916 U Bryan Rd Mission Texas</i>																					
(1A)	(1B)	(1C)	(1D)	(1E)	(1F)	(1G)	(1H)	(1I)	(2)	(3)	(4)					(5)	(6A)	(6B)	(6C)	(7A)	(7B)	(8)			(9)		
WORKER ENTRY NO.	WORKER LAST NAME	WORKER FIRST NAME	WORKER MIDDLE INITIAL	WORKER IDENTIFYING NO.	JOURNEYPERSON	APPRENTICE	LABOR CLASSIFICATION	ST = STRAIGHT TIME OT = OVERTIME	(TOP) DAYS OF WORK WEEK (BOTTOM) DATES							TOTAL HOURS WORKED FOR WEEK	HOURLY WAGE RATE PAID FOR ST AND OT	TOTAL FRINGE BENEFIT CREDIT	PAYMENT IN LIEU OF FRINGE BENEFITS	GROSS AMT EARNED	GROSS AMT EARNED FOR ALL WORK	DEDUCTIONS FOR ALL WORK			NET PAY TO WORKER FOR ALL WORK		
									21	22	23	24	25	26	27							HOURS WORKED EACH DAY				TAX WITH-HOLDINGS	FICA
	<i>Gonzalez Carlos</i>			<i>2081</i>				ST	X	9	9	9			27	16				<i>432</i>	<i>432</i>						<i>432</i>
	<i>Gonzalez Heriberto</i>			<i>0850</i>				ST	X	9	9	9			27	16				<i>432</i>	<i>432</i>						<i>432</i>
	<i>Mendez Ruben</i>			<i>4213</i>				ST			9	9	4		<i>22</i>	16				<i>352</i>	<i>352</i>						<i>352</i>
	<i>Sevilla Miguel</i>			<i>0724</i>				ST			9	9	4		<i>22</i>	16				<i>352</i>	<i>352</i>						<i>352</i>
								ST																			
								OT																			
								ST																			
								OT																			
								ST																			
								OT																			

While use of Form WH-347 itself is optional, covered contractors and subcontractors performing work on Federal or federally assisted construction contracts are required by the DBRA regulations and the contract clauses to submit payroll information on a weekly basis. The Copeland Act (40 U.S.C. § 3145) requires contractor and subcontractors performing work on Federal or federally financed construction contracts to, on a weekly basis, "furnish a statement on the wages paid each employee during the prior week." U.S. Department of Labor (DOL) Regulations at 29 C.F.R. § 5.5(a)(3)(ii) require contractors and subcontractors to submit weekly certified payrolls to the appropriate Federal agency if the agency is a party to the contract (or, if the agency is not such a party, to the applicant, sponsor, owner, or other entity, as the case may be, that maintains such records, for transmission to the Federal agency). Each certified payroll must be accompanied by a signed "Statement of Compliance" (e.g., page 2 of the WH-347 or another document with identical wording) indicating that the certified payrolls are accurate and complete, and that each laborer or mechanic has been paid not less than the required Davis-Bacon prevailing wage rate(s) (including any fringe benefits) for the work performed. DOL and contracting agencies receiving this information review the information to determine whether workers 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 53502, 200 Constitution Avenue, N.W., Washington, D.C. 20210

PROJECT NAME: Hidalgo County Health Clinic  
 PROJECT NO. or CONTRACT NO.: \_\_\_\_\_ PAYROLL NO.: \_\_\_\_\_ PRIME CONTRACTOR'S/SUBCONTRACTOR'S BUSINESS NAME: Archies Electric Inc  
 PROJECT LOCATION: 5291 N Cynthia St Medford WEEK ENDING DATE: \_\_\_\_\_ CERTIFYING OFFICIAL'S NAME AND TITLE: 1916 N Bryan Rd.

