

APPLICATION AND CERTIFICATE FOR PAYMENT

AIA DOCUMENT G702

TO: Hidalgo County
100 E. Cano St
Edinburg, Texas 78539

PROJECT #: 25-0109-00 HCCH Phase 2.3 Abatement & Demolition
CONTRACT FOR: Hidalgo County Courthouse Phase II
100 N. Closer Blvd.
Edinburg, Texas 78539

APPLICATION NO: 3
APPLICATION DATE: January 25, 2026

DISTRIBUTION TO:

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

PERIOD FROM: January 1, 2026
TO: January 31, 2026

ATTN: Oscar Villarreal
FROM: Noble Texas Builders, LLC
108 S. Main Street
La Feria, TX 78559

Architect: HDR Architecture, Inc.
8750 N Central Expressway, Suite 100
Dallas, Texas 75231

CONTRACT DATE: October 15, 2024

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.

B2Z Engineering, LLC.

David Rivera *David Rivera* January 30, 2026

#SPILL!

| Change Orders Approved in previous months by Owner | | ADDITIONS | DEDUCTIONS |
|--|---------------|-----------|------------|
| TOTAL | | | |
| Approved this Month | | | |
| Number | Date Approved | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| TOTALS | | \$0.00 | \$0.00 |
| Net change by Change Orders | | | \$0.00 |

The present status of the account for this Contract is as follows:

| | | | |
|---|----|----------------|-------|
| 1. ORIGINAL CONTRACT SUM..... | \$ | 4,704,994.00 | |
| 2. Net change by Change Orders..... | \$ | 0.00 | |
| 3. CONTRACT SUM TO DATE(Line 1+-2)..... | \$ | 4,704,994.00 | |
| 4. TOTAL COMPLETED & STORED TO DATE..... (Column G on G703) | \$ | 1,870,457.53 = | 39.8% |
| 5. RETAINAGE : 5% of Completed Work | | 93,522.88 | |
| 6. TOTAL EARNED LESS RETAINAGE..... (Line 4 Less Line 5 Total) | \$ | 1,776,934.65 | |
| 7. LESS PREVIOUS CERTIFICATES for..... PAYMENT (Line 6 from prior Certificate) | \$ | 1,228,854.95 | |
| 8. CURRENT PAYMENT DUE..... | \$ | 548,079.70 | |
| 9. Plus Applicable Taxes 0% | | 0.00 | |
| 10. CURRENT PAYMENT DUE..... | | 548,079.70 | |
| 11. BALANCE TO FINISH, PLUS RETAINAGE..... (Line 3 less (Line 6 x Tax) | \$ | 2,928,059.35 | |

The undersigned Cc Traffic Control 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 him 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.

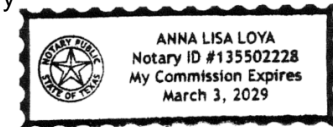
CONTRACTOR: NOBLE TEXAS BUILDERS

BY: *Emmanuel Acosta* DATE: 01/26/2026

Emmanuel Acosta
Project Manger

State Of: Texas County of: Cameron County
Subscribed and sworn to before me this 27th day of January

Anna Lisa Loya



My Commision expires: March 3, 2029

OWNER'S / ARCHITECT'S CERTIFICATE FOR PAYMENT

AMOUNT CERTIFIED..... \$ 548,079.70

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

BY: *Michael Branchley* DATE: 1/30/26

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

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

Hidalgo County Courthouse Phase II

APPLICATION NO: 3
 APPLICATION DATE: January 25, 2026
 January 1, 2026
 TO: January 31, 2026

In tabulations below, amounts are stated to the nearest dollar.
 Use Column I on Contracts where variable retainage for line items may apply.

25-0109-00 HCCH Phase 2.3 Abatement & Demolition

| ITEM No. | DESCRIPTION OF WORK | C SCHEDULED VALUE | D | | | E | | F | | G | | H BALANCE TO FINISH (C-G) | I RETAINAGE 5% |
|---------------|---|----------------------|-----------------------|------------------|--------|------------------------------|----------------------------|------------|-----------------|---|--|------------------------------|-------------------|
| | | | WORK COMPLETED | | | | | | TOTAL COMPLETED | | | | |
| | | | Previous Applications | This Application | | Stored Mat'l (not in D or E) | AND STORED TO DATE (D+E+F) | % (G/C) | | | | | |
| Work in Place | | | | | | | | | | | | | |
| 1 | DIVISION 01 - GENERAL REQUIREMENTS | | | | | | | | | | | | |
| 2 | General Conditions | \$629,380.00 | 125,876.00 | 62,938.00 | 0.00 | 188,814.00 | 30% | 440,566.00 | 9,440.70 | | | | |
| 3 | Overhead & Profit | \$197,610.00 | 50,500.00 | 29,500.00 | 0.00 | 80,000.00 | 40% | 117,610.00 | 4,000.00 | | | | |
| 4 | | | | | | | | | | | | | |
| 5 | | | | | | | | | | | | | |
| 6 | | | | | | | | | | | | | |
| 7 | <i>SUBTOTAL DIVISION 01</i> | \$826,990.00 | \$176,376.00 | \$92,438.00 | \$0.00 | 268,814.00 | 33% | 558,176.00 | 13,440.70 | | | | |
| 8 | DIVISION 02 - ABATEMENT & DEMOLITION | | | | | | | | | | | | |
| 9 | Mobilization | \$110,090.00 | 110,090.00 | 0.00 | 0.00 | 110,090.00 | 100% | 0.00 | 5,504.50 | | | | |
| 10 | Asbestos Abatement Main Building | \$614,000.00 | 214,900.00 | 203,554.00 | 0.00 | 418,454.00 | 68% | 195,546.00 | 20,922.70 | | | | |
| 11 | Asbestos Abatement Auxiliary Building | \$40,000.00 | 40,000.00 | 0.00 | 0.00 | 40,000.00 | 100% | 0.00 | 2,000.00 | | | | |
| 12 | NESHAP Vapor Barrier & Texture | \$32,000.00 | 0.00 | 20,000.00 | 0.00 | 20,000.00 | 63% | 12,000.00 | 1,000.00 | | | | |
| 13 | Hazardous Materials | \$42,000.00 | 8,400.00 | 4,000.00 | 0.00 | 12,400.00 | 30% | 29,600.00 | 620.00 | | | | |
| 14 | Site Demolition | \$70,000.00 | 10,500.00 | 5,000.00 | 0.00 | 15,500.00 | 22% | 54,500.00 | 775.00 | | | | |
| 15 | 1-2 Story Demolition (Area A) | \$120,000.00 | 12,000.00 | 2,000.00 | 0.00 | 14,000.00 | 12% | 106,000.00 | 700.00 | | | | |
| 16 | 3 Story Demolition (Area B) | \$240,000.00 | 24,000.00 | 2,000.00 | 0.00 | 26,000.00 | 11% | 214,000.00 | 1,300.00 | | | | |
| 17 | 5 Story Demolition (Area B) | \$225,000.00 | 6,225.00 | 2,000.00 | 0.00 | 8,225.00 | 4% | 216,775.00 | 411.25 | | | | |
| 18 | Auxiliary Building Demolition (Area C) | \$41,500.00 | 0.00 | 41,500.00 | 0.00 | 41,500.00 | 100% | 0.00 | 2,075.00 | | | | |
| 19 | | | | | | | | | | | | | |
| 20 | | | | | | | | | | | | | |
| 21 | | | | | | | | | | | | | |
| 22 | <i>SUBTOTAL DIVISION 02</i> | \$1,534,590.00 | \$426,115.00 | \$280,054.00 | \$0.00 | 706,169.00 | 46% | 828,421.00 | 35,308.45 | | | | |
| 23 | DIVISION 14 - SCAFFOLDING | | | | | | | | | | | | |
| 24 | 1 Story Scaffold | | | | | | | | | | | | |
| 25 | Assemble & Disassemble | \$38,667.00 | 19,300.00 | 0.00 | 0.00 | 19,300.00 | 50% | 19,367.00 | 965.00 | | | | |
| 26 | Scaffold Material | \$115,420.00 | 115,420.00 | 0.00 | 0.00 | 115,420.00 | 100% | 0.00 | 5,771.00 | | | | |
| 27 | Monthly Inspection | \$16,488.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0% | 16,488.00 | 0.00 | | | | |
| 28 | General Conditions | \$32,978.00 | 3,200.00 | 5,150.00 | 0.00 | 8,350.00 | 25% | 24,628.00 | 417.50 | | | | |
| 29 | 6 Story Scaffold | | | | | | | | | | | | |
| 30 | Assemble & Disassemble | \$90,221.00 | 45,100.00 | 0.00 | 0.00 | 45,100.00 | 50% | 45,121.00 | 2,255.00 | | | | |
| 31 | Scaffold Material | \$173,131.00 | 173,131.00 | 0.00 | 0.00 | 173,131.00 | 100% | 0.00 | 8,656.55 | | | | |
| 32 | Monthly Inspection | \$24,733.00 | | 5,000.00 | 0.00 | 5,000.00 | 20% | 19,733.00 | 250.00 | | | | |
| 33 | General Conditions | \$49,466.00 | 4,900.00 | 7,500.00 | 0.00 | 12,400.00 | 25% | 37,066.00 | 620.00 | | | | |
| 34 | Scaffold Netting | \$74,659.00 | 74,659.00 | 0.00 | 0.00 | 74,659.00 | 100% | 0.00 | 3,732.95 | | | | |
| 35 | | | | | | | | | | | | | |
| 36 | | | | | | | | | | | | | |
| 37 | | | | | | | | | | | | | |
| 38 | <i>SUBTOTAL DIVISION 14</i> | \$615,763.00 | \$435,710.00 | \$17,650.00 | \$0.00 | 453,360.00 | 74% | 162,403.00 | 22,668.00 | | | | |
| 39 | DIVISION 22 - PLUMBING | | | | | | | | | | | | |
| 40 | PLUMBING DEMO MATERIAL & LABOR | \$16,500.00 | 16,500.00 | 0.00 | 0.00 | 16,500.00 | 100% | 0.00 | 825.00 | | | | |
| 41 | EQUIPMENT | \$1,500.00 | 1,500.00 | 0.00 | 0.00 | 1,500.00 | 100% | 0.00 | 75.00 | | | | |
| 42 | GENERAL CONDITIONS | \$2,000.00 | 2,000.00 | 0.00 | 0.00 | 2,000.00 | 100% | 0.00 | 100.00 | | | | |
| 43 | | | | | | | | | | | | | |
| 44 | | | | | | | | | | | | | |
| 45 | | | | | | | | | | | | | |
| 46 | | | | | | | | | | | | | |
| 47 | | | | | | | | | | | | | |
| 48 | <i>SUBTOTAL DIVISION 22</i> | \$20,000.00 | \$20,000.00 | \$0.00 | \$0.00 | 20,000.00 | 100% | 0.00 | 1,000.00 | | | | |
| 49 | DIVISION 23 - HVAC | | | | | | | | | | | | |
| 50 | HVAC DEMO MATERIAL & LABOR | \$234,000.00 | 66,522.53 | 46,000.00 | 0.00 | 112,522.53 | 48% | 121,477.47 | 5,626.13 | | | | |

