

APPLICATION AND CERTIFICATE FOR PAYMENT AIA DOCUMENT G702 (Instructions on reverse side) PAGE ONE OF PAGES

TO OWNER: Hidalgo County
100 E Cano, 2nd Floor
Edinburg, TX 78539

PROJECT: Hidalgo Health Clinic
702 E Ramon Ayala Dr
Hidalgo, TX 78557

APPLICATION NO.: 7
PERIOD TO: 1/1/26-1/31/26
PROJECT NOS.: C24-0253-04-29
ARPA-22-340-088

Distribution to:
 OWNER
 ARCHITECT
 CONTRACTOR

FROM CONTRACTOR: BM Benchmark Construction LLC
119 N 17th St
Mcallen, TX 78501

VIA ARCHITECT: B2Z Engineering LLC
900 S Steward Rd Suite 12
Mission, TX 78572

CONTRACT DATE:

CONTRACT FOR: Hidalgo Health Clinic

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 \$ 1,606,185.00
2. Net change by Change Orders \$
3. CONTRACT SUM TO DATE (Line 1 ± 2) \$ 1,606,185.00
4. TOTAL COMPLETED & STORED TO DATE \$ 906,946.56
(Column G on G703)
5. RETAINAGE:
 - a. _____% of Completed Work \$ 45,347.33
(Columns D + E on G703)
 - b. _____% of Stored Material \$
 Total Retainage (Line 5a + 5b or Total in Column I of G703) \$ 45,347.33
6. TOTAL EARNED LESS RETAINAGE \$ 861,599.23
(Line 4 less Line 5 Total)
7. LESS PREVIOUS CERTIFICATES FOR PAYMENT \$ 653,467.85
(Line 6 from prior Certificate)
8. CURRENT PAYMENT DUE \$ 208,131.38
9. BALANCE TO FINISH, INCLUDING RETAINAGE \$ 744,585.77
(Line 3 less Line 6)

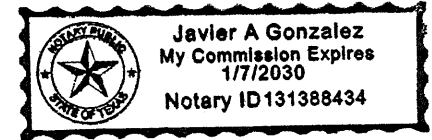
CHANGE ORDER SUMMARY	ADDITIONS	DEDUCTIONS
Total changes approved in previous months by Owner		
Total approved this Month		
TOTALS		
NET CHANGES by Change Order		

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: BM Benchmark Construction LLC

By: [Signature] Date: 2/3/26

State of: TX
County of: Hidalgo
Subscribed and sworn to before
me this 3rd day of February 2026



Notary Public: Javier Gonzalez
My Commission expires: 1/7/2030

ARCHITECT'S CERTIFICATE FOR PAYMENT

In accordance with the Contract Documents, based on on-site observations and the data comprising this 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 \$ 208,131.38

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

ARCHITECT:
By: [Signature] Date: 02/05/2026

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.



Pay Application Form-Page 2

APPLICATION AND CERTIFICATION FOR PAYMENT, containing 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 7

PERIOD TO: 1/1/26-1/31/26

PROJECT NO:

A ITEM NO.	B DESCRIPTION OF WORK	C SCHEDULED VALUE	D WORK COMPLETED		F MATERIALS PRESENTLY STORED	G		H BALANCE TO FINISH	I RETAINAGE 5.0%
			PREVIOUS	THIS PERIOD		TOTAL COMPLETED TO DATE	% COMPLETE		
1	Site Work & Utilities	125,100.00	114,200.00			114,200.00	91.287%	10,900.00	5,710.00
2	Foundation	70,880.00	62,880.00			62,880.00	88.71%	8,000.00	3,144.00
3	Sturctural Steel	31,970.00	31,970.00			31,970.00	100.00%	0.00	1,598.50
4	Frame Materials	5,130.00	5,130.00			5,130.00	100.00%	0.00	256.50
5	Wood Trusses	14,900.00	14,900.00			14,900.00	100.00%	0.00	745.00
6	Framing Labor	30,000.00	30,000.00			30,000.00	100.00%	0.00	1,500.00
7	Roofing	59,000.00	59,000.00			59,000.00	100.00%	0.00	2,950.00
8	Sheetrock Labor & Materials	38,400.00		38,400.00		38,400.00	100.00%	0.00	1,920.00
9	Suspended Acoustical Ceilings	28,700.00				0.00	0.00%	28,700.00	0.00
10	Doors Frames and Hardware	45,210.00		8,708.66		8,708.66	19.26%	36,501.34	435.43
11	Millwork	32,380.00	32,380.00			32,380.00	100.00%	0.00	1,619.00
12	Countertops	35,020.00				0.00	0.00%	35,020.00	0.00
13	Toilet Partitions	4,840.00				0.00	0.00%	4,840.00	0.00
14	Toilet Accessories	1,500.00				0.00	0.00%	1,500.00	0.00
15	Painting	25,830.00				0.00	0.00%	25,830.00	0.00
16	Flooring	37,200.00				0.00	0.00%	37,200.00	0.00
17	Brick Materials & Labor	61,340.00		48,340.00		48,340.00	78.81%	13,000.00	2,417.00
18	HVAC	148,700.00	62,500.00	22,000.00		84,500.00	56.83%	64,200.00	4,225.00

