

McAllen Health Clinic
 McAllen, Texas

APPLICATION NUMBER: 7
 APPLICATION DATE: 12/15/2025
 PERIOD FROM: 11/1/2025
 TO: 11/30/2025
 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	\$ 258,546.00			\$ 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	\$ 40,000.00			\$ 40,000.00		\$ -	\$ 2,000.00
7	Roofing	\$ 55,500.00		\$ 55,500.00		\$ 55,500.00		\$ -	\$ 2,775.00
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	\$ 41,275.00			\$ 41,275.00		\$ 18,725.00	\$ 2,063.75
18	HVAC	\$ 164,571.92		\$ 70,028.77		\$ 70,028.77		\$ 94,543.15	\$ 3,501.44
19	Plumbing	\$ 128,000.00	\$ 78,080.00	\$ 28,160.00		\$ 106,240.00		\$ 21,760.00	\$ 5,312.00
20	Electrical	\$ 117,000.00	\$ 28,500.00	\$ 80,400.00		\$ 108,900.00		\$ 8,100.00	\$ 5,445.00
21	Fire Alarm	\$ 9,000.00						\$ 9,000.00	
22	Fire Sprinkler	\$ 58,000.00	\$ 45,100.00			\$ 45,100.00		\$ 12,900.00	\$ 2,255.00
23	Landscaping Allowance	\$ 40,000.00						\$ 40,000.00	
24	Trash & Cleaning								

CONTRACTOR TIME STATEMENT

PAY APP NO. 7 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 11/1/2025 DATE WORK COMPLETED 11/30/2025

MONTH	DATE OR DAYS	WORKING DAYS CHARGED	CREDITED DAYS	DAYS CREDITED AND REASONS THEREFORE
November	1	1		
November	2	1		
November	3	1		
November	4	1		
November	5	1		
November	6	1		
November	7	1		
November	8	1		
November	9	1		
November	10	1		
November	11	1		
November	12	1		
November	13	1		
November	14	1		
November	15	1		
November	16	1		
November	17	1		
November	18	1		
November	19	1		
November	20	1		
November	21	1		
November	22	1		
November	23	1		
November	24	1		
November	25	1		
November	26	1		
November	27	1		
November	28	1		
November	29	1		
November	30	1		
TOTALS		30	0	

NO. OF CONTRACT WORKING DAYS 278 NO. WORKING DAYS CHARGED TO DATE 208
 NO. CREDITED DAYS TO DATE 11
 ASSESSED LIQUIDATED DAMAGES: 0 PER DAY \$ 500.00 TOTAL \$ 0
 CERTIFIED AS CORRECT

 ENGINEER/CONSTRUCTION MANAGER



Prevailing Wage Rates
Certification Statement

Date December 29, 2025

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

Contractor RGV Construction, LLC. Application# 7

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

Skyview Roofing, LLC

Invoice

1302 E. Tamarack Ave.
McAllen, TX 78501

Date	Invoice #
12/3/2025	/PO022389

Bill To
2723 Cornerstone Blvd Edinburg, TX 78539

Ship To
529 N Cynthia Street McAllen, TX 78501 US

Project
Hidalgo County-Mc...

Description	Serviced	Quantity	Prior Amt	Prior Qty	Est Amt	Amount
As per Contract pay app 1		0.917		0	63,250.00	58,000.00
				Balance Due		\$58,000.00

\$ 55,500.00

Certified Payroll Report

Submission of Final DBRA Certified Payroll Form

Prime Contractor

Sub Contractor

Project Name	RGV Construction LLC:Hidalgo County-McAll	Project No. or Contract No.		Certified Payroll No.	1
Project Location	2723 Cornerstone Blvd, Edinburg, TX 78539	Sub Contractor's Business Name	Skyview Roofing LLC	Week Ending Date	11/19/2025
Wage Determination No.	TX0256255	Sub Contractor Address	1302 E. Tamarck Ave., MCALLEN, TX 78501		

Worker Entry No.	Worker Name	Worker Identifying No.	(J) Journeyworker/ (RA) Registered Apprentice	Labor Classification	Pay Type	Hours Worked by Day							Total Hours Worked for the Week	Paid Hours on Check	Hourly Wage Rate Paid for ST, OT and DT	Gross Amt Earned	Total Fringe Benefit Credit	Payment in Lieu of Fringe Benefits	Check Number	Gross Amt Earned for All Work	Deduction for All Work				Total Deduction	Net Payment to Worker for All Work	
						Thu 13	Fri 14	Sat 15	Sun 16	Mon 17	Tue 18	Wed 19									Social Security	Medicare	Federal Tax	State Tax			Other (Must Specify and see Instructions)
1	Bryan Arizmendi.	2818		Hourly	ST OT DT	8.00	8.00	8.00					24.00	48.00	18.00	864.00	0.00	0.00	7128	864.00	53.57	12.53	84.00	0.00	0.00	150.10	713.90
2	Cesar E Perez.	4971		Hourly	ST OT DT	8.00	8.00	8.00		8.00	8.00	8.00	48.00	48.00	22.00	1,056.00	0.00	0.00	7143	1,056.00	65.47	15.31	107.00	0.00	0.00	187.78	868.22
3	Cesar H Aleman	5939		Hourly	ST OT DT	8.00	8.00	8.00		8.00	8.00	8.00	48.00	48.00	20.00	960.00	0.00	0.00	7142	960.00	59.52	13.92	88.00	0.00	0.00	169.44	790.56
4	David E Sanchez.	9982		Hourly	ST OT DT	8.00	8.00	8.00		8.00	8.00	8.00	48.00	48.00	14.00	672.00	0.00	0.00	7127	672.00	41.86	9.74	61.00	0.00	0.00	112.40	559.60
5	Ezequiel Aguirre Cortez.	3682		Hourly	ST OT DT	8.00	8.00	8.00		8.00	8.00	8.00	48.00	48.00	20.00	960.00	0.00	0.00	7130	960.00	59.52	13.92	22.00	0.00	0.00	95.44	864.56
6	Jose H Guel De La O	5204		Hourly	ST OT DT					8.00	8.00	8.00	24.00	24.00	28.00	624.00	0.00	0.00	7133	624.00	38.69	9.05	56.00	0.00	0.00	103.74	520.26

Project Name	RGV Construction LLC:Hidalgo County-McAllen Medical Health	Project No. or Contract No.		Sub Contractor's Business Name	Skyview Roofing LLC
Project Location	2723 Cornerstone Blvd, Edinburg, TX 78539	Certified Payroll No.	1	Certifying Official's Name and Title	Anaid Corona, Office Administrator
Week Ending Date	11/19/2025				

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

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

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

HOURLY CREDIT FOR FRINGE BENEFITS			
If an amount is listed in (6B) on the first page of this certified payroll form, enter the hourly credit claimed under each plan name, type and number for each worker and check whether the plan is funded or unfunded.			
Name of Worker	FB Name FB Type Plan No	<input type="checkbox"/> Funded <input checked="" type="checkbox"/> Unfunded	TOTAL HOURLY CREDIT
Bryan Arizmendi			
Cesar E Perez			
Cesar H Aleman			
David E Sanchez			
Ezequiel Aguirre Corti			
Jose H Guel De La O			