| | | | | | | | | | |
|----|---|---------------------|---------------------|-------------------|-------------|---------------------|--------------|---------------------|------------------|
| 51 | EQUIPMENT | \$18,000.00 | 5,000.00 | 5,000.00 | 0.00 | 10,000.00 | 56% | 8,000.00 | 500.00 |
| 52 | GENERAL CONDITIONS | \$28,000.00 | 5,000.00 | 5,000.00 | 0.00 | 10,000.00 | 36% | 18,000.00 | 500.00 |
| 53 | | | | | | | | | |
| 54 | | | | | | | | | |
| 55 | | | | | | | | | |
| 56 | | | | | | | | | |
| 57 | | | | | | | | | |
| 58 | <i>SUBTOTAL DIVISION 23</i> | \$280,000.00 | \$76,522.53 | \$56,000.00 | \$0.00 | 132,522.53 | 47% | 147,477.47 | 6,626.13 |
| 59 | DIVISION 26 - ELECTRICAL | | | | | | | | |
| 60 | ELECTRICAL DEMO MATERIAL | \$5,340.00 | 0.00 | 5,340.00 | 0.00 | 5,340.00 | 100% | 0.00 | 267.00 |
| 61 | ELECTRICAL DEMO LABOR | \$42,905.00 | 2,105.00 | 27,929.00 | 0.00 | 30,034.00 | 70% | 12,871.00 | 1,501.70 |
| 62 | EQUIPMENT | \$3,947.00 | 0.00 | 3,947.00 | 0.00 | 3,947.00 | 100% | 0.00 | 197.35 |
| 63 | GENERAL CONDITIONS | \$4,526.00 | 1,403.00 | 2,218.00 | 0.00 | 3,621.00 | 80% | 905.00 | 181.05 |
| 64 | | | | | | | | | |
| 65 | | | | | | | | | |
| 66 | | | | | | | | | |
| 67 | | | | | | | | | |
| 68 | | | | | | | | | |
| 69 | <i>SUBTOTAL DIVISION 26</i> | \$56,718.00 | \$3,508.00 | \$39,434.00 | \$0.00 | 42,942.00 | 76% | 13,776.00 | 2,147.10 |
| 70 | DIVISION 31 - EARTHWORK & OTHERS | | | | | | | | |
| 71 | Noble (Self-Perform) | | | | | | | | |
| 72 | Basement Backfill & Compaction | \$420,475.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0% | 420,475.00 | 0.00 |
| 73 | Progress Cleaning | \$63,155.00 | 16,000.00 | 9,500.00 | 0.00 | 25,500.00 | 40% | 37,655.00 | 1,275.00 |
| 74 | Maintenance of SWPP & Construction Entrance | \$43,763.00 | 10,900.00 | 6,500.00 | 0.00 | 17,400.00 | 40% | 26,363.00 | 870.00 |
| 75 | Material Handling | \$33,341.00 | 8,500.00 | 4,800.00 | 0.00 | 13,300.00 | 40% | 20,041.00 | 665.00 |
| 76 | Temp Safety & Traffic Control | \$74,200.00 | 18,800.00 | 11,250.00 | 0.00 | 30,050.00 | 40% | 44,150.00 | 1,502.50 |
| 77 | Tree Protection | \$37,467.00 | 9,450.00 | 5,600.00 | 0.00 | 15,050.00 | 40% | 22,417.00 | 752.50 |
| 78 | Salvage Items & Storage | \$52,680.00 | 13,350.00 | 7,850.00 | 0.00 | 21,200.00 | 40% | 31,480.00 | 1,060.00 |
| 79 | Field Engineering & Layout | \$135,636.00 | 34,300.00 | 19,500.00 | 0.00 | 53,800.00 | 40% | 81,836.00 | 2,690.00 |
| 80 | Temporary Fencing / Pedestrian Walkways | \$89,478.00 | 22,600.00 | 13,500.00 | 0.00 | 36,100.00 | 40% | 53,378.00 | 1,805.00 |
| 81 | Security | \$85,488.00 | 21,400.00 | 12,850.00 | 0.00 | 34,250.00 | 40% | 51,238.00 | 1,712.50 |
| 82 | | | | | | | | | |
| 83 | | | | | | | | | |
| 84 | <i>SUBTOTAL DIVISION 31</i> | 1,035,683.00 | 155,300.00 | 91,350.00 | 0.00 | 246,650.00 | 24% | 789,033.00 | 12,332.50 |
| 85 | ALLOWANCES | | | | | | | | |
| 86 | Contingency (5%) | \$235,250.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0% | 235,250.00 | 0.00 |
| 87 | Allowance | \$100,000.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0% | 100,000.00 | 0.00 |
| 88 | | | | | | | | | |
| 89 | | | | | | | | | |
| 90 | | | | | | | | | |
| 91 | | | | | | | | | |
| 92 | | | | | | | | | |
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| 94 | | | | | | | | | |
| 95 | | | | | | | | | |
| 96 | | | | | | | | | |
| 97 | <i>SUBTOTAL ALLOWANCE</i> | 335,250.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0% | 335,250.00 | 0.00 |
| 98 | GRAND TOTAL | 4,704,994.00 | 1,293,531.53 | 576,926.00 | 0.00 | 1,870,457.53 | 39.8% | 2,834,536.47 | 93,522.88 |