19	Plumbing	145,500.00	33,000.00	53,300.00		86,300.00	59.31%	59,200.00	4,315.00
20	Electrical	159,000.00	55,000.00			55,000.00	34.59%	104,000.00	2,750.00
21	Fire Alarm	6,800.00				0.00	0.00%	6,800.00	0.00
22	Fire Sprinkler	77,350.00	8,490.00			8,490.00	10.98%	68,860.00	424.50
23	Landscape Allowance	16,600.00				0.00	0.00%	16,600.00	0.00
24	Trash Cleaning	6,000.00	1,000.00			1,000.00	16.67%	5,000.00	50.00
25	Rental Equipment	10,000.00	5,737.26			5,737.26	57.37%	4,262.74	286.86
26	Contingency Allowance	100,000.00				0.00	0.00%	100,000.00	0.00
27	Project Manager Fee	25,000.00	18,000.00	3,000.00		21,000.00	84.00%	4,000.00	1,050.00
28	Project Superintendent on Site Fee	39,400.00	24,000.00	4,800.00		28,800.00	73.10%	10,600.00	1,440.00
29	Document Printing (Large Plans Printouts)	500.00	500.00			500.00	100.00%	0.00	25.00
30	Power Consumption	7,000.00	1,000.00			1,000.00	14.29%	6,000.00	50.00
31	Temp Sanitary Facilities	2,000.00	1,000.00	500.00		1,500.00	75.00%	500.00	75.00
32	Temp Fencing	1,500.00	1,500.00			1,500.00	100.00%	0.00	75.00
33	Erosion Control	3,250.00	3,250.00			3,250.00	100.00%	0.00	162.50
34	Equipment Rental/Scaffolding	30,000.00	15,120.00	14,880.00		30,000.00	100.00%	0.00	1,500.00
35	Construction Clean-Up(Daily/Weekly)	7,200.00	2,000.00	1,000.00		3,000.00	41.67%	4,200.00	150.00
36	Final Cleaning	2,000.00				0.00	0.00%	2,000.00	0.00
37	Dumpster	6,000.00	1,885.64	2,860.00		4,745.64	79.09%	1,254.36	237.28
38	Permit & Impact Fees	9,000.00	4,500.00			4,500.00	50.00%	4,500.00	225.00
39	Builders Risk Insurance	15,000.00	15,000.00			15,000.00	100.00%	0.00	750.00
40	General Commercial Liability	27,000.00	12,000.00	6,000.00		18,000.00	66.67%	9,000.00	900.00
41	Payment & Performance Bond	37,500.00	37,500.00			37,500.00	100.00%	0.00	1,875.00
42	CM Construction Fee	76,485.00	34,418.00	15,297.00		49,715.00	65.00%	26,770.00	2,485.75

						0.00	0.00%	0.00	0.00
SUBTOTAL COSTS:		1,606,185.00	687,860.90	219,085.66	0.00	906,946.56	23.63	699,238.44	45,347.33

CONTRACTOR TIME STATEMENT

PAY APP NO. 7 CONTRACTOR BM Benchmark Construction, LLC.
 PROJECT NAME Hidalgo Health Clinic - CMAR
 CONTRACT NO. ARPA 22-340-088 OWNER Hidalgo County - Pct. #2 NOTICE-TO-PROCEED 6/4/2025
 TIME COMPUTED FROM 1/1/2026 DATE WORK COMPLETED 1/31/2026

MONTH	DATE OR DAYS	WORKING DAYS CHARGED	CREDITED DAYS	DAYS CREDITED AND REASONS THEREFORE
January	1	1		
January	2	1		
January	3	1		
January	4	1		
January	5	1		
January	6	1		
January	7	1		
January	8	1		
January	9	1		
January	10	1		
January	11	1		
January	12	1		
January	13	1		
January	14	1		
January	15	1		
January	16	1		
January	17	1		
January	18	1		
January	19	1		
January	20	1		
January	21	1		
January	22	1		
January	23	1		
January	24	1		
January	25	1		
January	26	1		
January	27	1		
January	28	1		
January	29	1		
January	30	1		
January	31	1		
TOTALS		31	0	

NO. OF CONTRACT WORKING DAYS 270 NO. WORKING DAYS CHARGED TO DATE 222
 NO. CREDITED DAYS TO DATE 10
 ASSESSED LIQUIDATED DAMAGES: 0 PER DAY \$ 500.00 TOTAL \$ 0
 CERTIFIED AS CORRECT



 ENGINEER/CONSTRUCTION MANAGER

Prevailing Wage Rates
Certification Statement

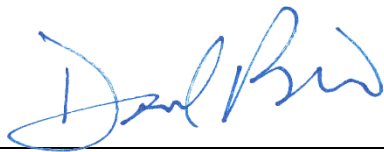
Date February 4, 2026

Project ARPA 22-340-088
Name CMAR Hidalgo Health Clinic Facility
Ramon Ayala Drive, Hidalgo TX CSJ# N/A

Contractor BM Benchmark 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

JT Suspended Ceilings, L.L.C.