- 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: *Anaid Corona* Date: 12/3/2025 Telephone Number: 956-800-1623 Email Address: Anaid@skyview.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

Border Air Conditioning, Inc

Invoice

507 S Hutto Road
 Donna, Texas 78537
 TACLA# 85411E

Date	Invoice #
11/19/2025	38886

Bill To
RGV CONSTRUCTION LLC PO BOX 720137 McAllen, TX 78504

P.O. No.	Terms	Project
McAllen Clinic Hid...	Due on receipt	

Item	Description	Est Amt	Prior Amt	Prior %	Qty	Rate	Curr %	Total %	Amount

Subtotal						\$70,028.77			
Sales Tax (8.25%)						\$0.00			
Total						\$70,028.77			
Payments/Credits						\$0.00			
Balance Due						\$70,028.77			

Certified Payroll Report

Submission of Final DBRA Certified Payroll Form

Prime Contractor Sub Contractor

Project Name	RGV CONSTRUCTION:Hidalgo County McAllen Clinic	Project No. or Contract No.		Certified Payroll No.	3
Project Location	RGV CONSTRUCTION, McAllen, TX 78599	Sub Contractor's Business Name	Border Air Conditioning, Inc	Week Ending Date	11/06/25
		Sub Contractor Address	507 S Hutto Road, Donna, TX		

Worker Entry No.	Worker Name	SSN	(J) Journeyworker/ (RA) Registered Apprentice	Labor Classification	Pay Type	Hours Worked by Day							Total Hours Worked for the Week	Paid Hours on Check	Hourly Wage Rate Paid for ST, OT and DT	Gross Amt Earned	Check Number	Gross Amt Earned for All Work	Deduction for All Work					Net Payment to Worker for All Work	
						Fri 31	Sat 1	Sun 2	Mon 3	Tue 4	Wed 5	Thu 6							Social Security	Medicare	Federal Tax	State Tax	Other (Must Specify and see Instructions)		Total Deduction
1	Baldomero Jr Flores 3409 Old La Blanca Road Donna, TX 78537	-0996	HVAC HELPER	Reg	ST OT DT	7.25			7.00	8.00	8.00		30.25	30.25	13.25	400.81	6801	400.81	24.85	5.81	3.00	0.00	13.88	47.54	353.27
2	Jason L Villarreal 617 E Washington Ave Weslaco, TX 78596	-9847	HVAC HELPER	Reg	ST OT DT				8.25	8.00	8.50	8.50	33.25	33.25	15.00	498.75	6813	498.75	30.92	7.23	40.00	0.00	118.85	197.00	301.75
3	Roy Almaguer 920 Fannin St Elsa, TX 78543	-0715	HVAC SERVICE TECHNICAN	Reg	ST OT DT	7.00			7.25	7.00	7.75	7.75	36.75	36.75	22.00	808.50	6827	808.50	50.13	11.72	68.00	0.00	0.00	129.85	678.65
4	William J. Weber 7520 Virginian Dr Weslaco, TX 78599	-0117	HVAC HELPER	Reg	ST OT DT	7.00			7.25	7.00	7.75	7.75	36.75	36.75	12.00	441.00	6829	441.00	27.34	6.39	15.00	0.00	0.00	48.73	392.27

Project Name	RGV CONSTRUCTION, Hidalgo County McAllen Clinic	Project No. or Contract No.		Sub Contractor's Business Name	Border Air Conditioning, Inc
Project Location	RGV CONSTRUCTION, McAllen, TX 78599	Certified Payroll No.	3	Certifying Official's Name and Title	Eddie Villarreal, Owner
Week Ending Date	11/06/25				

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

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

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


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

Name of Worker	FB Name FB Type Plan No	Funding		TOTAL HOURLY CREDIT
		<input checked="" type="checkbox"/> Funded	<input type="checkbox"/> Unfunded	
Baldomero Jr Flores				
Jason L Villarreal				
Roy Almaguer				
William J. Weber				

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

NO FRINGE BENEFITS WERE PAID

Signature of Certifying Official  Date 11/19/25 Telephone Number 956-464-8534 Email Address

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

Certified Payroll Report

Submission of Final DBRA Certified Payroll Form

Prime Contractor

Sub Contractor

Project Name	RGV CONSTRUCTION:Hidalgo County McAll		Project No. or Contract No.		Certified Payroll No.	4
Project Location	RGV CONSTRUCTION, McAllen, TX 78599	Sub Contractor's Business Name	Border Air Conditioning, Inc	Week Ending Date	11/13/25	
Wage Determination No.		Sub Contractor Address	507 S Hutto Road, Donna, TX			

Worker Entry No.	Worker Name	SSN	(J) Journeyworker/ (RA) Registered Apprentice	Labor Classification	Pay Type	Hours Worked by Day							Total Hours Worked for the Week	Paid Hours on Check	Hourly Wage Rate Paid for ST, OT and DT	Gross Amt Earned	Check Number	Gross Amt Earned for All Work	Deduction for All Work					Total Deduction	Net Payment to Worker for All Work
						Fri 7	Sat 8	Sun 9	Mon 10	Tue 11	Wed 12	Thu 13							Social Security	Medicare	Federal Tax	State Tax	Other (Must Specify and see Instructions)		
1	Jason L Villarreal 617 E Washington Ave Weslaco, TX 78596	9847	HVAC HELPER	Reg	ST OT DT	7.50	4.25		7.75	8.25	8.50	3.75	44.25	40.00 4.25	15.00 22.50	695.63	6882	695.63	43.13	10.09	64.00	0.00	198.85	316.07	379.56
2	Roy Almaguer 920 Fannin St Elsa, TX 78543	-0715	HVAC SERVICE TECHNICIAN	Reg	ST OT DT	7.25			7.25	7.75	7.50	7.25	37.00	37.00	22.00	814.00	6896	814.00	50.46	11.81	68.00	0.00	0.00	130.27	683.73
3	William J. Weber 7520 Virginian Dr Weslaco, TX 78599	0117	HVAC HELPER	Reg	ST OT DT	7.00			7.25	7.75	7.50	7.25	36.75	36.75	12.00	441.00	6898	441.00	27.35	6.40	15.00	0.00	0.00	48.75	392.25

Project Name	RGV CONSTRUCTION:Hidalgo County McAllen Clinic	Project No. or Contract No.		Sub Contractor's Business Name	Border Air Conditioning, Inc
Project Location	RGV CONSTRUCTION, McAllen, TX 78599	Certified Payroll No.	4	Certifying Official's Name and Title	Eddie Villarreal, Owner
Week Ending Date	11/13/25				

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

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

Apprenticeship Program Name	Registered	Name of Labor Classification

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


HOURLY CREDIT FOR FRINGE BENEFITS

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

Name of Worker	FB Name FB Type Plan No	<input checked="" type="checkbox"/> Funded <input type="checkbox"/> Unfunded	TOTAL HOURLY CREDIT
Jason L Villarreal			
Roy Almaguer			
William J. Weber			

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
NO FRINGE BENEFITS WERE PAID

Signature of Certifying Official	Date	Telephone Number	Email Address
	11/19/25	956-464-8534	