Back Up Documentation

Certified Payroll Report

Submission of Final DBRA Certified Payroll Form

Prime Contractor

Sub Contractor

| | | | |
|-------------------------------|--|---------------------------------------|--------------------------------------|
| Project Name | Noble Texas Builders:25-0109-00 Hidalgo Co. Cou | Project No. or Contract No. | 25010900S01 |
| Project Location | Noble Texas Builders, 108 S Main St., La Feria, Tx | Certified Payroll No. | 7 |
| Wage Determination No. | A-011_A-014 | Sub Contractor's Business Name | COASTAL BEND DEMOLITION INC. |
| | | Sub Contractor Address | 5001 ALLEN PLACE, CORPUS CHRISTI, TX |
| | | Week Ending Date | 1/4/2026 |

| 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 | | | | | Net Payment to Worker for All Work | |
|------------------|-------------------|------------------------|---|----------------------|----------------|---------------------|--------|--------|-------|-------|-------|-------|---------------------------------|---------------------|---|------------------|-----------------------------|------------------------------------|--------------|-------------------------------|------------------------|----------|-------------|-----------|--|------------------------------------|-----------------|
| | | | | | | Mon 29 | Tue 30 | Wed 31 | Thu 1 | Fri 2 | Sat 3 | Sun 4 | | | | | | | | | Social Security | Medicare | Federal Tax | State Tax | Other(Must Specify and see Instructions) | | Total Deduction |
| 1 | Acuna, Michael A | 9549 | | Semi Trk Driver | ST OT DT | 10.50 | 8.00 | 5.00 | | | | | 23.50 | 23.50 | 27.50 | 646.25 | 140.37 | 0.00 | DD1108 | 1,164.02 | 67.50 | 15.78 | 57.00 | 0.00 | 75.32 | 215.60 | 920.65 |
| 2 | Benavides, Jose L | 1233 | | Common Laborer | ST OT DT | 10.00 | 10.00 | 5.00 | | | | 25.00 | 25.00 | 17.25 | 431.25 | 52.45 | 0.00 | DD1109 | 709.70 | 44.00 | 10.29 | 63.00 | 0.00 | 0.00 | 117.29 | 639.96 | |
| 3 | Elliff, William E | 4007 | | Excav Operator | ST OT DT | 8.00 | 8.00 | 4.00 | | | | 20.00 | 20.00 | 27.50 | 550.00 | 127.77 | 0.00 | DD1114 | 1,067.77 | 61.53 | 14.39 | 97.00 | 0.00 | 75.32 | 248.24 | 791.76 | |
| 4 | Hatfield, Teddy L | 0330 | | Excav Operator | ST OT DT | 8.00 | 8.00 | 4.00 | | | | 20.00 | 20.00 | 27.50 | 550.00 | 52.45 | 0.00 | DD1115 | 992.45 | 61.53 | 14.39 | 97.00 | 0.00 | 0.00 | 172.92 | 867.08 | |

| | | | | | |
|------------------|--|-----------------------------|-------------|--------------------------------------|------------------------------|
| Project Name | Noble Texas Builders:25-0109-00 Hidalgo Co. Court House | Project No. or Contract No. | 25010900S01 | Sub Contractor's Business Name | COASTAL BEND DEMOLITION INC. |
| Project Location | Noble Texas Builders, 108 S Main St., La Feria, Tx 78559 | Certified Payroll No. | 7 | Certifying Official's Name and Title | Jennifer Carr, Controller |
| Week Ending Date | 1/4/2026 | | | | |

- 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.

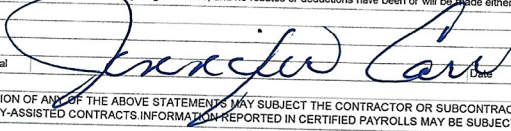
HOURLY CREDIT FOR FRINGE BENEFITS

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 | Accrued Sick | | Accrued Vacation | | Health Insurance (company paid) | | Dental Insurance (company paid) | | Vision Insurance (company paid) | | Group Term Life Ins(Company Pd) | | Pre Diem Other | TOTAL HOURLY CREDIT | |
|-------------------|--------------------|--|--------------------|--|--|---|--|---|--|---|--|---|--|---------------------|--------|
| | FB Name Plan No | FB Type Plan No | FB Name Plan No | FB Type Plan No | FB Name Plan No | FB Type Plan No | FB Name Plan No | FB Type Plan No | FB Name Plan No | FB Type Plan No | FB Name Plan No | FB Type Plan No | | | |
| Acuna, Michael A | Hourly Rate | <input type="checkbox"/> Funded <input checked="" type="checkbox"/> Unfunded | Hourly Rate | <input type="checkbox"/> Funded <input checked="" type="checkbox"/> Unfunded | <input checked="" type="checkbox"/> Funded <input type="checkbox"/> Unfunded | <input type="checkbox"/> Funded <input type="checkbox"/> Unfunded | <input checked="" type="checkbox"/> Funded <input type="checkbox"/> Unfunded | <input type="checkbox"/> Funded <input type="checkbox"/> Unfunded | <input checked="" type="checkbox"/> Funded <input type="checkbox"/> Unfunded | <input type="checkbox"/> Funded <input type="checkbox"/> Unfunded | <input checked="" type="checkbox"/> Funded <input type="checkbox"/> Unfunded | <input type="checkbox"/> Funded <input type="checkbox"/> Unfunded | <input checked="" type="checkbox"/> Funded <input type="checkbox"/> Unfunded | | |
| Benavides, Jose L | Hourly Rate | | Hourly Rate | 0.5361 | Hourly Rate | 3.0723 | Hourly Rate | 0.1102 | Hourly Rate | 0.0226 | Hourly Rate | 0.1043 | Hourly Rate | 2.1277 | 5.9731 |
| Elliff, William E | Hourly Rate | | Hourly Rate | | Hourly Rate | | Hourly Rate | | Hourly Rate | 0.098 | Hourly Rate | | Hourly Rate | 2 | 2.098 |
| Hatfield, Teddy L | Hourly Rate | | Hourly Rate | | Hourly Rate | 3.61 | Hourly Rate | 0.1295 | Hourly Rate | 0.0265 | Hourly Rate | 0.1225 | Hourly Rate | 2.5 | 6.3885 |
| | | | Hourly Rate | | Hourly Rate | | Hourly Rate | | Hourly Rate | | Hourly Rate | 0.1225 | Hourly Rate | 2.5 | 2.6225 |

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

Additional Remarks

Signature of Certifying Official: 