Suspended Ceilings Metal Studs Drywall
P.O. Box 3012 San Juan, Tx 78589 FAX 956-787-0902 Cell 956-451-3919
EMAIL mariatovias@aol.com

Customer Benchmark Const

Date: 1/23/26

Address _____

City McAllen Tx Phone _____

CASH
 CHECK

INVOICE
NO. 0178

Description

Total

Furnish + Install 450 sheets
of 4" x 10" 5/8 sheets

Tape, float, & texture

materials & labor

\$ 38,400

SIGNATURE



TAX\$
TOTAL\$

\$ 38,400.⁰⁰

DOL WH-347 | Payroll Form

U.S. Department of Labor
Wage and Hour Division

PAYROLL

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

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



NAME OF CONTRACTOR <input type="checkbox"/> OR SUBCONTRACTOR <input type="checkbox"/>		ADDRESS		PROJECT AND LOCATION		PROJECT OR CONTRACT NO.	
JT Suspended Ceilings LLC		PO Box 3012 San Juan, TX 78589		Hidalgo Health Clinic 702 E Ramon Ayala Dr Hidalgo, TX 78557		C24-0253-04-29	
PAYROLL NO. 1		FOR WEEK ENDING 01/10/2026					
						OMB No. 1235-0008 Expires 09/30/2026	

(1) NAME AND INDIVIDUAL IDENTIFYING NUMBER (e.g., LAST FOUR DIGITS OF SOCIAL SECURITY NUMBER) OF WORKER	(2) NO. OF WITHHOLDING EXEMPTIONS	(3) WORK CLASSIFICATION	OT OR ST.	(4) DAY AND DATE							(5) TOTAL HOURS	(6) RATE OF PAY	(7) GROSS AMOUNT EARNED	(8) DEDUCTIONS					(9) NET WAGES PAID FOR WEEK	
				S	M	T	W	T	F	S				FICA	WITH- HOLDING TAX	OTHER	TOTAL DEDUCTIONS			
				1/04	1/05	1/06	1/07	1/08	1/09	1/10				HOURS WORKED EACH DAY						
Jose Garcia 4781		Drywall Hanger	O									40.00	17.00	\$680.00						\$680.00
			S	8.00	8.00	8.00	8.00	8.00	8.00											
Jesus Garcia 5214		Drywall Hanger	O									40.00	17.00	\$680.00						\$680.00
			S	8.00	8.00	8.00	8.00	8.00	8.00											
Javier Tovias 6654		Drywall Hanger	O									40.00	17.00	\$680.00						\$680.00
			S	8.00	8.00	8.00	8.00	8.00	8.00											
Abel Martinez 1725		Drywall Hanger	O									40.00	17.00	\$680.00						\$680.00
			S	8.00	8.00	8.00	8.00	8.00	8.00											
Jose Gonzalez 5147		Drywall Hanger	O									40.00	17.00	\$680.00						\$680.00
			S	8.00	8.00	8.00	8.00	8.00	8.00											
			O											/						
			S																	
			O											/						
			S																	
			O											/						
			S																	

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

Public Burden Statement

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

DOL WH-348 | Statement of Compliance

Date 1/12/26

I, Javier Tovias Owner
 (Name of Signatory Party) (Title)

do hereby state:

(1) That I pay or supervise the payment of the persons employed by
JT Suspended Ceilings LLC on the
 (Contractor or Subcontractor)

Hidalgo Health Clinic; 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

JT Suspended Ceilings LLC from the full
 (Contractor or Subcontractor)

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

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

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

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

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


(b) WHERE FRINGE BENEFITS ARE PAID IN CASH

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

(c) EXCEPTIONS

EXCEPTION (CRAFT)	EXPLANATION

REMARKS:

NAME AND TITLE Javier Tovias- Owner	SIGNATURE 
--	--

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

DOL WH-347 | Payroll Form

U.S. Department of Labor
Wage and Hour Division

PAYROLL

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

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WAGE AND HOUR DIVISION
Revised December 2008

NAME OF CONTRACTOR <input type="checkbox"/> OR SUBCONTRACTOR <input type="checkbox"/>		ADDRESS		OMB No. 1235-0008 Expires 09/30/2026	
JT Suspended Ceilings LLC		PO Box 3012 San Juan, TX 78589			
PAYROLL NO. 2	FOR WEEK ENDING 01/17/2026	PROJECT AND LOCATION Hidalgo Health Clinic 702 E Ramon Ayala Dr Hidalgo, TX 78557		PROJECT OR CONTRACT NO. C24-0253-04-29	

(1) NAME AND INDIVIDUAL IDENTIFYING NUMBER (e.g., LAST FOUR DIGITS OF SOCIAL SECURITY NUMBER) OF WORKER	(2) NO. OF WITHHOLDING EXEMPTIONS	(3) WORK CLASSIFICATION	OT OR ST.	(4) DAY AND DATE							(5) TOTAL HOURS	(6) RATE OF PAY	(7) GROSS AMOUNT EARNED	(8) DEDUCTIONS					(9) NET WAGES PAID FOR WEEK	
				S	M	T	W	T	F	S				FICA	WITH- HOLDING TAX	OTHER	TOTAL DEDUCTIONS			
				1/11	1/12	1/13	1/14	1/15	1/16	1/17										
HOURS WORKED EACH DAY																				
Jose Garcia 4781		Drywall Hanger	O									40.00	17.00	/						\$680.00
			S	8.00	8.00	8.00	8.00	8.00	8.00											
Jesus Garcia 5214		Drywall Hanger	O									40.00	17.00	/						\$680.00
			S	8.00	8.00	8.00	8.00	8.00	8.00											
Javier Tovias 6654		Drywall Hanger	O									40.00	17.00	/						\$680.00
			S	8.00	8.00	8.00	8.00	8.00	8.00											
Abel Martinez 1725		Drywall Hanger	O									40.00	17.00	/						\$680.00
			S	8.00	8.00	8.00	8.00	8.00	8.00											
Jose Gonzalez 5147		Drywall Hanger	O									40.00	17.00	/						\$680.00
			S	8.00	8.00	8.00	8.00	8.00	8.00											
			O											/						
			S																	
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			O											/						
			S																	