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

Submission of Final DBRA Certified Payroll Form

Prime Contractor

Sub Contractor

Project Name	RGV Construction, L.L.C.-Hidalgo County McAllen Clinic	Project No. or Contract No.	
Project Location	RGV CONSTRUCTION, McAllen, TX 78599	Sub Contractor's Business Name	Border Air Conditioning, Inc
		Sub Contractor Address	507 S Hutto Road, Donna, TX 78537
		Certified Payroll No.	5
		Week Ending Date	11/20/25

Worker Entry No.	Worker Name	SSN	(J) Journeyworker/ (RA) Registered Apprentice	Labor Classification	Pay Type	Hours Worked by Day							Total Hours Worked for the Week	Paid Hours on Check	Hourly Wage Rate Paid for ST, OT and DT	Gross Amt Earned	Total Fringe Benefit Credit	Payment in Lieu of Fringe Benefits	Check Number	Gross Amt Earned for All Work	Deduction for All Work					Net Payment to Worker for All Work	
						Fri 14	Sat 15	Sun 16	Mon 17	Tue 18	Wed 19	Thu 20									Social Security	Medicare	Federal Tax	State Tax	Other(Must Specify and see Instructions)		Total Deduction
1	Baldomero Jr Flores 3409 Old La Blanca Road Donna, TX 78537	*0996	HVAC Helper	Reg	ST OT DT	7.00			7.75		7.50	7.75	30.00	30.00	13.25	397.50	0.00	0.00	6839	397.50	24.64	5.77	3.00	0.00	13.88	47.29	350.21
2	Federico Lucio Carizales 1701 W Las Millpas Rd Apt 4602 Pharr, TX 78577	*0844	HVAC Helper	Reg	ST OT DT	7.75			8.25	7.75	8.25	7.75	39.75	0.00	0.00	0.00	0.00	0.00	6846	616.13	38.20	8.93	20.00	0.00	34.29	101.42	514.71
3	Ismael J Canizales 3601 E Mile 8 North Apt 224 Weslaco, TX 78599	*3245	HVAC Helper	Reg	ST OT DT	7.00			8.25	7.00			22.25	22.25	12.50	278.13	0.00	0.00	6846	465.63	28.87	6.76	18.00	0.00	13.84	67.47	398.16
4	Jacob Rocha 412 Collins St Donna, TX 78537	*2496	HVAC Helper	Reg	ST OT DT	7.00			8.00	8.00	8.50	7.75	39.25	39.25	16.00	628.00	0.00	0.00	6850	628.00	38.93	9.10	56.00	0.00	13.84	117.87	510.13
5	Jason L Villarreal 617 E Washington Ave Weslaco, TX 78596	*9847	HVAC Helper	Reg	ST OT DT	7.75			8.00	8.25	7.75	7.75	39.50	39.50	15.00	592.50	0.00	0.00	6851	592.50	36.74	8.59	52.00	0.00	118.85	216.18	376.32
6	Robert E Rosalez 817 N Carlson St Elsa, TX 78543	*4375	HVAC Service Tech	Reg	ST OT DT	7.00			8.50	7.25			22.75	22.75	21.00	477.75	0.00	0.00	6864	803.25	49.80	11.65	0.00	0.00	61.45	741.80	
7	Roy Almaguer 920 Fannin St Elsa, TX 78543	*0715	HVAC Service Tech	Reg	ST OT DT	7.75			5.00	7.50	5.00	7.75	33.00	33.00	22.00	726.00	0.00	0.00	6865	726.00	45.02	10.52	58.00	0.00	0.00	113.54	612.46
8	William J. Weber 7520 Virginian Dr Weslaco, TX 78599	*0117	HVAC Helper	Reg	ST OT DT	7.75			7.50	7.50	7.50	7.75	38.00	38.00	12.00	456.00	0.00	0.00	6867	456.00	28.27	6.61	17.00	0.00	0.00	51.88	404.12

Project Name	RGV Construction, L.L.C.:Hidalgo County McAllen Clinic	Project No. or Contract No.		Sub Contractor's Business Name	Border Air Conditioning, Inc
Project Location	RGV CONSTRUCTION, McAllen, TX 78599	Certified Payroll No.	5	Certifying Official's Name and Title	Eddie Villarreal, Owner
Week Ending Date	11/20/25				

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

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

Apprenticeship Program Name	Registered	Name of Labor Classification

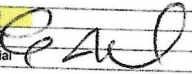
Fringe benefits have been paid in cash and/or to bona fide fringe benefit plans, funds, or programs. Where the contractor is claiming an hourly credit for their contributions to or reasonably anticipated costs of a bona fide fringe benefit plan, fund, or program, provide plan information and the hourly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

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

Name of Worker	FB Name		TOTAL HOURLY CREDIT
	FB Type	Plan No	
Baldomero Jr Flores	<input checked="" type="checkbox"/> Funded	<input type="checkbox"/> Unfunded	
Federico Lucio Cariza			
Ismael J Canizales			
Jacob Rocha			
Jason L Villarreal			
Robert E Rosalez			
Roy Almaguer			
William J. Weber			

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
 no fringe benefits were paid

Signature of Certifying Official  Date 12/15/25 Telephone Number 9564648534 Email Address yvonne.borderair@gmail.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.

Submission of Final DBRA Certified Payroll Form

Prime Contractor

Sub Contractor

Project Name	RGV Construction, L.L.C.-Hidalgo County McAllen Clinic	Project No. or Contract No.	
Project Location	RGV CONSTRUCTION, McAllen, TX 78599	Sub Contractor's Business Name	Border Air Conditioning, Inc
		Sub Contractor Address	507 S Hutto Road, Donna, TX 78537
		Certified Payroll No.	6
		Week Ending Date	11/27/25