Date: 1/8/2026 Telephone Number: 361-851-0464 ext 1001 Email Address: jennifer@coastalbenddemolition.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 3728 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 | Noble Texas Builders:25-0109-00 Hidalgo Co. Co | Project No. or Contract No. | 25010900S01 | Certified Payroll No. | 8 |
| Project Location | Noble Texas Builders, 108 S Main St., La Feria, | Sub Contractor's Business Name | COASTAL BEND DEMOLITION INC. | Week Ending Date | 1/11/2026 |
| Wage Determination No. | A-011, A-014 | Sub Contractor Address | 5001 ALLEN PLACE, CORPUS CHRISTI, TX 78411 | | |

| 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 | | | | | Net Payment to Worker for All Work |
|------------------|-------------------|------------------------|---|----------------------|----------------|---------------------|--------------|--------------|--------------|-------|--------|--------|---------------------------------|---------------------|---|------------------|-----------------------------|------------------------------------|--------------|-------------------------------|------------------------|----------|-------------|-----------|--|------------------------------------|
| | | | | | | Mon 5 | Tue 6 | Wed 7 | Thu 8 | Fri 9 | Sat 10 | Sun 11 | | | | | | | | | Social Security | Medicare | Federal Tax | State Tax | Other(Must Specify and see Instructions) | |
| 1 | Acuna, Michael A | 9549 | | Semi Trk Driver | ST OT DT | 8.00 3.50 | 8.00 2.50 | 8.00 2.50 | 8.00 1.50 | 8.00 | | 50.00 | 40.00 10.00 | 27.50 41.25 | 1,512.50 | 336.45 | 0.00 | DD1117 | 1,590.27 | 93.93 | 21.97 | 108.00 | 0.00 | 75.32 | 299.22 | 1,313.28 |
| 2 | Benavides, Jose L | 1233 | | Common Laborer | ST OT DT | 8.00 2.50 | 8.00 2.50 | 8.00 2.50 | 8.00 2.50 | 8.00 | | 50.00 | 40.00 10.00 | 17.25 25.88 | 948.80 | 188.75 | 0.00 | DD1118 | 951.25 | 58.98 | 13.79 | 92.00 | 0.00 | 0.00 | 164.77 | 884.03 |
| 3 | Hatfield, Teddy L | 0330 | | Excav Operator | ST OT DT | 8.00 | 8.00 | 8.00 | 8.00 | 8.00 | | 40.00 | 40.00 | 27.50 | 1,100.00 | 102.45 | 0.00 | DD1122 | 1,102.45 | 68.36 | 15.99 | 110.00 | 0.00 | 0.00 | 194.35 | 1,005.65 |

| | | | | | |
|------------------|--|-----------------------------|-------------|--------------------------------------|------------------------------|
| Project Name | Noble Texas Builders:25-0109-00 Hidalgo Co. Court House | Project No. or Contract No. | 25010900S01 | Sub Contractor's Business Name | COASTAL BEND DEMOLITION INC. |
| Project Location | Noble Texas Builders, 108 S Main St., La Feria, Tx 78559 | Certified Payroll No. | 8 | Certifying Official's Name and Title | Jennifer Carr, Controller |
| Week Ending Date | 1/11/2026 | | | | |

- 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 benefit 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. | Accrued Sick | | Accrued Vacation | | Health Insurance (company paid) | | Dental Insurance (company paid) | | Vision Insurance (company paid) | | Group Term Life Ins(Company Pd) Life Insurance 420484-001 | Pre Diam Other | FB Name FB Type Plan No. | Qualified OT Tracking | | TOTAL HOURLY CREDIT | |
|-------------------|--------------------------------|--------------|----------|------------------|----------|---------------------------------|----------|---------------------------------|----------|---------------------------------|----------|---|-------------------|--------------------------------|-----------------------|-------------|---------------------------|--|
| | | Funded | Unfunded | Funded | Unfunded | Funded | Unfunded | Funded | Unfunded | Funded | Unfunded | | | | Funded | Unfunded | | |
| Acuna, Michael A | Hourly Rate | | | 0.4235 | | 1.444 | | 0.0518 | | 0.0106 | | | | | | | | |
| Benavides, Jose L | Hourly Rate | | | | | | | | | | | 0.049 | Hourly Rate | 2 | Hourly Rate | 2.75 | 6.7289 | |
| Hatfield, Teddy L | Hourly Rate | | | | | | | | | | | 0.049 | Hourly Rate | 2 | Hourly Rate | 1.726 | 3.776 | |
| | | | | | | | | | | | | 0.0513 | Hourly Rate | | 2.5 | Hourly Rate | 2.5613 | |

- 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: *Jennifer Carr* Date: 1/18/2026 Telephone Number: 361-851-0464 ext 1001 Email Address: jennifer@coastalbenddemolition.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.

Certified Payroll Report

Submission of Final DBRA Certified Payroll Form

Prime Contractor

Sub Contractor

| | | | | | |
|-------------------------------|---|---------------------------------------|--|------------------------------|-----------|
| Project Name | Noble Texas Builders:25-0109-00 Hidalgo Co. Cd | Project No. or Contract No. | 25010900S01 | Certified Payroll No. | 9 |
| Project Location | Noble Texas Builders, 108 S Main St., La Feria, | Sub Contractor's Business Name | COASTAL BEND DEMOLITION INC. | Week Ending Date | 1/18/2026 |
| Wage Determination No. | A-011,A-014 | Sub Contractor Address | 5001 ALLEN PLACE, CORPUS CHRISTI, TX 78411 | | |

| 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 | | | | | Net Payment to Worker for All Work | |
|------------------|-------------------|------------------------|---|----------------------|----------------|---------------------|--------|--------|--------|--------|--------|--------|---------------------------------|---------------------|---|------------------|-----------------------------|------------------------------------|--------------|-------------------------------|------------------------|----------|-------------|-----------|---|------------------------------------|-----------------|
| | | | | | | Mon 12 | Tue 13 | Wed 14 | Thu 15 | Fri 16 | Sat 17 | Sun 18 | | | | | | | | | Social Security | Medicare | Federal Tax | State Tax | Other (Must Specify and see Instructions) | | Total Deduction |
| 1 | Acuna, Michael A | 9549 | | Semi Trk Driver | ST OT DT | | | 9.00 | 8.00 | 8.50 | | | 28.50 | 25.50 3.00 | 27.50 41.25 | 825.00 | 140.61 | 0.00 | DD1125 | 1,466.52 | 86.25 | 20.17 | 93.00 | 0.00 | 75.32 | 274.74 | 1,164.01 |
| 2 | Benavides, Jose L | 1233 | | Common Laborer | ST OT DT | 8.00 | 8.00 | 8.00 | 8.00 | 8.00 | | | 55.50 | 40.00 15.50 | 17.25 25.88 | 1,091.14 | 261.22 | 0.00 | DD1126 | 1,093.59 | 67.80 | 15.86 | 109.00 | 0.00 | 0.00 | 192.66 | 1,023.48 |
| 3 | Elliff, William E | 4007 | | Excav Operator | ST OT DT | 8.00 | 8.00 | 8.00 | | | | | 24.00 | 24.00 | 27.50 | 660.00 | 127.77 | 0.00 | DD1130 | 737.77 | 41.08 | 9.61 | 57.00 | 0.00 | 75.32 | 183.01 | 526.99 |
| 4 | Hatfield, Teddy L | 0330 | | Excav Operator | ST OT DT | 8.00 | 8.00 | 8.00 | 8.00 | 8.00 | | | 40.00 | 40.00 | 27.50 | 1,100.00 | 102.45 | 0.00 | DD1131 | 1,102.45 | 68.35 | 15.98 | 110.00 | 0.00 | 0.00 | 194.33 | 1,005.67 |

| | | | | | |
|------------------|--|-----------------------------|-------------|--------------------------------------|------------------------------|
| Project Name | Noble Texas Builders 25-0108-00 Hidalgo Co. Court House | Project No. or Contract No. | 25010900S01 | Sub Contractor's Business Name | COASTAL BEND DEMOLITION INC. |
| Project Location | Noble Texas Builders, 108 S Main St., La Feria, Tx 78559 | Certified Payroll No. | 9 | Certifying Official's Name and Title | Jennifer Carr, Controller |
| Week Ending Date | 1/18/2026 | | | | |