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
	<input type="checkbox"/> OA	<input type="checkbox"/> SAA	
	<input type="checkbox"/> OA	<input type="checkbox"/> SAA	
	<input type="checkbox"/> OA	<input type="checkbox"/> SAA	
	<input type="checkbox"/> OA	<input type="checkbox"/> SAA	

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 NAME		FB NAME		FB NAME		FB NAME		TOTAL HOURLY CREDIT
	FB TYPE	PLAN NO.	FB TYPE	PLAN NO.	FB TYPE	PLAN NO.	FB TYPE	PLAN NO.	FB TYPE	PLAN NO.	
	<input type="checkbox"/> Funded <input type="checkbox"/> Unfunded	<input type="checkbox"/> Funded <input type="checkbox"/> Unfunded	<input type="checkbox"/> Funded <input type="checkbox"/> Unfunded	<input type="checkbox"/> Funded <input type="checkbox"/> Unfunded	<input type="checkbox"/> Funded <input type="checkbox"/> Unfunded	<input type="checkbox"/> Funded <input type="checkbox"/> Unfunded	<input type="checkbox"/> Funded <input type="checkbox"/> Unfunded	<input type="checkbox"/> Funded <input type="checkbox"/> Unfunded	<input type="checkbox"/> Funded <input type="checkbox"/> Unfunded	<input type="checkbox"/> Funded <input type="checkbox"/> Unfunded	
	Hourly Credit	\$	Hourly Credit	\$	Hourly Credit	\$	Hourly Credit	\$	Hourly Credit	\$	\$
	Hourly Credit	\$	Hourly Credit	\$	Hourly Credit	\$	Hourly Credit	\$	Hourly Credit	\$	\$
	Hourly Credit	\$	Hourly Credit	\$	Hourly Credit	\$	Hourly Credit	\$	Hourly Credit	\$	\$
	Hourly Credit	\$	Hourly Credit	\$	Hourly Credit	\$	Hourly Credit	\$	Hourly Credit	\$	\$
	Hourly Credit	\$	Hourly Credit	\$	Hourly Credit	\$	Hourly Credit	\$	Hourly Credit	\$	\$
	Hourly Credit	\$	Hourly Credit	\$	Hourly Credit	\$	Hourly Credit	\$	Hourly Credit	\$	\$
	Hourly Credit	\$	Hourly Credit	\$	Hourly Credit	\$	Hourly Credit	\$	Hourly Credit	\$	\$
	Hourly Credit	\$	Hourly Credit	\$	Hourly Credit	\$	Hourly Credit	\$	Hourly Credit	\$	\$
	Hourly Credit	\$	Hourly Credit	\$	Hourly Credit	\$	Hourly Credit	\$	Hourly Credit	\$	\$
	Hourly Credit	\$	Hourly Credit	\$	Hourly Credit	\$	Hourly Credit	\$	Hourly Credit	\$	\$

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: [Signature] DATE: 9/27/25 TELEPHONE NUMBER: 956-583-1878 EMAIL ADDRESS: archie@archieinc.com

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 FEDERAL ASSISTED CONTRACTS. INFORMATION REPORTED IN CERTIFIED PAYROLLS MAY BE SUBJECT TO DISCLOSURE IN RESPONSE TO A FREEDOM OF INFORMATION ACT REQUEST.