Worker Entry No.	Worker Name	SSN	(J) Journeyworker/ (RA) Registered Apprentice	Labor Classification	Pay Type	Hours Worked by Day							Total Hours Worked for the Week	Paid Hours on Check	Hourly Wage Rate Paid for ST, OT and DT	Gross Amt Earned	Total Fringe Benefit Credit	Payment in Lieu of Fringe Benefits	Check Number	Gross Amt Earned for All Work	Deduction for All Work					Net Payment to Worker for All Work	
						Fri 21	Sat 22	Sun 23	Mon 24	Tue 25	Wed 26	Thu 27									Social Security	Medicare	Federal Tax	State Tax	Other (Must Specify and see Instructions)		Total Deduction
1	Baldomero Jr Flores 3409 Old La Blanca Road Donna, TX 78537	*0996	HVAC Helper	Reg	ST OT DT	8.00			8.00	7.25	7.00		30.25	30.25	13.25	400.81	0.00	0.00	7004	506.81	31.43	7.34	14.00	0.00	13.88	66.65	440.16
2	Federico Lucio Carizales 1701 W Las Milpas Rd Apt 4602 Pharr, TX 78577	*0844	HVAC Helper	Reg	ST OT DT	7.75	6.25		7.75	8.00	7.50		37.25	37.25	15.50	577.38	0.00	0.00	7011	701.38	43.49	10.17	29.00	0.00	11.32	93.98	607.40
3	Ismael J Canizales 3601 E Mile 8 North Apt 224 Weslaco, TX 78599	*3245	HVAC Helper	Reg	ST OT DT	3.75	5.00		8.00	9.00	7.25		33.00	33.00	12.50	412.50	0.00	0.00	7013	512.50	31.78	7.43	22.00	0.00	13.84	75.05	437.45
4	Jacob Rocha 412 Collins St Donna, TX 78537	*2496	HVAC Helper	Reg	ST OT DT	7.25	6.50		8.00	7.50	7.00		36.25	36.25	16.00	580.00	0.00	0.00	7015	708.00	43.90	10.27	66.00	0.00	13.84	134.01	573.99
5	Jason L Villarreal 617 E Washington Ave Weslaco, TX 78596	*9847	HVAC Helper	Reg	ST OT DT		6.50		8.25	7.75	7.25		29.75	29.75	15.00	446.25	0.00	0.00	7016	566.25	35.10	8.21	49.00	0.00	128.85	221.16	345.09
6	Robert E Rosalez 817 N Carlson St Elsa, TX 78543	*4375	HVAC Service Tech	Reg	ST OT DT								39.00	39.00	21.00	818.00	0.00	0.00	7030	987.00	61.20	14.31	2.00	0.00	0.00	77.51	909.49
7	Roy Almaguer 920 Fannin St Elsa, TX 78543	*0715	HVAC Service Tech	Reg	ST OT DT	7.50	4.25		7.00	7.00	7.00		32.75	32.75	22.00	720.50	0.00	0.00	7031	896.50	55.58	13.00	78.00	0.00	0.00	146.58	749.92
8	William J. Weber 7520 Virginian Dr Weslaco, TX 78599	*0117	HVAC Helper	Reg	ST OT DT	7.50			7.75	7.00	7.25		29.50	29.50	12.00	354.00	0.00	0.00	7033	450.00	27.90	6.53	16.00	0.00	0.00	50.43	399.57

Project Name	RGV Construction, L.L.C.-Hidalgo County McAllen Clinic	Project No. or Contract No.		Sub Contractor's Business Name	Border Air Conditioning, Inc
Project Location	RGV CONSTRUCTION, McAllen, TX 78599	Certified Payroll No.	6	Certifying Official's Name and Title	Eddie Villarreal, Owner
Week Ending Date	11/27/25				

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.
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Apprenticeship Program Name	Registered	Name of Labor Classification

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

HOURLY CREDIT FOR FRINGE BENEFITS

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

Name of Worker	FB Name FB Type Plan No	<input checked="" type="checkbox"/> Funded <input type="checkbox"/> Unfunded	TOTAL HOURLY CREDIT
Baldomero Jr Flores			
Federico Lucio Cariza			
Ismael J Canizales			
Jacob Rocha			
Jason L Villarreal			
Robert E Rosalez			
Roy Almaguer			
William J. Weber			

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
no fringe benefits were paid

Signature of Certifying Official  Date 12/15/25 Telephone Number 9564648534 Email Address yvonne.borderair@gmail.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.

Submission of Final DBRA Certified Payroll Form

Prime Contractor

Sub Contractor

Project Name	RGV Construction, L.L.C.:Hidalgo County McAllen Clinic	Project No. or Contract No.	
Project Location	RGV CONSTRUCTION, McAllen, TX 78599	Sub Contractor's Business Name	Border Air Conditioning, Inc
		Sub Contractor Address	507 S Hutto Road, Donna, TX 78537
		Certified Payroll No.	7
		Week Ending Date	12/04/25

Worker Entry No.	Worker Name	SSN	(J) Journeyworker/ (RA) Registered Apprentice	Labor Classification	Pay Type	Hours Worked by Day							Total Hours Worked for the Week	Paid Hours on Check	Hourly Wage Rate Paid for ST, OT and DT	Gross Amt Earned	Total Fringe Benefit Credit	Payment in Lieu of Fringe Benefits	Check Number	Gross Amt Earned for All Work	Deduction for All Work				Total Deduction	Net Payment to Worker for All Work	
						Fri 28	Sat 29	Sun 30	Mon 1	Tue 2	Wed 3	Thu 4									Social Security	Medicare	Federal Tax	State Tax			Other (Must Specify and see Instructions)
1	Baldomero Jr Flores 3409 Old La Blanca Road Donna, TX 78537	*0998	HVAC Helper	Reg	ST OT DT				7.75	7.75	7.50	7.75	30.75	30.75	13.25	407.44	0.00	0.00	7040	407.44	25.26	5.91	4.00	0.00	13.88	49.05	358.39
2	Federico Lucio Carizales 1701 W Las Milpas Rd Apt 4602 Pharr, TX 78577	*0844	HVAC Helper	Reg	ST OT DT				8.75	8.00	7.75	7.75	32.25	32.25	15.50	499.88	0.00	0.00	7047	499.88	30.99	7.25	9.00	0.00	16.79	64.03	435.85
3	Ismael J Canizales 3601 E Mile 8 North Apt 224 Weslaco, TX 78599	*3245	HVAC Helper	Reg	ST OT DT					7.50	7.50	7.00	22.00	22.00	12.50	275.00	0.00	0.00	7049	365.63	22.67	5.30	8.00	0.00	13.84	49.81	315.82
4	Jacob Rocha 412 Collins St Donna, TX 78537	*2486	HVAC Helper	Reg	ST OT DT				8.00	7.00	7.50	7.00	29.50	29.50	16.00	472.00	0.00	0.00	7051	472.00	29.26	6.84	37.00	0.00	13.84	86.94	385.06
5	Jason L Villarreal 817 E Washington Ave Weslaco, TX 78596	*9847	HVAC Helper	Reg	ST OT DT	8.25			9.00	7.50	8.00	7.25	40.50	40.00	15.00	611.25	0.00	0.00	7052	611.25	37.90	8.86	54.00	0.00	118.85	219.61	391.64
6	Robert E Rosalez 817 N Carlson St Elsa, TX 78543	*4375	HVAC Service Tech	Reg	ST OT DT	8.50				7.50	7.50	7.50	31.00	31.00	21.00	651.00	0.00	0.00	7067	1,144.50	70.95	16.59	21.00	0.00	22.97	131.51	1,012.99
7	Roy Almaguer 920 Fannin St Elsa, TX 78543	*0715	HVAC Service Tech	Reg	ST OT DT				7.25	7.25	7.25	7.25	29.00	29.00	22.00	638.00	0.00	0.00	7068	1,078.00	66.84	15.64	100.00	0.00	0.00	182.48	895.52
8	William J. Weber 7520 Virginian Dr Weslaco, TX 78599	*0117	HVAC Helper	Reg	ST OT DT				8.00	7.75	7.50	7.75	31.00	31.00	12.00	372.00	0.00	0.00	7069	372.00	23.06	5.39	8.00	0.00	22.94	59.39	312.61

Project Name	RGV Construction, L.L.C.:Hidalgo County McAllen Clinic	Project No. or Contract No.		Sub Contractor's Business Name	Border Air Conditioning, Inc
Project Location	RGV CONSTRUCTION, McAllen, TX 78599	Certified Payroll No.	7	Certifying Official's Name and Title	Eddie Villarreal, Owner
Week Ending Date	12/04/25				