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 stated time 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 | Accrued Sick | | Accrued Vacation | | Health Insurance (company paid) | | Dental Insurance (company paid) | | Vision Insurance (company paid) | | Group Term Life Ins (Company Paid) Life Insurance 420494-001 | FB Name FB Type Plan No | Qualified OT Tracking Other | | FB Name FB Type Plan No | Pre Diem Other | TOTAL HOURLY CREDIT | |
|-------------------|-------------------------------|--------------|----------|------------------|----------|---------------------------------|----------|---------------------------------|----------|---------------------------------|----------|--|-------------------------------|--------------------------------|----------|-------------------------------|-------------------|---------------------------|--------|
| | | Funded | Unfunded | Funded | Unfunded | Funded | Unfunded | Funded | Unfunded | Funded | Unfunded | | | Funded | Unfunded | | | | |
| Acuna, Michael A | Hourly Rate | | | | 0.4505 | Hourly Rate | 2.5333 | Hourly Rate | 0.0909 | Hourly Rate | 0.0186 | Hourly Rate | 0.086 | Hourly Rate | | | Hourly Rate | 1.7544 | 4.9337 |
| Benavides, Jose L | Hourly Rate | | | | | Hourly Rate | | Hourly Rate | | Hourly Rate | | Hourly Rate | 0.0441 | Hourly Rate | 2.4103 | | Hourly Rate | 2.2523 | 4.7057 |
| Elliff, William E | Hourly Rate | | | | | Hourly Rate | 3.0083 | Hourly Rate | 0.1079 | Hourly Rate | 0.0221 | Hourly Rate | 0.1021 | Hourly Rate | | | Hourly Rate | 2.0833 | 5.3288 |
| Hatfield, Teddy L | Hourly Rate | | | | | Hourly Rate | | Hourly Rate | | Hourly Rate | | Hourly Rate | 0.0613 | Hourly Rate | | | Hourly Rate | 2.5 | 2.5813 |

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: *Jennifer Carr* Date: 1/21/2026 Telephone Number: 361-851-0464 ext 1001 Email Address: jennifer@coastalbenddemolition.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.

Certified Payroll Report

Submission of Final DBRA Certified Payroll Form

Prime Contractor

Sub Contractor

| | | | |
|-------------------------------|---|---------------------------------------|--|
| Project Name | Noble Texas Builders:25-0109-00 Hidalgo Co. Cd | Project No. or Contract No. | 25010900S01 |
| Project Location | Noble Texas Builders, 108 S Main St., La Feria, | Sub Contractor's Business Name | COASTAL BEND DEMOLITION INC. |
| Wage Determination No. | A-011,A-014 | Sub Contractor Address | 5001 ALLEN PLACE, CORPUS CHRISTI, TX 78411 |
| | | Certified Payroll No. | 10 |
| | | Week Ending Date | 1/25/2026 |

| 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 | | | | | Net Payment to Worker for All Work | |
|------------------|-------------------|------------------------|--|----------------------|----------------|---------------------|--------------|--------------|--------------|--------------|--------|--------|---------------------------------|---------------------|---|------------------|-----------------------------|------------------------------------|--------------|-------------------------------|------------------------|----------|-------------|-----------|---|------------------------------------|-----------------|
| | | | | | | Mon 19 | Tue 20 | Wed 21 | Thu 22 | Fri 23 | Sat 24 | Sun 25 | | | | | | | | | Social Security | Medicare | Federal Tax | State Tax | Other (Must Specify and see Instructions) | | Total Deduction |
| 1 | Acuna, Michael A | 9549 | | Semi Trk Driver | ST OT DT | 8.00 4.00 | 8.00 2.50 | 8.00 2.50 | | | | | 33.00 | 24.00 9.00 | 27.50 41.25 | 1,031.25 | 141.47 | 0.00 | DD1135 | 1,631.52 | 96.48 | 22.57 | 113.00 | 0.00 | 75.32 | 307.37 | 1,296.38 |
| 2 | Benavides, Jose L | 1233 | | Common Laborer | ST OT DT | 8.00 2.50 | 8.00 2.50 | 8.00 2.50 | 8.00 2.50 | 8.00 0.50 | | | 50.50 | 40.00 10.50 | 17.25 25.88 | 961.74 | 193.07 | 0.00 | DD1136 | 964.19 | 59.78 | 13.98 | 94.00 | 0.00 | 0.00 | 167.76 | 893.98 |
| 3 | Elliff, William E | 4007 | | Excav Operator | ST OT DT | 8.00 | 8.00 | 8.00 | 8.00 | 8.00 | | | 40.00 | 40.00 | 27.50 | 1,100.00 | 177.77 | 0.00 | DD1141 | 1,177.77 | 68.35 | 15.98 | 110.00 | 0.00 | 75.32 | 269.65 | 930.35 |
| 4 | Hatfield, Teddy L | 0330 | | Excav Operator | ST OT DT | 8.00 | 8.00 | 8.00 | 8.00 | 8.00 | | | 40.00 | 40.00 | 27.50 | 1,100.00 | 102.45 | 0.00 | DD1142 | 1,102.45 | 68.35 | 15.99 | 110.00 | 0.00 | 0.00 | 194.34 | 1,005.66 |

U.S. Department of Labor

Wage and Hour Division

PAYROLL

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



Rev. Dec. 2008

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

| | | |
|--|--|---------------------|
| NAME OF CONTRACTOR <input type="checkbox"/> OR SUBCONTRACTOR <input checked="" type="checkbox"/> | ADDRESS | OMB No.: |
| Alamo Environmental Inc. | 2900 Nacogdoches Rd San Antonio, TX 78217 | 1235-0008 |
| | | Expires: 09/30/2026 |

| | | | |
|---------------|----------------------------|--|-------------------------|
| PAYROLL NO. 7 | FOR WEEK ENDING 01/10/2026 | PROJECT AND LOCATION AA25-06757-TX-Hidalgo County Courthouse | PROJECT OR CONTRACT NO. |
|---------------|----------------------------|--|-------------------------|

| (1) Name and Individual Identifying number (e.g. last four digits of Social Security number) of worker | (2) # of W/H Exmp | (3) Work Classification | Earn Code | (4) DAY AND DATE | | | | | | | (5) Total Hours | (6) Rate of Pay | (7) Gross Amount Earned | (8) DEDUCTIONS | | | | | (9) Net Wages Paid For Week | |
|--|----------------------------|-------------------------------|--------------|------------------|-------|-------|-------|-------|-------|-------|-----------------------|-----------------------|----------------------------------|-------------------------|-------------------|-----------------------------|--------------------------|-------|---|---------------------|
| | | | | SUN | MON | TUE | WED | THU | FRI | SAT | | | | FICA | Fed W/H Tax | State & Local W/H Tax | Union Deduc- tions | Other | | Total Deductions |
| | | | | 01/04 | 01/05 | 01/06 | 01/07 | 01/08 | 01/09 | 01/10 | | | | Other Detail: Ded. Amt. | | | | | | |
| ARTEAGA, ROGELIO ***-**-4497 | M0 | Common Laborer | OT | | | | | 3.00 | 10.00 | | 13.00 | 30.00 | 1,190.00 | 86.44 | 48.89 | | | 83.83 | 219.16 | 1,170.84 |
| | | | REG | | 13.00 | 10.00 | 10.00 | 7.00 | | | 40.00 | 20.00 | 1,390.00 | | | | | | | |
| CUEVAS, FRANCISCO ***-**-1771 | M0 | Common Laborer | OT | | | | | | 8.00 | | 8.00 | 28.50 | 988.00 | 71.61 | 29.71 | | | 71.63 | 172.95 | 1,015.05 |
| | | | REG | | 10.00 | 10.00 | 10.00 | 10.00 | | | 40.00 | 19.00 | 1,188.00 | | | | | | | |
| FLORES, JORGE LUIS ***-**-8685 | S0 | Common Laborer | OT | | | | | | 8.00 | | 8.00 | 30.00 | 1,040.00 | 111.69 | 148.04 | | | 75.23 | 334.96 | 1,385.04 |
| | | | REG | | 10.00 | 10.00 | 10.00 | 10.00 | | | 40.00 | 20.00 | 1,720.00 | | | | | | | |
| | | | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | | |

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, ESA, U. S. Department of Labor, Room S3502, 200 Constitution Avenue, N. W., Washington, D. C. 20210.