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Public Burden Statement

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DOL WH-348 | Statement of Compliance

Date 1/19/26

I, Javier Tovias Owner
 (Name of Signatory Party) (Title)

do hereby state:

(1) That I pay or supervise the payment of the persons employed by
JT Suspended Ceilings LLC on the
 (Contractor or Subcontractor)

Hidalgo Health Clinic; 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

JT Suspended Ceilings LLC from the full
 (Contractor or Subcontractor)

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

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

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

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

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

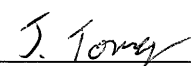
(b) WHERE FRINGE BENEFITS ARE PAID IN CASH

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

(c) EXCEPTIONS

EXCEPTION (CRAFT)	EXPLANATION

REMARKS:

NAME AND TITLE Javier Tovias- Owner	SIGNATURE 
--	--

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

DOL WH-347 | Payroll Form

U.S. Department of Labor
Wage and Hour Division

PAYROLL

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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 type="checkbox"/> JT Suspended Ceilings LLC	ADDRESS PO Box 3012 San Juan, TX 78589	OMB No. 1235-0008 Expires 09/30/2026
PAYROLL NO. 3	FOR WEEK ENDING 01/24/2026	PROJECT AND LOCATION Hidalgo Health Clinic 702 E Ramon Ayala Dr Hidalgo, TX 78557
		PROJECT OR CONTRACT NO. C24-0253-04-29

(1) NAME AND INDIVIDUAL IDENTIFYING NUMBER (e.g., LAST FOUR DIGITS OF SOCIAL SECURITY NUMBER) OF WORKER	(2) NO. OF WITH-HOLDING EXEMPTIONS	(3) WORK CLASSIFICATION	OT OR ST.	(4) DAY AND DATE							(5) TOTAL HOURS	(6) RATE OF PAY	(7) GROSS AMOUNT EARNED	(8) DEDUCTIONS					(9) NET WAGES PAID FOR WEEK
				S	M	T	W	T	F	S				FICA	WITH- HOLDING TAX	OTHER	TOTAL DEDUCTIONS		
				1/18	1/19	1/20	1/21	1/22	1/23	1/24				HOURS WORKED EACH DAY					
Jose Garcia 4781		Drywall Finish	O																
			S	8.00	8.00	8.00	8.00	8.00	8.00		40.00	17.00	\$680.00						
Jesus Garcia 5214		Drywall Finish	O																
			S	8.00	8.00	8.00	8.00	8.00	8.00		40.00	17.00	\$680.00						
Javier Tovias 6654		Drywall Finish	O																
			S	8.00	8.00	8.00	8.00	8.00	8.00		40.00	17.00	\$680.00						
Abel Martinez 1725		Drywall Finish	O																
			S	8.00	8.00	8.00	8.00	8.00	8.00		40.00	17.00	\$680.00						
Jose Gonzalez 5147		Drywall Finish	O																
			S	8.00	8.00	8.00	8.00	8.00	8.00		40.00	17.00	\$680.00						
			O																
			S																
			O																
			S																
			O																
			S																

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

Public Burden Statement

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

DOL WH-348 | Statement of Compliance

Date 1/26/26

I, Javier Tovias Owner
 (Name of Signatory Party) (Title)

do hereby state:

(1) That I pay or supervise the payment of the persons employed by
JT Suspended Ceilings LLC on the
 (Contractor or Subcontractor)

Hidalgo Health Clinic; that during the payroll period commencing on the
 (Building or Work)
18th day of January, 2026, and ending the 24th 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

JT Suspended Ceilings LLC from the full
 (Contractor or Subcontractor)

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

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

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

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

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


(b) WHERE FRINGE BENEFITS ARE PAID IN CASH

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

(c) EXCEPTIONS

EXCEPTION (CRAFT)	EXPLANATION

REMARKS:

NAME AND TITLE Javier Tovias- Owner	SIGNATURE 
--	--

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



Alamo Door Systems, Inc.

16417 Alamo Drive
Harlingen, TX 78552

1st BILLING

Line Item No 10

Invoice

Date	Invoice #
1/15/2026	184273

Bill To
BM Benchmark Construction, LLC P O Box 720083 McAllen, TX 78504 Frames, Anchors, Door Silencers & Shop Prep

Please Mail Payment To:

Alamo Door Systems
16358 Nacogdoches Road
San Antonio, TX 78247

WE OFFER 24 HOUR EMERGENCY SERVICE

P.O. No.	Terms	Project	Customer Fax
		Hidalgo Co HC	956-627-3163

Item	Qty	Description	Rate	Amount
Total Hollo...	1	VERSION #4 - 1ST BILLING MARK1, MARK 6, MARK 17 EXIT DOORS (90min LABELS) (3) 3070 HM Frames 7-3/4" (2-LH & 1-RH) Fire Labels-Blank Strike Jamb (18) 7-3/4" Stud Anchors (3) Shop Prep: Weld, grind & prime frames	780.00	780.00T
Total Hollo...	1	MARK 24-PHARMACY A118, MARK 29- BIOHAZARD A121, MARK 34-RECORDS RM A126, (KEYPAD ACCESS CONTROL) (3) 3070 HM Frames 5-3/4" Left Hand (18) 5-3/4" Stud Anchors (9) 307D Door Silencers (3) Shop Preps: Weld, grind & prime frames	675.00	675.00T

For Questions Regarding this Invoice: Harlingen Phone # 956-365-3667	Subtotal
	Sales Tax (0.0%)
	Total



Alamo Door Systems, Inc.