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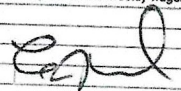
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Name of Worker	FB Name FB Type Plan No	Funded <input checked="" type="checkbox"/> Unfunded <input type="checkbox"/>	TOTAL HOURLY CREDIT
Baldomero Jr Flores			
Federico Lucio Cariza			
Ismael J Canizales			
Jacob Rocha			
Jason L Villarreal			
Robert E Rosalez			
Roy Almaguer			
William J. Weber			

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Additional Remarks
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Signature of Certifying Official  Date 12/15/25 Telephone Number 9564648534 Email Address yvonne.borderair@gmail.com

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

INVOICE

C23-9654

11/19/2025

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

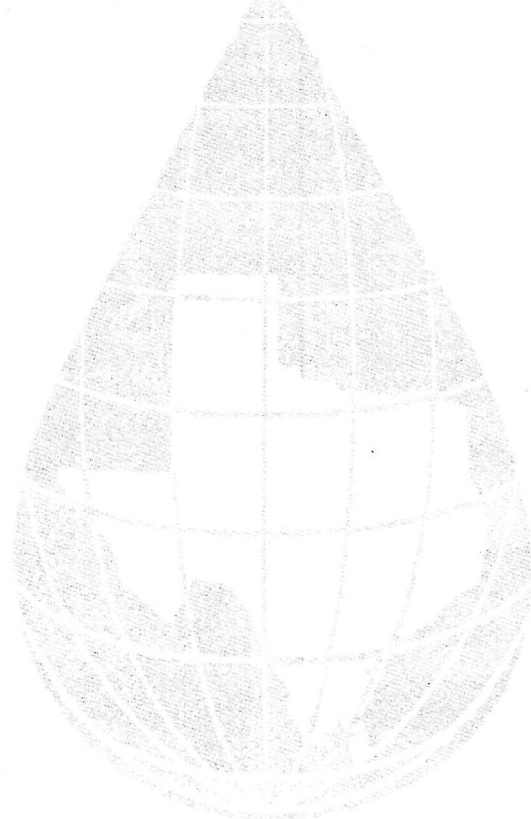
P.O. Number	Due Date	Rep	Via	Project
	12/19/2025	SM	Mac's	McAllen Health Clinic

Qty	Description	Price Each	Amount
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DRAW REQUEST FOR:

PIPING INSULATION FOR COLD WATER, HOT WATER AND CONDENSATE DRAIN LINES -
 PER ENGINEER

0.22	LABOR AND MATERIAL	128,000.00	28,160.00
-1	10% Retainage	2,816.00	-2,816.00



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	\$25,344.00
Sales Tax (8.25%)	\$0.00
Total	\$25,344.00
Payments/Credits	\$0.00
Balance Due	\$25,344.00

APPLICATION AND CERTIFICATION FOR PAYMENT

AIA DOCUMENT G702

PAGE 1 OF 3 PAGES

TO OWNER:

PROJECT:

McAllen Health Clinic
529 N Cynthia St
McAllen, Tx 78501

APPLICATION NO:

4 Distribution to:

<input type="checkbox"/>	OWNER
<input type="checkbox"/>	ARCHITECT
<input checked="" type="checkbox"/>	CONTRACTOR
<input type="checkbox"/>	
<input type="checkbox"/>	

FROM CONTRACTOR:

Cantu's Plumbing Inc.
2710 N. Conway Ave
Mission, Texas 78574
CONTRACT FOR: **Plumbing**

GENERAL CONTRACTOR:

RGV Construction, LLC
PO Box 720137
McAllen, TX 78504

PERIOD TO:

11/25/25

PROJECT NO:

CONTRACT DATE:

CONTRACTOR'S APPLICATION FOR PAYMENT

Application is made for payment, as shown below, in connection with the Contract. Continuation Sheet, AIA Document G703, is attached.

1. ORIGINAL CONTRACT SUM	\$	128,000.00
2. Net change by Change Orders	\$	
3. CONTRACT SUM TO DATE (Line 1 ± 2)	\$	128,000.00
4. TOTAL COMPLETED & STORED TO DATE (Column G on G703)	\$	106,240.00
5. RETAINAGE:		
a. 10% % of Completed Work (Column D + E on G703)	\$	10,624.00
b. 10% % of Stored Material (Column F on G703)	\$	
Total Retainage (Lines 5a + 5b or Total in Column I of G703)	\$	10,624.00
6. TOTAL EARNED LESS RETAINAGE (Line 4 Less Line 5 Total)	\$	95,616.00
7. LESS PREVIOUS CERTIFICATES FOR PAYMENT (Line 6 from prior Certificate)	\$	70,272.00
8. CURRENT PAYMENT DUE	\$	25,344.00
9. BALANCE TO FINISH, INCLUDING RETAINAGE (Line 3 less Line 6)	\$	32,384.00

CHANGE ORDER SUMMARY	ADDITIONS	DEDUCTIONS
Total changes approved in previous months by Owner		
Total approved this Month		
TOTALS		
NET CHANGES by Change Order		

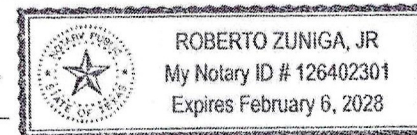
The undersigned Contractor certifies that to the best of the Contractor's knowledge, information and belief the Work covered by this Application for Payment has been completed in accordance with the Contract Documents, that all amounts have been paid by the Contractor for Work for which previous Certificates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

CONTRACTOR:

By: Saul Montoya Date: 11/19/25

Subscribed and sworn to before me this 19th day of November of 2025
State of Texas County of Hidalgo

Notary Public: [Signature]
My Commission expires: 02/06/2028



ARCHITECT'S CERTIFICATE FOR PAYMENT

In accordance with the Contract Documents, based on on-site observations and the data comprising the 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 \$ _____

(Attach explanation if amount certified differs from the amount applied. Initial all figures on this Application and on the Continuation Sheet that are changed to conform with the amount certified.)

ARCHITECT:

By: _____ Date: _____

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.

Continuation Sheet

AIA DOCUMENT G703

PAGE 2 OF 3 PAGES

AIA Document G702, APPLICATION AND CERTIFICATION FOR PAYMENT, containing

APPLICATION NO: 4

Contractor's signed certification is attached.

APPLICATION DATE: 11/19/25

In tabulations below, amounts are stated to the nearest dollar.

PERIOD TO: 11/25/25

Use Column I on Contracts where variable retainage for line items may apply.