Date 01/16/26

I, Guadalupe Gonzales Admin Asst
(Name of signatory party) (Title)

do hereby state:

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

Alamo Environmental Inc. on the
(Contractor or Subcontractor)
TX-Hidalgo County Courthouse; that during the payroll period commencing on the
(Building or Work)

4th day of January, 2026, and ending the 10th day of January 2026,
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

Alamo Environmental 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 CFR 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:

FICA, Medicare, Federal Withholding Taxes, 401k contributions, Base Plan - Employee Only
Dental Ins_Employee, Life/ADD Ins_Employee+Child, Roth 401k, Short Term Disability_Voluntar
Vision Ins_Employee

(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 appren-
ticeship program registered with a State apprenticeship agency recognized by the Bureau of Appren-
ticeship 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 |
|-------------------|-------------|
| | |
| | |
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| | |
| | |
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| | |
| | |
| | |

REMARKS:

| | |
|--|--|
| NAME AND TITLE Guadalupe Gonzales Admin Asst | SIGNATURE <i>Guadalupe Gonzales</i> |
|--|--|

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

U.S. Department of Labor

Wage and Hour Division

PAYROLL

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



Rev. Dec. 2008

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

| | | |
|--|---|---|
| NAME OF CONTRACTOR <input type="checkbox"/> OR SUBCONTRACTOR <input checked="" type="checkbox"/> | ADDRESS 2876 Nacogdoches Rd. San Antonio, TX 78217 | OMB No.: 1235-0008 Expires: 09/30/2026 |
| Access Environmental LLC | | |

| | | | |
|---------------|----------------------------|--|-------------------------|
| PAYROLL NO. 8 | FOR WEEK ENDING 01/10/2026 | PROJECT AND LOCATION AA25-06757-TX-Hidalgo County Courthouse | PROJECT OR CONTRACT NO. |
|---------------|----------------------------|--|-------------------------|

| (1) Name and Individual Identifying number (e.g. last four digits of Social Security number) of worker | (2) # of W/H Exmp | (3) Work Classification | Earn Code | (4) DAY AND DATE | | | | | | | (5) Total Hours | (6) Rate of Pay | (7) Gross Amount Earned | (8) DEDUCTIONS | | | | | (9) Net Wages Paid For Week | |
|--|----------------------------|-------------------------------|--------------|------------------|-------|-------|-------|-------|-------|-------|-----------------------|-----------------------|----------------------------------|-------------------|-------------------|-----------------------------|---------------------|--------|---|---------------------|
| | | | | SUN | MON | TUE | WED | THU | FRI | SAT | | | | FICA | Fed W/H Tax | State & Local W/H Tax | Union Deductions | Other | | Total Deductions |
| | | | | 01/04 | 01/05 | 01/06 | 01/07 | 01/08 | 01/09 | 01/10 | | | | | | | | | | |
| ATILANO, JAIME R ***-**-4559 | S0 | Common Laborer | OT | | | | | | 8.00 | 8.00 | 28.50 | 988.00 | 75.58 | 76.64 | | | | 152.22 | 1,035.78 | |
| | | | REG | | 10.00 | 10.00 | 10.00 | 10.00 | | | 40.00 | 19.00 | | | | | | | | 1,188.00 |
| BAHOS FLOREZ, RAMON A ***-**-7428 | S0 | Common Laborer | REG | | 10.00 | 10.00 | 10.00 | | 8.00 | 38.00 | 19.00 | 722.00 | 55.23 | 44.72 | | | | 99.95 | 622.05 | |
| | | | | | | | | | | | | | | | | | | | | 722.00 |
| GARZA, MARIO ***-**-3798 | S0 | Common Laborer | OT | | | | | | 8.00 | 8.00 | 29.25 | 1,014.00 | 77.57 | 99.60 | | | | 177.17 | 1,036.83 | |
| | | | REG | | 10.00 | 10.00 | 10.00 | 10.00 | | | 40.00 | 19.50 | | | | | | | | 1,214.00 |
| LOZANO, RAUL ***-**-5827 | M3 | Common Laborer | OT | | | | | | 8.00 | 8.00 | 28.50 | 988.00 | 75.58 | 36.88 | | | | 112.46 | 875.54 | |
| | | | REG | | 10.00 | 10.00 | 10.00 | 10.00 | | | 40.00 | 19.00 | | | | | | | | 988.00 |
| MOTA, JOSEMANUEL ***-**-2764 | S0 | Common Laborer | OT | | | | | | 8.00 | 8.00 | 27.00 | 936.00 | 71.60 | 70.40 | | | | 142.00 | 994.00 | |
| | | | REG | | 10.00 | 10.00 | 10.00 | 10.00 | | | 40.00 | 18.00 | | | | | | | | 1,136.00 |
| PEREZ RIOS, GREGORIO ***-**-3357 | HH0 | Common Laborer | OT | | | | | | 8.00 | 8.00 | 30.00 | 1,040.00 | 79.56 | | | | | 79.56 | 1,160.44 | |
| | | | REG | | 10.00 | 10.00 | 10.00 | 10.00 | | | 40.00 | 20.00 | | | | | | | | 1,240.00 |
| PEREZ, DAVID ***-**-1955 | S0 | Common Laborer | OT | | | | | | 8.00 | 8.00 | 29.25 | 1,014.00 | 77.57 | 79.76 | | | | 157.33 | 1,056.67 | |
| | | | REG | | 10.00 | 10.00 | 10.00 | 10.00 | | | 40.00 | 19.50 | | | | | | | | 1,214.00 |
| | | | | | | | | | | | | | | | | | | | | |

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, ESA, 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 www.dol.gov/whd/forms/wh347instr.htm)



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Rev. Dec. 2008

| | | |
|--|---|---------------------|
| NAME OF CONTRACTOR <input type="checkbox"/> OR SUBCONTRACTOR <input checked="" type="checkbox"/> | ADDRESS | OMB No.: |
| Access Environmental LLC | 2876 Nacogdoches Rd. San Antonio, TX 78217 | 1235-0008 |
| | | Expires: 09/30/2026 |

| | | | |
|---------------|----------------------------|--|-------------------------|
| PAYROLL NO. 8 | FOR WEEK ENDING 01/10/2026 | PROJECT AND LOCATION AA25-06757-TX-Hidalgo County Courthouse | PROJECT OR CONTRACT NO. |
|---------------|----------------------------|--|-------------------------|

| (1) Name and Individual Identifying number (e.g. last four digits of Social Security number) of worker | (2) # of W/H Exmp | (3) Work Classification | Earn Code | (4) DAY AND DATE | | | | | | | (5) Total Hours | (6) Rate of Pay | (7) Gross Amount Earned | (8) DEDUCTIONS | | | | | (9) Net Wages Paid For Week | |
|--|----------------------------|-------------------------------|--------------|------------------|-------|-------|-------|-------|-------|-------|-----------------------|-----------------------|----------------------------------|-----------------------|-------------------|-----------------------------|--------------------------|-------------|---|---------------------|
| | | | | SUN | MON | TUE | WED | THU | FRI | SAT | | | | FICA | Fed W/H Tax | State & Local W/H Tax | Union Deduc- tions | Other | | Total Deductions |
| | | | | 01/04 | 01/05 | 01/06 | 01/07 | 01/08 | 01/09 | 01/10 | | | | HOURS WORKED EACH DAY | | | | | | |
| REYES, JESUS J ***-**-4763 | HH0 | Common Laborer | REG | | | 10.00 | 10.00 | 10.00 | | | 30.00 | 19.00 | 570.00 | 43.61 | | | | | 43.61 | 526.39 |
| | | | | | | | | | | | | 570.00 | | | | | | | | |
| RIOS, RUBEN ***-**-7355 | HH0 | Common Laborer | OT | | | | | | 3.00 | 3.00 | 25.50 | 756.50 | 57.87 | | | | | 37.82 | 95.69 | 660.81 |
| | | | REG | | 10.00 | 10.00 | 5.00 | 10.00 | 5.00 | | 40.00 | 17.00 | 756.50 | | | | Other Detail: | Ded. | Amt. | |
| | | | | | | | | | | | | | | | | | CHILD | 37.82 | | |
| TERRAZAS, LUIS A ***-**-0814 | H0 | Common Laborer | REG | | | 10.00 | 10.00 | 10.00 | 8.00 | | 38.00 | 20.00 | 760.00 | 58.14 | | | | | 58.14 | 861.86 |
| | | | | | | | | | | | | 920.00 | | | | | | | | |

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, ESA, U. S. Department of Labor, Room S3502, 200 Constitution Avenue, N. W., Washington, D. C. 20210.