16417 Alamo Drive
Harlingen, TX 78552

Invoice

Date	Invoice #
1/15/2026	184273

Bill To
BM Benchmark Construction, LLC P O Box 720083 McAllen, TX 78504

Please Mail Payment To:

Alamo Door Systems
16358 Nacogdoches Road
San Antonio, TX 78247

WE OFFER 24 HOUR EMERGENCY SERVICE

P.O. No.	Terms	Project	Customer Fax
		Hidalgo Co HC	956-627-3163

Item	Qty	Description	Rate	Amount
Total Hollo...	1	MARK 32-HALL A130, MARK 35-HALL A129 (ACCESS CONTROL AT RECEPTION) (2) 3070 HM Frames 5-3/4" (Hall 130 RH, Hall129 LH) (Conduit & J-Box to Strike) (12) 5-3/4" Stud Anchors (6) 307D Door Silencers (2) Shop Prep: Weld, grind prime & prep J-Box & conduit on frames NOTE: Wire to power supply, release buttons & electric strikes by others	540.00	540.00T

For Questions Regarding this Invoice: Harlingen Phone # 956-365-3667	Subtotal
	Sales Tax (0.0%)
	Total



Alamo Door Systems, Inc.

16417 Alamo Drive
Harlingen, TX 78552

Invoice

Date	Invoice #
1/15/2026	184273

Bill To
BM Benchmark Construction, LLC P O Box 720083 McAllen, TX 78504

Please Mail Payment To:

Alamo Door Systems
16358 Nacogdoches Road
San Antonio, TX 78247

WE OFFER 24 HOUR EMERGENCY SERVICE

P.O. No.	Terms	Project	Customer Fax
		Hidalgo Co HC	956-627-3163

Item	Qty	Description	Rate	Amount
Total Hollo...	1	MARK 15-OFFICE A110, MARK 18-OFFICE 2 A112, MARK 19-OFFICE 3 A113, MARK 20-OFFICE 4 A114, MARK 25-OFFICE 5 A119, MARK 26-OFFICE 6 A120, MARK 33-OFFICE 7 A125, MARK 3-BREAKROOM A101 (8) 3070 HM Frames 5-3/4" (7-RH & 1-LH at Mark 20-Office4-A114) (48) 5-3/4 Stud Anchors (24) 307D Door Silencers (8) Shop Prep: Weld, grind & prime frames & Vision cutouts in doors	2,079.00	2,079.00T
Total Hollo...	1	MARK 2-ELECTRIC/IT A100, MARK 23-AUTO CLAVE A117, MARK30-STORAGE A122 (3) 3070 HM Frames 5-3/4" (2-LH & 1-RH at Storage 122) (18) 5-3/4 Stud Anchors (9) 307D Door Silencers (3) Shop Prep: Weld, grind & prime frames	675.00	675.00T

For Questions Regarding this Invoice:
Harlingen Phone # 956-365-3667

Subtotal
Sales Tax (0.0%)
Total



Alamo Door Systems, Inc.

16417 Alamo Drive
Harlingen, TX 78552

Invoice

Date	Invoice #
1/15/2026	184273

Bill To
BM Benchmark Construction, LLC P O Box 720083 McAllen, TX 78504

Please Mail Payment To:

Alamo Door Systems
16358 Nacogdoches Road
San Antonio, TX 78247

WE OFFER 24 HOUR EMERGENCY SERVICE

P.O. No.	Terms	Project	Customer Fax
		Hidalgo Co HC	956-627-3163

Item	Qty	Description	Rate	Amount
Total Hollo...	1	WOMENS RR A115, MENS RR A116, MENS RR A113, WOMENS RR A102 (4) 3070 HM Frames 5-3/4" (2-LH & 2-RH (Blank Strike Jambs) (24) 5-3/4 Stud Anchors (12) 307D Door Silencers (4) Shop Prep: Weld, grind & prime frames	900.00	900.00T
Total Hollo...	1	MARK 10-EXAM ROOM 1-A107, MARK 11-EXAM ROOM 1-A107, MARK 13-EXAM ROOM 2-A109, MARK 14-EXAM ROOM 2-109 (4) 3070 HM Frames 5-3/4" (2-RH & 2-LH (24) 5-3/4 Stud Anchors (12) 307D Door Silencers (4) Shop Prep: Weld, grind & prime frames	900.00	900.00T

<p>For Questions Regarding this Invoice:</p> <p>Harlingen Phone # 956-365-3667</p>	Subtotal
	Sales Tax (0.0%)
	Total



Alamo Door Systems, Inc.