Task Name	Duration	Start	Finish	4 '25							May 11 '25							May 18 '25							May 25 '25							Jun 1 '25							Jun 8 '25							Jun 15 '25							Jun 22 '25						
				M	T	W	T	F	S	S	M	T	W	T	F	S	S	M	T	W	T	F	S	S	M	T	W	T	F	S	S	M	T	W	T	F	S	S	M	T	W	T	F	S	S	M	T	W	T	F	S	S	M	T	W	T	F	S	S
0 <b>McAllen Health Clinic</b>	<b>220 days?</b>	<b>Tue 5/6/25 8:00 AM</b>	<b>Fri 1/16/26 5:00 PM</b>																																																								
1																																																											
2 Building Pad - Cut Fill	14 days?	Tue 5/6/25 8:00 AM	Wed 5/21/25 5:00 PM	Site Grading Contractor																																																							
3 Utilities	5 days	Mon 5/26/25 8:00 AM	Fri 5/30/25 5:00 PM	Utilities																																																							
4 Underground Plumbing	9 days	Wed 5/21/25 8:00 AM	Fri 5/30/25 5:00 PM	Plumbing Contractor																																																							
5 Foundation	13 days	Mon 6/2/25 8:00 AM	Mon 6/16/25 5:00 PM	Foundation																																																							
6 Framing	18 days	Tue 6/17/25 8:00 AM	Mon 7/7/25 5:00 PM																																																								
7 Roof	13 days	Tue 7/1/25 8:00 AM	Tue 7/15/25 5:00 PM																																																								
8 Windows	2.6 wks	Mon 7/14/25 8:00 AM	Mon 7/28/25 5:00 PM																																																								
9 Mechanical Rough-In	13 days?	Mon 7/21/25 8:00 AM	Mon 8/4/25 5:00 PM																																																								
10 Plumbing - Top Out	19 days	Tue 7/15/25 8:00 AM	Tue 8/5/25 5:00 PM																																																								
11 Electrical Rough-In	21 days?	Wed 7/23/25 8:00 AM	Fri 8/15/25 5:00 PM																																																								
12 Brick Installation	17 days?	Mon 8/4/25 8:00 AM	Fri 8/22/25 5:00 PM																																																								
13 Fire Alarm Rough-In	12 days?	Mon 8/4/25 8:00 AM	Sat 8/16/25 5:00 PM																																																								
14 Inspections	5 days	Mon 8/18/25 8:00 AM	Fri 8/22/25 5:00 PM																																																								
15 Sheetrock Installation	11 days?	Mon 8/25/25 8:00 AM	Fri 9/5/25 5:00 PM																																																								
16 Tape, Float, Texture & Paint	19 days	Mon 9/1/25 8:00 AM	Mon 9/22/25 5:00 PM																																																								
17 Acoustical Ceiling	5 days?	Mon 9/29/25 8:00 AM	Fri 10/3/25 5:00 PM																																																								
18 Tile	21 days?	Fri 8/29/25 8:00 AM	Mon 9/22/25 5:00 PM																																																								
19 Millwork	7 days?	Mon 10/20/25 8:00 AM	Mon 10/27/25 5:00 PM																																																								
20 Countertops	7 days?	Mon 10/27/25 8:00 AM	Mon 11/3/25 5:00 PM																																																								
21 Plumbing Fixtures	13 days?	Mon 10/6/25 8:00 AM	Mon 10/20/25 5:00 PM																																																								
22 Electrical Fixtures	31 days?	Mon 10/20/25 8:00 AM	Mon 11/24/25 5:00 PM																																																								
23 Mechanical Trim Out	11 days?	Mon 12/1/25 8:00 AM	Fri 12/12/25 5:00 PM																																																								
24 Fire Alarm - Trim Out	5 days?	Mon 12/15/25 8:00 AM	Fri 12/19/25 5:00 PM																																																								
25 Sprinkler Trim Out	5 days?	Mon 12/15/25 8:00 AM	Fri 12/19/25 5:00 PM																																																								
26 Parking Lot	23 days?	Mon 11/24/25 8:00 AM	Fri 12/19/25 5:00 PM																																																								
27 MEP Final Inspections	5 days?	Mon 12/29/25 8:00 AM	Fri 1/2/26 5:00 PM																																																								
28 Landscaping	9 days?	Mon 12/22/25 8:00 AM	Wed 12/31/25 5:00 PM																																																								
29 Building Final	5 days?	Mon 1/5/26 8:00 AM	Fri 1/9/26 5:00 PM																																																								
30 Fire Final	5 days?	Mon 1/5/26 8:00 AM	Fri 1/9/26 5:00 PM																																																								
31 Punch List	11 days?	Mon 1/5/26 8:00 AM	Fri 1/16/26 5:00 PM																																																								
32 Final Clean	5 days?	Mon 1/12/26 8:00 AM	Fri 1/16/26 5:00 PM																																																								
33 Substantial Completion	1 day?	Fri 1/16/26 8:00 AM	Fri 1/16/26 5:00 PM																																																								

Project: McAlle

Task		Project Summary		Manual Task		Start-only		Deadline	
Split		Inactive Task		Duration-only		Finish-only		Progress	
Milestone		Inactive Milestone		Manual Summary Rollup		External Tasks		Manual Progress	
Summary		Inactive Summary		Manual Summary		External Milestone			