Date 01/16/26

I, Guadalupe Gonzales Admin. Assistant
(Name of signatory party) (Title)

do hereby state:

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

Access Environmental LLC on the
(Contractor or Subcontractor)
TX-Hidalgo County Courthouse; that during the payroll period commencing on the
(Building or Work)

4th day of January, 2026, and ending the 10th day of January 2026,
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

Access Environmental LLC from the full
(Contractor or Subcontractor)
weekly wages earned by any person and that no deductions have been made either directly or indirectly
from the full wages earned by any person, other than permissible deductions as defined in Regulations,
Part 3 (29 CFR 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:

FICA, Medicare, Federal Withholding Taxes, Child Support - Limit 50%

(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 appren-
ticeship program registered with a State apprenticeship agency recognized by the Bureau of Appren-
ticeship 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 |
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REMARKS:

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| NAME AND TITLE Guadalupe Gonzales Admin. Assistant | SIGNATURE <i>Guadalupe Gonzales</i> |
|--|--|

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

U.S. Department of Labor

Wage and Hour Division

PAYROLL

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



Rev. Dec. 2008

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

| | | |
|--|--|---------------------|
| NAME OF CONTRACTOR <input type="checkbox"/> OR SUBCONTRACTOR <input checked="" type="checkbox"/> | ADDRESS | OMB No.: |
| Alamo Environmental Inc. | 2900 Nacogdoches Rd San Antonio, TX 78217 | 1235-0008 |
| | | Expires: 09/30/2026 |

| | | | |
|---------------|----------------------------|--|-------------------------|
| PAYROLL NO. 8 | FOR WEEK ENDING 01/17/2026 | PROJECT AND LOCATION AA25-06757-TX-Hidalgo County Courthouse | PROJECT OR CONTRACT NO. |
|---------------|----------------------------|--|-------------------------|

| (1) Name and Individual Identifying number (e.g. last four digits of Social Security number) of worker | (2) # of W/H Exmp | (3) Work Classification | Earn Code | (4) DAY AND DATE | | | | | | | (5) Total Hours | (6) Rate of Pay | (7) Gross Amount Earned | (8) DEDUCTIONS | | | | | (9) Net Wages Paid For Week | | |
|--|----------------------------|-------------------------------|--------------|------------------|-------|-------|-------|-------|-------|-------|-----------------------|-----------------------|----------------------------------|----------------|-------------------|-----------------------------|--------------------------|-------|---|---------------------|----------|
| | | | | SUN | MON | TUE | WED | THU | FRI | SAT | | | | FICA | Fed W/H Tax | State & Local W/H Tax | Union Deduc- tions | Other | | Total Deductions | |
| | | | | 01/11 | 01/12 | 01/13 | 01/14 | 01/15 | 01/16 | 01/17 | | | | | | | | | | | |
| ARTEAGA, ROGELIO ***-**-4497 | M0 | Common Laborer | OT | | | | | 3.00 | 10.00 | 8.00 | 21.00 | 30.00 | 1,130.00 | 104.80 | 77.12 | Other Detail: | Ded. | Amt. | 88.63 | 270.55 | 1,399.45 |
| | | | REG | | 13.00 | 10.00 | | | 2.00 | | | 25.00 | 20.00 | | | | | | | | |
| CUEVAS, FRANCISCO ***-**-1771 | M0 | Common Laborer | OT | | | | | | 10.00 | 8.00 | 18.00 | 28.50 | 986.42 | 93.42 | 59.63 | Other Detail: | Ded. | Amt. | 77.33 | 230.38 | 1,242.62 |
| | | | REG | | 10.00 | 10.00 | | | 4.92 | | | 24.92 | 19.00 | | | | | | | | |
| FLORES, JORGE LUIS ***-**-8685 | S0 | Common Laborer | OT | | | | | | 10.00 | 8.00 | 18.00 | 30.00 | 1,038.34 | 97.92 | 110.07 | Other Detail: | Ded. | Amt. | 73.43 | 281.42 | 1,298.58 |
| | | | REG | | 10.00 | 10.00 | | | 4.92 | | | 24.92 | 20.00 | | | | | | | | |
| FLORES, RUBEN G ***-**-2561 | S0 | Common Laborer | OT | | | | | | 8.00 | | 8.00 | 30.00 | 240.00 | 79.56 | 141.61 | Other Detail: | Ded. | Amt. | 10.40 | 231.57 | 1,008.43 |
| | | | | | | | | | | | | | | | | | | | | | |

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, ESA, U. S. Department of Labor, Room S3502, 200 Constitution Avenue, N. W., Washington, D. C. 20210.

Date 01/22/26

I, Guadalupe Gonzales Admin Asst
(Name of signatory party) (Title)

do hereby state:

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

Alamo Environmental Inc. on the
(Contractor or Subcontractor)
TX-Hidalgo County Courthouse; that during the payroll period commencing on the
(Building or Work)

11th day of January, 2026, and ending the 17th day of January 2026,
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

Alamo Environmental 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 CFR 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:

FICA, Medicare, Federal Withholding Taxes, 401k contributions, Base Plan - Employee Only
Dental Ins_Employee, Vision Ins_Employee

(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 appren-
ticeship program registered with a State apprenticeship agency recognized by the Bureau of Appren-
ticeship 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 |
|-------------------|-------------|
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REMARKS:

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| NAME AND TITLE Guadalupe Gonzales Admin Asst | SIGNATURE <i>Guadalupe Gonzales</i> |
|--|--|

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

U.S. Department of Labor

Wage and Hour Division

PAYROLL

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



Rev. Dec. 2008

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| | | |
|--|---|---|
| NAME OF CONTRACTOR <input type="checkbox"/> OR SUBCONTRACTOR <input checked="" type="checkbox"/> | ADDRESS 2876 Nacogdoches Rd. San Antonio, TX 78217 | OMB No.: 1235-0008 Expires: 09/30/2026 |
| Access Environmental LLC | | |

| | | | |
|---------------|----------------------------|--|-------------------------|
| PAYROLL NO. 9 | FOR WEEK ENDING 01/17/2026 | PROJECT AND LOCATION AA25-06757-TX-Hidalgo County Courthouse | PROJECT OR CONTRACT NO. |
|---------------|----------------------------|--|-------------------------|