16417 Alamo Drive
Harlingen, TX 78552

Invoice

Date	Invoice #
1/15/2026	184273

Bill To
BM Benchmark Construction, LLC P O Box 720083 McAllen, TX 78504

Please Mail Payment To:

Alamo Door Systems
16358 Nacogdoches Road
San Antonio, TX 78247

WE OFFER 24 HOUR EMERGENCY SERVICE

P.O. No.	Terms	Project	Customer Fax
		Hidalgo Co HC	956-627-3163

Item	Qty	Description	Rate	Amount
Total Hollo...	1	MARK 8-LAB A104, MARK 9-LAB-A106, MARK 31 -IMMUNIZATION - A123 (3) 3070 HM Frames 5-3/4" (2-RH & 1-LH (18) 5-3/4 Stud Anchors (9) 307D Door Silencers (3) Shop Prep: Weld, grind & prime frames	675.00	675.00T
Total Hollo...	1	MARK -12 CLINICIAN-A108, MARK 16-JANITORY-A111, MARK 27-PATIENT EDUCATION-A124 (3) 3070 HM Frames 5-3/4" (2-LH & 1-RH (18) 5-3/4 Stud Anchors (9) 307D Door Silencers (3) Shop Prep: Weld, grind & prime frames	675.00	675.00T

For Questions Regarding this Invoice: Harlingen Phone # 956-365-3667	Subtotal
	Sales Tax (0.0%)
	Total



Alamo Door Systems, Inc.

16417 Alamo Drive
Harlingen, TX 78552

Invoice

Date	Invoice #
1/15/2026	184273

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BM Benchmark Construction, LLC P O Box 720083 McAllen, TX 78504

Please Mail Payment To:

Alamo Door Systems
16358 Nacogdoches Road
San Antonio, TX 78247

WE OFFER 24 HOUR EMERGENCY SERVICE

P.O. No.	Terms	Project	Customer Fax
		Hidalgo Co HC	956-627-3163

Item	Qty	Description	Rate	Amount
Total Hollo...	1	MARK 8-LAB RESTROOM A105 (1) 3070 HM Frame 5-3/4" RH (6) 5-3/4 Stud Anchors (3) 307D Door Silencers (1) Shop Prep: Weld, grind & prime frames	225.00	225.00T
Total Hollo...	1	MARK 28-PATIENT EDUCATION A-124 - PAIR DOORS (1) 6070 HM Frame 5-3/4" LH 0/O Active - Flushbolt Strike Prep (6) 5-3/4 Stud Anchors (2) 307D Door Silencers (1) Shop Prep: Weld, grind & prime frames	244.66	244.66T

For Questions Regarding this Invoice:
Harlingen Phone # 956-365-3667

Subtotal
Sales Tax (0.0%)
Total



Alamo Door Systems, Inc.

16417 Alamo Drive
Harlingen, TX 78552

Invoice

Date	Invoice #
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BM Benchmark Construction, LLC P O Box 720083 McAllen, TX 78504

Please Mail Payment To:

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16358 Nacogdoches Road
San Antonio, TX 78247

WE OFFER 24 HOUR EMERGENCY SERVICE

P.O. No.	Terms	Project	Customer Fax
		Hidalgo Co HC	956-627-3163

Item	Qty	Description	Rate	Amount
Total Hollo...	1	<p>MARK 36-MAIN FRONT ENTRY (CUSTOM WOOD DOORS) NOT INCLUDED IN ESTIMATE TOTAL PRICE</p> <p>(1) 6080 HM Frame 7-3/4" (No Fire Labels) - Quoting metal frame in lieu of wood frame</p> <p>(8) 7-3/4 Stud Anchors</p> <p>(1) Shop Prep: Weld, grind & prime frame and Mullion prep</p> <p>NOTES:</p> <ol style="list-style-type: none"> 1. Quoting 3070 in lieu of 3068 doors & frames for taller clearance (for appliances & equipment) 2. HM frames & doors are primed only - Finish paint by others 3. No glass transom above doors 4. No windstorm or fire labels 5. No installation or delivery 6. No store fronts or aluminum windows 7. Permanent cylinder by Hidalgo County 8. No pass thru windows 9. No cased opening frames 	340.00	340.00T

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	Total



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16417 Alamo Drive
Harlingen, TX 78552

Invoice

Date	Invoice #
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BM Benchmark Construction, LLC P O Box 720083 McAllen, TX 78504

Please Mail Payment To:

Alamo Door Systems
16358 Nacogdoches Road
San Antonio, TX 78247

WE OFFER 24 HOUR EMERGENCY SERVICE

P.O. No.	Terms	Project	Customer Fax
		Hidalgo Co HC	956-627-3163

Item	Qty	Description	Rate	Amount
		10. No kickplates on any door systems 11. Vision frames only where noted on quote 12. No electrical wiring - Wire to reception, electric strikes, power supply, electric strike release buttons - By others 13. Special order items require a 50% non-refundable deposit with balance due upon receipt of materials 14. If paying with credit card a 3% convenience fee will be applied 15. If this is a tax exempt transaction, please provide a Texas Sales & Use Tax Resale Certificate for our records		

For Questions Regarding this Invoice: Harlingen Phone # 956-365-3667	Subtotal
	Sales Tax (0.0%)
	Total