CONTRACTOR'S PROJECT NO:

A ITEM NO.	B DESCRIPTION OF WORK	C SCHEDULED VALUE	D WORK COMPLETED		F MATERIALS PRESENTLY STORED (NOT IN D OR E)	G		H BALANCE TO FINISH (C - G)	I RETAINAGE (IF VARIABLE RATE)
			FROM PREVIOUS APPLICATION (D + E)	THIS PERIOD		TOTAL COMPLETED AND STORED TO DATE (D+E+F)	% (G ÷ C)		
1	<i>Plumbing labor & material</i>	128,000.00	78,080.00	28,160.00		106,240.00	83%	21,760.00	10,624.00
GRAND TOTALS		128,000.00	78,080.00	28,160.00	0.00	106,240.00	83%	21,760.00	10,624.00

Users may obtain validation of this document by requesting of the license a completed AIA Document D401 - Certification of Document's Authenticity

PAYROLL

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



WAGE AND HOUR DIVISION
Revised December 2008

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

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

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

PAYROLL NO. 20 FOR WEEK ENDING 11/05/2025 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 WITH-HOLDING EXEMPTIONS	(3) WORK CLASSIFICATION	(4) DAY AND DATE							(5) TOTAL HOURS	(6) RATE OF PAY	(7) GROSS AMOUNT EARNED	(8) DEDUCTIONS					(9) NET WAGES PAID FOR WEEK		
			OT OR ST.	Thu	Fri	Sat	Sun	Mon	Tue				Wed	FICA	WITH- HOLDING TAX	State	Local		OTHER	TOTAL DEDUCTIONS
			10/30	10/31	11/1	11/2	11/3	11/4	11/5											
Joshua Hernandez ###-##-2112	0	ASSISTANT PLUMBER	O	0	0	9	0	0	4	7	11	26.63	647.93	69.99	90.44	0.00	0.00	0.00	160.43	754.50
			S	7	7	0	0	6	0	0	20	17.75	914.93							
Juan Miguel Hernandez ###-##-4267	0	PLUMBER	O	0	0	0	0	0	4	7	11	66.00	1606.00	162.01	205.50	0.00	0.00	20.00	387.51	1730.24
			S	7	7	0	0	6	0	0	20	44.00	2117.75							
			O								0.00	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	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	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	0.00
			S								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(e). 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 11/06/2025

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 on the
(Contractor or Subcontractor)
529 N Cynthia Street McAllen, TX 78501; that during the payroll period commencing on the
(Building or Work)

30 day of 10, 2025, and ending the 05 day of 11, 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 Sandra Martinez SIGNATURE Sandra Martinez
Vice President

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

PAYROLL

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



WAGE AND HOUR DIVISION
Revised December 2008

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

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

PAYROLL NO. 21	FOR WEEK ENDING 11/12/2025	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	OT OR SL	(4) DAY AND DATE							(5) TOTAL HOURS	(6) RATE OF PAY	(7) GROSS AMOUNT EARNED	(8) DEDUCTIONS					(9) NET WAGES PAID FOR WEEK	
				Thu 11/6	Fri 11/7	Sat 11/8	Sun 11/9	Mon 11/10	Tue 11/11	Wed 11/12				FICA	WITH- HOLDING TAX	State	Local	OTHER		TOTAL DEDUCTIONS
				HOURS WORKED EACH DAY																
Joshua Hernandez ###-##-2112	0	ASSISTANT PLUMBER	o							0.00		124.25	45.31	51.71	0.00	0.00	0.00	97.02	495.23	
			s	7	0	0	0	0	0	0	7									17.75
Juan Miguel Hernandez ###-##-4267	0	PLUMBER	o							0.00		308.00	92.18	95.97	0.00	0.00	20.00	208.15	996.85	
			s	7	0	0	0	0	0	0	7									44.00
			o							0.00		0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	
			s																	
			o							0.00		0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	
			s																	
			o							0.00		0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	
			s																	
			o							0.00		0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	
			s																	
			o							0.00		0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	
			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.

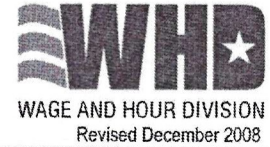
Public Burden Statement

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

PAYROLL

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

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



NAME OF CONTRACTOR <input checked="" type="checkbox"/> OR SUBCONTRACTOR		Cantu's Plumbing Inc				ADDRESS 2710 N Conway Ave Mission, Texas 78574				OMB No. 1235-0008 Expires 09/30/2026	
PAYROLL NO. 22		FOR WEEK ENDING 11/19/2025				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 WITH-HOLDING EXEMPTIONS	(3) WORK CLASSIFICATION	(4) DAY AND DATE							(5) TOTAL HOURS	(6) RATE OF PAY	(7) GROSS AMOUNT EARNED	(8) DEDUCTIONS					(9) NET WAGES PAID FOR WEEK				
			OT.	OR	ST.	Thu	Fri	Sat	Sun				Mon	Tue	Wed	FICA	WITH- HOLDING TAX		State	Local	OTHER	TOTAL DEDUCTIONS
			11/13	11/14	11/15	11/16	11/17	11/18	11/19				HOURS WORKED EACH DAY									
Sergio Hugo Chapa Jr ###-##-3514	1	PLUMBER	O								0.00	220.00	97.15	0.00	0.00	0.00	30.00	127.15	1142.85			
			S	0	0	5	0	0	0	0	0									5	44.00	1270.00
Richard Macias ###-##-4450	1	ASSISTANT PLUMBER	O								0.00	88.75	81.76	40.23	0.00	0.00	50.00	171.99	896.76			
			S	0	0	5	0	0	0	0	5									17.75	1068.75	
Ramon Vargas Jr ###-##-4806	1	ASSISTANT PLUMBER	O								0.00	88.75	81.76	98.97	0.00	0.00	50.00	230.73	838.02			
			S	0	0	5	0	0	0	0	5									17.75	1068.75	
			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	

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 11/20/2025

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)

13 day of 11, 2025, and ending the 19 day of 11, 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:

CHRISTMAS CLUB - 15.00, VAC CLUB - 15.00, LOAN REPAY - 100.00

(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>Sol Mont</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.	

U.S. Department of Labor
Wage and Hour Division

PAYROLL

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

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



WAGE AND HOUR DIVISION
Revised December 2008

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

NAME OF CONTRACTOR OR SUBCONTRACTOR ADDRESS 2710 N Conway Ave Mission, Texas 78574

PAYROLL NO. 23 FOR WEEK ENDING 11/26/2025 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	(4) DAY AND DATE							(5) TOTAL HOURS	(6) RATE OF PAY	(7) GROSS AMOUNT EARNED	(8) DEDUCTIONS					(9) NET WAGES PAID FOR WEEK		
			Thurs	Fri	Sat	Sun	Mon	Tue	Wed				FICA	WITH- HOLDING TAX	State	Local	OTHER		TOTAL DEDUCTIONS	
			11/20	11/21	11/22	11/23	11/24	11/25	11/26											
<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									
			o								0.00	/	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	0.00
			s								0.00									
			o								0.00	/	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	0.00
			s								0.00									
			o								0.00	/	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
			s								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 12/01/2025

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 on the
(Contractor or Subcontractor)
529 N Cynthia Street McAllen, TX 78501; that during the payroll period commencing on the
(Building or Work)
20 day of 11, 2025, and ending the 26 day of 11, 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:

(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.

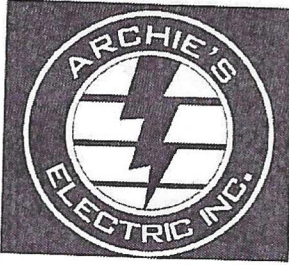
(c) EXCEPTIONS

EXCEPTION (CRAFT)	EXPLANATION

REMARKS:

NAME AND TITLE: Sandra Martinez
Vice President SIGNATURE: Sandra Martinez

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 #
11/20/2025	21744

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

Project
McAllen Health Clinic 529 N Cynthia J...