| (1) Name and Individual Identifying number (e.g. last four digits of Social Security number) of worker | (2) # of W/H Exmp | (3) Work Classification | Earn Code | (4) DAY AND DATE | | | | | | | (5) Total Hours | (6) Rate of Pay | (7) Gross Amount Earned | (8) DEDUCTIONS | | | | | (9) Net Wages Paid For Week | |
|--|----------------------------|-------------------------------|--------------|------------------|-------|-------|-------|-------|-------|-------|-----------------------|-----------------------|----------------------------------|-------------------|-------------------|-----------------------------|---------------------|-------|---|---------------------|
| | | | | SUN | MON | TUE | WED | THU | FRI | SAT | | | | FICA | Fed W/H Tax | State & Local W/H Tax | Union Deductions | Other | | Total Deductions |
| | | | | 01/11 | 01/12 | 01/13 | 01/14 | 01/15 | 01/16 | 01/17 | | | | | | | | | | |
| ALONZO, MARIO ***-**-5279 | H0 | Common Laborer | OT | | | | | | 10.00 | 8.00 | 18.00 | 30.00 | 940.00 | 102.51 | 21.34 | | | | 123.85 | 1,456.15 |
| | | | REG | | 10.00 | 10.00 | | | | | | | 20.00 | | | | | | | |
| ATILANO, JAIME R ***-**-4559 | S0 | Common Laborer | OT | | | | | | 10.00 | 8.00 | 18.00 | 28.50 | 988.00 | 97.38 | 110.84 | | | | 208.22 | 1,304.78 |
| | | | REG | | 10.00 | 10.00 | | 5.00 | | | | 25.00 | 19.00 | | | | | | | |
| BAHOS FLOREZ, RAMON A ***-**-7428 | S0 | Common Laborer | OT | | | | | | | 8.00 | 8.00 | 28.50 | 323.00 | 93.02 | 104.00 | | | | 197.02 | 1,018.98 |
| | | | REG | | 5.00 | | | | | | | 5.00 | 19.00 | | | | | | | |
| GARZA, MARIO ***-**-3798 | S0 | Common Laborer | OT | | | | | | 10.00 | 8.00 | 18.00 | 29.25 | 916.50 | 99.95 | 154.01 | | | | 253.96 | 1,292.54 |
| | | | REG | | 10.00 | 10.00 | | | | | | 20.00 | 19.50 | | | | | | | |
| JONES, ERNEST ***-**-7203 | S0 | Common Laborer | OT | | | | | | 8.00 | | 8.00 | 27.00 | 216.00 | 71.60 | | | | | 71.60 | 1,064.40 |
| | | | | | | | | | | | | | | | | | | | | |
| LOZANO, RAUL ***-**-5827 | M3 | Common Laborer | OT | | | | | | | 8.00 | 8.00 | 28.50 | 323.00 | 93.02 | 62.07 | | | | 155.09 | 1,060.91 |
| | | | REG | | 5.00 | | | | | | | 5.00 | 19.00 | | | | | | | |
| MOTA, JOSEMANUEL ***-**-2764 | S0 | Common Laborer | OT | | | | | | 8.00 | | 8.00 | 27.00 | 216.00 | 71.60 | 70.40 | | | | 142.00 | 1,074.00 |
| | | | | | | | | | | | | | | | | | | | | |

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

Public Burden Statement

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PAYROLL

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



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Rev. Dec. 2008

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|--|---|---|
| NAME OF CONTRACTOR <input type="checkbox"/> OR SUBCONTRACTOR <input checked="" type="checkbox"/> | ADDRESS 2876 Nacogdoches Rd. San Antonio, TX 78217 | OMB No.: 1235-0008 Expires: 09/30/2026 |
| Access Environmental LLC | | |

| | | | |
|---------------|----------------------------|--|-------------------------|
| PAYROLL NO. 9 | FOR WEEK ENDING 01/17/2026 | PROJECT AND LOCATION AA25-06757-TX-Hidalgo County Courthouse | PROJECT OR CONTRACT NO. |
|---------------|----------------------------|--|-------------------------|

| (1) Name and Individual Identifying number (e.g. last four digits of Social Security number) of worker | (2) # of W/H Exmp | (3) Work Classification | Earn Code | (4) DAY AND DATE | | | | | | | (5) Total Hours | (6) Rate of Pay | (7) Gross Amount Earned | (8) DEDUCTIONS | | | | | (9) Net Wages Paid For Week | |
|--|----------------------------|-------------------------------|--------------|-----------------------|-------|-------|-------|-------|-------|-------|-----------------------|-----------------------|----------------------------------|-------------------|-------------------|-----------------------------|--------------------------|-------|---|---------------------|
| | | | | SUN | MON | TUE | WED | THU | FRI | SAT | | | | FICA | Fed W/H Tax | State & Local W/H Tax | Union Deduc- tions | Other | | Total Deductions |
| | | | | 01/11 | 01/12 | 01/13 | 01/14 | 01/15 | 01/16 | 01/17 | | | | | | | | | | |
| | | | | HOURS WORKED EACH DAY | | | | | | | | | | | | | | | | |
| PEREZ RIOS, GREGORIO ***_**-3357 | HH0 | Common Laborer | OT | | | | | | 10.00 | 8.00 | 18.00 | 30.00 | 1,040.00 | 102.51 | | | | | 102.51 | 1,237.49 |
| | | | REG | | 10.00 | 10.00 | | 5.00 | | | | 25.00 | 20.00 | | | | | | | |
| PEREZ, DAVID ***_**-1955 | S0 | Common Laborer | OT | | | | | | 8.00 | | 8.00 | 29.25 | 234.00 | 77.57 | 79.76 | | | | 157.33 | 1,056.67 |
| | | | | | | | | | | | | | | | | | | | | |
| REYES, JESUS J ***_**-4763 | HH0 | Common Laborer | REG | | 10.00 | 10.00 | | | 10.00 | 8.00 | 38.00 | 19.00 | 722.00 | 55.23 | 6.26 | | | | 61.49 | 660.51 |
| | | | | | | | | | | | | | | | | | | | | |
| RIOS, RUBEN ***_**-7355 | HH0 | Common Laborer | OT | | | | | | 8.00 | 8.00 | 25.50 | 289.00 | 83.23 | | | | | 37.82 | 121.05 | 966.95 |
| | | | REG | | 5.00 | | | | | | | 5.00 | | | | | | | | |
| SALAS-CAMPOS, BRANDO ***_**-1013 | S0 | Common Laborer | OT | | | | | | 10.00 | 8.00 | 18.00 | 27.00 | 936.00 | 92.26 | 102.80 | | | | 195.06 | 1,250.94 |
| | | | REG | | 10.00 | 10.00 | | 5.00 | | | | 25.00 | 18.00 | | | | | | | |
| TERRAZAS, LUIS A ***_**-0814 | H0 | Common Laborer | OT | | | | | | 10.00 | 8.00 | 18.00 | 30.00 | 940.00 | 102.51 | 11.72 | | | | 114.23 | 1,465.77 |
| | | | REG | | 10.00 | 10.00 | | | | | | 20.00 | 20.00 | | | | | | | |

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, ESA, U. S. Department of Labor, Room S3502, 200 Constitution Avenue, N. W., Washington, D. C. 20210.

Date 01/22/26

I, Guadalupe Gonzales Admin. Assistant
(Name of signatory party) (Title)

do hereby state:

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

Access Environmental LLC on the
(Contractor or Subcontractor)
TX-Hidalgo County Courthouse; that during the payroll period commencing on the
(Building or Work)

11th day of January, 2026, and ending the 17th day of January 2026,
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

Access Environmental LLC from the full
(Contractor or Subcontractor)
weekly wages earned by any person and that no deductions have been made either directly or indirectly
from the full wages earned by any person, other than permissible deductions as defined in Regulations,
Part 3 (29 CFR 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:

FICA, Medicare, Federal Withholding Taxes, Child Support - Limit 50%

(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 appren-
ticeship program registered with a State apprenticeship agency recognized by the Bureau of Appren-
ticeship 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 |
|-------------------|-------------|
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REMARKS:

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| NAME AND TITLE Guadalupe Gonzales Admin. Assistant | SIGNATURE <i>Guadalupe Gonzales</i> |
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THE WILLFUL FALSIFICATION OF ANY OF THE ABOVE STATEMENTS MAY SUBJECT THE CONTRACTOR OR
SUBCONTRACTOR TO CIVIL OR CRIMINAL PROSECUTION. SEE SECTION 1001 OF TITLE 18 AND SECTION 3729 OF
TITLE 31 OF THE UNITED STATES CODE.