SUBCONTRACTOR REQUEST FOR PAYMENT

CONTRACTOR: BM Benchmark Construction LLC

DATE: 1/30/26 PROJEC TITLE: Hidalgo Health Clinic

SUBCONTRACTOR BMJ Construction LLC

ADDRES: 3710 Carlos Circle

Mission, TX 78574

ORIGINAL CONTRACT AMOUNT \$61,340.00

CHANGE ORDERS APPROVED _____

ADJUSTED CONTRACT AMOUNT _____

TOTAL BILLINGS TO DATE \$48,340.00

AMOUNT DUE APPLICATION # 1

DESCRIPTION OF WORK PERFORMED FOR ABOVE REQUESTED

Furnish & Install Brick & Brick Accessories

DOL WH-347 | Payroll Form

U.S. Department of Labor
Wage and Hour Division

PAYROLL

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

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WAGE AND HOUR DIVISION
Revised December 2008

NAME OF CONTRACTOR <input type="checkbox"/> OR SUBCONTRACTOR <input type="checkbox"/>		ADDRESS		OMB No. 1235-0008 Expires 09/30/2026	
BMJ Construction LLC		3710 Carlos Circle Mission, TX 78574			
PAYROLL NO. 1	FOR WEEK ENDING 01/10/2026	PROJECT AND LOCATION Hidalgo Health Clinic 702 E Ramon Ayala Dr Hidalgo, TX 78557		PROJECT OR CONTRACT NO. C24-0253-04-29	

(1) NAME AND INDIVIDUAL IDENTIFYING NUMBER (e.g., LAST FOUR DIGITS OF SOCIAL SECURITY NUMBER) OF WORKER	(2) NO. OF WITHHOLDING EXEMPTIONS	(3) WORK CLASSIFICATION	OT OR ST.	(4) DAY AND DATE							(5) TOTAL HOURS	(6) RATE OF PAY	(7) GROSS AMOUNT EARNED	(8) DEDUCTIONS					(9) NET WAGES PAID FOR WEEK	
				S	M	T	W	T	F	S				FICA	WITH- HOLDING TAX	OTHER	TOTAL DEDUCTIONS			
				1/04	1/05	1/06	1/07	1/08	1/09	1/10										
HOURS WORKED EACH DAY																				
C. Montano 1101		Brick Mason	o									40.00	22.00	/						\$880.00
			s		8.00	8.00	8.00	8.00	8.00											
J. Martinez 1102		Brick Mason	o									40.00	22.00	/						\$880.00
			s		8.00	8.00	8.00	8.00	8.00											
L. Riveros 1103		Brick Mason	o									40.00	22.00	/						\$880.00
			s		8.00	8.00	8.00	8.00	8.00											
B. Casas 1104		Brick Mason	o									40.00	22.00	/						\$880.00
			s		8.00	8.00	8.00	8.00	8.00											
J Hernandez 1105		Brick Mason	o									40.00	22.00	/						\$880.00
			s		8.00	8.00	8.00	8.00	8.00											
S. Martinez 1106		Brick Mason	o									40.00	22.00	/						\$880.00
			s		8.00	8.00	8.00	8.00	8.00											
F. Vera 1107		Brick Mason	o									40.00	22.00	/						\$880.00
			s		8.00	8.00	8.00	8.00	8.00											
			o											/						
			s																	

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DOL WH-348 | Statement of Compliance

Date 1/10/26

I, Braulio Romero Owner
 (Name of Signatory Party) (Title)

do hereby state:

(1) That I pay or supervise the payment of the persons employed by
BMJ Construction LLC on the
 (Contractor or Subcontractor)

Hidalgo Health Clinic; 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

BMJ Construction LLC from the full
 (Contractor or Subcontractor)

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

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

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

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

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


(b) WHERE FRINGE BENEFITS ARE PAID IN CASH

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

(c) EXCEPTIONS

EXCEPTION (CRAFT)	EXPLANATION

REMARKS:

NAME AND TITLE Braulio Romero-Owner	SIGNATURE 
--	--

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

DOL WH-347 | Payroll Form

U.S. Department of Labor
Wage and Hour Division

PAYROLL

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WAGE AND HOUR DIVISION

Revised December 2008

NAME OF CONTRACTOR <input type="checkbox"/> OR SUBCONTRACTOR <input type="checkbox"/> BMJ Construction LLC	ADDRESS 3710 Carlos Circle Mission, TX 78574	OMB No. 1235-0008 Expires 09/30/2026
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PAYROLL NO. 2	FOR WEEK ENDING 01/17/2026	PROJECT AND LOCATION Hidalgo Health Clinic 702 E Ramon Ayala Dr Hidalgo, TX 78557	PROJECT OR CONTRACT NO. C24-0253-04-29
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(1) NAME AND INDIVIDUAL IDENTIFYING NUMBER (e.g., LAST FOUR DIGITS OF SOCIAL SECURITY NUMBER) OF WORKER	(2) NO. OF WITHHOLDING EXEMPTIONS	(3) WORK CLASSIFICATION	OT OR ST.	(4) DAY AND DATE							(5) TOTAL HOURS	(6) RATE OF PAY	(7) GROSS AMOUNT EARNED	(8) DEDUCTIONS					(9) NET WAGES PAID FOR WEEK
				S	M	T	W	T	F	S				FICA	WITH- HOLDING TAX	OTHER	TOTAL DEDUCTIONS		
				1/11	1/12	1/13	1/14	1/15	1/16	1/17				HOURS WORKED EACH DAY					
C Montano 1101		Brick Mason	o									40.00	22.00	\$880.00					
				s	8.00	8.00	8.00	8.00	8.00	8.00									
J. Martinez 1102		Brick Mason	o									40.00	22.00	\$880.00					
				s	8.00	8.00	8.00	8.00	8.00	8.00									
L. Riveros 1103		Brick Mason	o									40.00	22.00	\$880.00					
				s	8.00	8.00	8.00	8.00	8.00	8.00									
B. Casas 1104		Brick Mason	o									40.00	22.00	\$880.00					
				s	8.00	8.00	8.00	8.00	8.00	8.00									
J Hernandez 1105		Brick Mason	o									40.00	22.00	\$880.00					
				s	8.00	8.00	8.00	8.00	8.00	8.00									
S. Martinez 1106		Brick Mason	o									40.00	22.00	\$880.00					
				s	8.00	8.00	8.00	8.00	8.00	8.00									
F. Vera 1107		Brick Mason	o									40.00	22.00	\$880.00					
				s	8.00	8.00	8.00	8.00	8.00	8.00									
			o																
				s															