Description	Amount
For McAllen Health Clinic 529 N Cynthia McAllen Texas	
3rd Electrical Draw	
Labor and Material Retainage	80,400.00 -8,040.00
Thank you for your Business	Total
	\$72,360.00

Phone: (956) 583-7878

archieelectricinc1@yahoo.com

Fax: 956-585-9539

"Regulated by The Texas Department of Licensing and Regulation, P. O. Box 12157, Austin, Texas 78711, 1-800-803-9202, 512-463-6599;
website: www.license.state.tx.us/complaints"

APPLICATION AND CERTIFICATION FOR PAYMENT

AIA DOCUMENT G702

TO OWNER: RGV Construction

PROJECT: McAllen Health Clinic
529 N Cynthia

APPLICATION NO. 3

Distribution to:

<input type="checkbox"/>	OWNER
<input type="checkbox"/>	ARCHITECT
<input checked="" type="checkbox"/>	CONTRACTOR
<input type="checkbox"/>	
<input type="checkbox"/>	

FROM CONTRACTOR:
Archie's Electric Inc
11916 N Bryan Rd
Mission Texas 78573

VIA ARCHITECT:

PERIOD TO: 11/30/2025

PROJECT NOS:

CONTRACT DATE:

CONTRACTOR'S APPLICATION FOR PAYMENT

Application is made for payment, as shown below, in connection with the Contract. Continuation Sheet, AIA Document G703, is attached.

1. ORIGINAL CONTRACT SUM		\$	112,000.00
2. Net change by Change Orders		\$	9,950.00
3. CONTRACT SUM TO DATE (Line 1 + 2)		\$	121,950.00
4. TOTAL COMPLETED & STORED TO DATE (Column G on G703)		\$	108,900.00
5. RETAINAGE:			
a. 10 % of Completed Work (Column D + E on G703)	\$		10,890.00
b. 0 % of Stored Material (Column F on G703)	\$		
Total Retainage (Lines 5a + 5b or Total in Column I of G703)	\$		10,890.00
6. TOTAL EARNED LESS RETAINAGE (Line 4 Less Line 5 Total)	\$		98,010.00
7. LESS PREVIOUS CERTIFICATES FOR PAYMENT (Line 6 from prior Certificate)	\$		0.00
8. CURRENT PAYMENT DUE	\$		72,360.00
9. BALANCE TO FINISH, INCLUDING RETAINAGE (Line 3 less Line 6)	\$		23,940.00

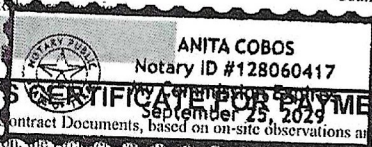
CHANGE ORDER SUMMARY	ADDITIONS	DEDUCTIONS
Total changes approved in previous months by Owner		
Total approved this Month		
TOTALS		\$0.00
NET CHANGES by Change Order	\$0.00	

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: 11-29-25

State of: Texas County of: Hidalgo
Subscribed and sworn to (day of Notary Public: My Commission expires



ARCHITECT'S CERTIFICATE FOR PAYMENT
In accordance with the Contract Documents, based on on-site observations and the data comprising the 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 \$

(Attach explanation if amount certified differs from the amount applied. Initial all figures on this Application and on the Continuation Sheet that are changed to conform with the amount certified.)

ARCHITECT: By: _____ Date: _____

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.

ARCHIE'S ELECTRIC INC

11916 n Bryan Rd
Mission Texas 78573
956-583-7878

CONTINUATION SHEET - McAllen HEALTH Clinic

AIA DOCUMENT G703

PAGE 2 OF 2 PAGES

AIA Document G702, APPLICATION AND CERTIFICATION FOR PAYMENT, containing Contractor's signed certification is attached.

In tabulations below, amounts are stated to the nearest dollar.

Use Column I on Contracts where variable retainage for line items may apply.

APPLICATION NO: 3
APPLICATION DATE: 25-Nov-25
PERIOD TO: 11/01/25 to 11/30/2025
ARCHITECT'S PROJECT NO:

A ITEM NO.	B DESCRIPTION OF WORK	C SCHEDULED VALUE	D WORK COMPLETED		F MATERIALS PRESENTLY STORED (NOT IN D OR E)	G		H BALANCE TO FINISH (C - G)	I RETAINAGE (IF VARIABLE RATE)
			FROM PREVIOUS APPLICATION (D + E)	THIS PERIOD		TOTAL COMPLETED AND STORED TO DATE (D+E+F)	% (G + C)		
1	BASE BID								
2	Electrical Rough In	\$20,000.00	18,500.00	1,500.00		\$20,000.00	100.00%		\$0.00
3	Electrical Finish Out	\$1,050.00		8,000.00		\$8,000.00	66.39%	\$4,050.00	\$800.00
4	Feeders	\$6,000.00					0.00%	\$6,000.00	\$0.00
5	Service	\$6,500.00	1,000.00	3,000.00		\$4,000.00	61.54%	\$2,500.00	\$400.00
6	Gear and lighting	\$54,000.00		54,000.00		\$54,000.00	100.00%		\$5,400.00
7	Light Poles	\$4,000.00	4,000.00	1,500.00		\$4,000.00	100.00%		\$400.00
8	Miscellaneous	\$3,500.00	1,500.00	2,450.00		\$3,000.00	85.71%	\$500.00	\$300.00
9	Transformer	\$3,450.00	1,000.00	2,500.00		\$3,450.00	100.00%		\$345.00
10	Underground	\$2,500.00	2,500.00			\$2,500.00	100.00%		\$250.00
11	Change Orders 6274	\$9,950.00		9,950.00		\$9,950.00	100.00%		\$995.00
14									\$0.00
23									\$0.00
26									\$0.00
27									\$0.00
30									\$0.00
31									\$0.00
	Change Orders								\$0.00
35									\$0.00
36									\$0.00
	GRAND TOTAL	\$121,450.00	\$28,500.00	\$80,400.00	\$0.00	\$108,900.00	89.30%	\$13,050.00	\$10,890.00

Users may obtain validation of this document by requesting of the license a completed AIA Document D401 - Certification of Document's Authenticity

PROJECT NAME: Hedge Creek Health Clinic
 PROJECT NO. or CONTRACT NO.:
 PAYROLL NO.: 9
 PRIME CONTRACTOR'S/SUBCONTRACTOR'S BUSINESS NAME: Archives Electric Inc
 PROJECT LOCATION: 529 N. Center St. Medford
 WEEK ENDING DATE: 11-8-25
 CERTIFYING OFFICIAL'S NAME AND TITLE: PHIL W. Bryan JR.

- 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 ("OAT"), 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.

HOURLY CREDIT FOR FRINGE BENEFITS

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	\$	\$

- 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: 11-8-25
 TELEPHONE NUMBER: 954-1583-7878
 EMAIL ADDRESS: Archiveselectric1@yahoo

THE WILLFUL FALSIFICATION OF ANY OF THE ABOVE STATEMENTS MAY SUBJECT THE CONTRACTOR OR SUBCONTRACTOR TO CIVIL OR CRIMINAL PROSECUTION (SFC 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.

U.S. Department of Labor
Wage and Hour Division

Davis-Bacon and Related Acts Weekly Certified Payroll Form

(For Contractor's Optional Use; See Instructions at 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.



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

SUBMISSION OF FINAL DBRA CERTIFIED PAYROLL FORM

PRIME CONTRACTOR

SUBCONTRACTOR

PROJECT NAME <i>Andalen County Health Clinic</i>		PROJECT NO. or CONTRACT NO.	CERTIFIED PAYROLL NO. <i>11</i>	PRIME CONTRACTOR'S/SUBCONTRACTOR'S BUSINESS NAME <i>Archies Electric Inc</i>															
PROJECT LOCATION <i>529 N Cynthia St Meriden</i>		WAGE DETERMINATION NO.	WEEK ENDING DATE <i>11-22-25</i>	PRIME CONTRACTOR'S/SUBCONTRACTOR'S BUSINESS ADDRESS <i>11916 U Bryon 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) (U) JOURNEYWORKER (RA) REGISTERED APPRENTICE	(3) LABOR CLASSIFICATION	(4) HOURS WORKED EACH DAY		(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	
							ST = STRAIGHT TIME	OT = OVERTIME							TAX WITH-HOLDINGS	FICA	OTHER (MUST SPECIFY, SEE INSTRUCTIONS)		TOTAL DEDUCTIONS
	<i>Comake</i>	<i>Carlos</i>		<i>2081</i>			ST	<i>9</i>	<i>9</i>	<i>35</i>	<i>16</i>								<i>560</i>
	<i>Mendez</i>	<i>Ruben</i>		<i>4298</i>			ST	<i>9</i>	<i>9</i>	<i>35</i>	<i>16</i>		<i>560</i>						<i>560</i>
	<i>Bonalez</i>	<i>Heriberto</i>		<i>0850</i>			ST	<i>9</i>	<i>9</i>	<i>35</i>	<i>15</i>		<i>560</i>						<i>560</i>
	<i>Morales</i>	<i>Aracadio</i>		<i>0518</i>			ST	<i>9</i>	<i>9</i>	<i>35</i>	<i>15</i>		<i>525</i>						<i>525</i>
	<i>Osorio</i>	<i>Heron</i>		<i>3996</i>			ST		<i>9</i>	<i>9</i>	<i>15</i>		<i>525</i>						<i>525</i>
	<i>Sevilla</i>	<i>Miguel</i>		<i>0724</i>			ST		<i>9</i>	<i>9</i>	<i>17</i>		<i>35</i>						<i>135</i>
							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 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)(1)(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: Hedge Creek Health Clinic PROJECT NO. or CONTRACT NO.: _____ PAYROLL NO.: 11 PRIME CONTRACTOR'S/SUBCONTRACTOR'S BUSINESS NAME: Orchise Electric Inc

PROJECT LOCATION: 529 N. Cynthia St. Melton WEEK ENDING DATE: 11-22-25 CERTIFYING OFFICIAL'S NAME AND TITLE: 1114 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 ("OAT"), 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 (GB) 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.

HOURLY CREDIT FOR FRINGE BENEFITS

NAME OF WORKER	FB NAME		FB NAME		FB NAME		FB NAME		FB NAME		TOTAL HOURLY CREDIT
	FB TYPE		FB TYPE		FB TYPE		FB TYPE		FB TYPE		
	PLAN NO.		PLAN NO.		PLAN NO.		PLAN NO.		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	\$	\$

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: 11-22-25 TELEPHONE NUMBER: 950-1583-7878 EMAIL ADDRESS: orchiselectricinc@yehaw.com

THE WILLFUL FALSIFICATION OF ANY OF THE ABOVE STATEMENTS MAY SUBJECT THE CONTRACTOR OR SUBCONTRACTOR TO CIVIL OR CRIMINAL PROSECUTION (SEE SECTION 3001 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)

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.



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

SUBMISSION OF FINAL DBRA CERTIFIED PAYROLL FORM

PRIME CONTRACTOR

SUBCONTRACTOR

PROJECT NAME <i>Arizalco County Health Clinic</i>		PROJECT NO. or CONTRACT NO.	CERTIFIED PAYROLL NO. <i>12</i>	PRIME CONTRACTOR'S/SUBCONTRACTOR'S BUSINESS NAME <i>Archie's Electric Inc</i>													
PROJECT LOCATION <i>524 N Cynthia St McAllen</i>		WAGE DETERMINATION NO.	WEEK ENDING DATE <i>11-29-25</i>	PRIME CONTRACTOR'S/SUBCONTRACTOR'S BUSINESS ADDRESS <i>11916 U Braun Rd Mission Texas</i>													
(1A)	(1B)	(1C)	(1D)	(1E)	(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.	(J) JOURNEYWORKER (RA) REGISTERED APPRENTICE	LABOR CLASSIFICATION	ST = STRAIGHT TIME OT = OVERTIME	(TOP) DAYS OF WORK WEEK (BOTTOM) DATES <i>25 26 27 28 29</i>	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
	<i>Gonzalez</i>	<i>Carlos</i>		<i>2081</i>			ST	<i>X 9 9 4 X X X</i>	<i>22</i>	<i>16</i>		<i>352</i>					<i>352</i>
	<i>Mendez</i>	<i>Ruben</i>		<i>4293</i>			ST	<i>X 9 9 4 X X X</i>	<i>22</i>	<i>16</i>		<i>352</i>					<i>352</i>
	<i>Gonzalez</i>	<i>Arriberto</i>		<i>0850</i>			ST	<i>X 9 9 4 X X X</i>	<i>22</i>	<i>15</i>		<i>330</i>					<i>330</i>
	<i>Morales</i>	<i>Amedeo</i>		<i>0518</i>			ST	<i>X 9 9 4 X X X</i>	<i>22</i>	<i>15</i>		<i>330</i>					<i>330</i>
	<i>Osorio</i>	<i>Heron</i>		<i>3996</i>			ST	<i>X 9 X 9 X</i>	<i>18</i>	<i>15</i>		<i>270</i>					<i>270</i>
	<i>Sorilla</i>	<i>Miguel</i>		<i>0724</i>			ST	<i>X 9 X 9 X</i>	<i>18</i>	<i>17</i>		<i>306</i>					<i>306</i>
							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 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) 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: Hedge County Health Clinic PROJECT NO. or CONTRACT NO.: 12 PAYROLL NO.: 12 PRIME CONTRACTOR'S/SUBCONTRACTOR'S BUSINESS NAME: Archives Electric Inc

PROJECT LOCATION: 529 N. Center St. Medford WEEK ENDING DATE: 11-29-25 CERTIFYING OFFICIAL'S NAME AND TITLE: 11914 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 ("OETA"), 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.

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		FB TYPE		FB TYPE		FB TYPE		FB TYPE		
	PLAN NO.		PLAN NO.		PLAN NO.		PLAN NO.		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	\$	\$

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: 11-29/25 TELEPHONE NUMBER: 956-1583-7878 EMAIL ADDRESS: archiveselectricinc@yaho.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.