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

Public Burden Statement

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

DOL WH-348 | Statement of Compliance

Date 1/17/26

I, Braulio Romero, Owner
 (Name of Signatory Party) (Title)

do hereby state:

(1) That I pay or supervise the payment of the persons employed by
BMJ Construction LLC on the
 (Contractor or Subcontractor)
Hidalgo Health Clinic; 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

BMJ Construction LLC from the full
 (Contractor or Subcontractor)

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

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

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

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

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


(b) WHERE FRINGE BENEFITS ARE PAID IN CASH

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

(c) EXCEPTIONS

EXCEPTION (CRAFT)	EXPLANATION

REMARKS:

NAME AND TITLE Braulio Romero-Owner	SIGNATURE 
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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.

DOL WH-347 | Payroll Form

U.S. Department of Labor
Wage and Hour Division

PAYROLL

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

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



WAGE AND HOUR DIVISION
Revised December 2008

NAME OF CONTRACTOR <input type="checkbox"/>	OR SUBCONTRACTOR <input type="checkbox"/>	ADDRESS 3710 Carlos Circle Mission, TX 78574	OMB No. 1235-0008 Expires 09/30/2026
NAME OF CONTRACTOR <input type="checkbox"/> BMJ Construction LLC			
PAYROLL NO. 3	FOR WEEK ENDING 01/24/2026	PROJECT AND LOCATION Hidalgo Health Clinic 702 E Ramon Ayala Dr Hidalgo, TX 78557	PROJECT OR CONTRACT NO. C24-0253-04-29

(1) NAME AND INDIVIDUAL IDENTIFYING NUMBER (e.g., LAST FOUR DIGITS OF SOCIAL SECURITY NUMBER) OF WORKER	(2) NO. OF WITHHOLDING EXEMPTIONS	(3) WORK CLASSIFICATION	OT OR ST.	(4) DAY AND DATE							(5) TOTAL HOURS	(6) RATE OF PAY	(7) GROSS AMOUNT EARNED	(8) DEDUCTIONS					(9) NET WAGES PAID FOR WEEK	
				S	M	T	W	T	F	S				FICA	WITH- HOLDING TAX	OTHER	TOTAL DEDUCTIONS			
				1/18	1/19	1/20	1/21	1/22	1/23	1/24										
				HOURS WORKED EACH DAY																
C Montano 1101		Brick Mason	O									40.00	22.00	\$880.00						\$880.00
			S		8.00	8.00	8.00	8.00	8.00											
J. Martinez 1102		Brick Mason	O									40.00	22.00	\$880.00						\$880.00
			S		8.00	8.00	8.00	8.00	8.00											
L. Riveros 1103		Brick Mason	O									40.00	22.00	\$880.00						\$880.00
			S		8.00	8.00	8.00	8.00	8.00											
B. Casas 1104		Brick Mason	O									40.00	22.00	\$880.00						\$880.00
			S		8.00	8.00	8.00	8.00	8.00											
J Hernandez 1105		Brick Mason	O									40.00	22.00	\$880.00						\$880.00
			S		8.00	8.00	8.00	8.00	8.00											
S. Martinez 1106		Brick Mason	O									40.00	22.00	\$880.00						\$880.00
			S		8.00	8.00	8.00	8.00	8.00											
F. Vera 1107		Brick Mason	O									40.00	22.00	\$880.00						\$880.00
			S		8.00	8.00	8.00	8.00	8.00											
			O																	
			S																	

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

Public Burden Statement

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

DOL WH-348 | Statement of Compliance

Date 1/24/26

I, Braulio Romero Owner
 (Name of Signatory Party) (Title)

do hereby state:

(1) That I pay or supervise the payment of the persons employed by
BMJ Construction LLC on the
 (Contractor or Subcontractor)
Hidalgo Health Clinic; that during the payroll period commencing on the
 (Building or Work)
18th day of January, 2026, and ending the 24th 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

BMJ Construction LLC from the full
 (Contractor or Subcontractor)

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

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

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

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

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


(b) WHERE FRINGE BENEFITS ARE PAID IN CASH

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

(c) EXCEPTIONS

EXCEPTION (CRAFT)	EXPLANATION

REMARKS:

NAME AND TITLE Braulio Romero-Owner	SIGNATURE 
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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.

DOL WH-347 | Payroll Form

U.S. Department of Labor
Wage and Hour Division

PAYROLL

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WAGE AND HOUR DIVISION

Revised December 2008

NAME OF CONTRACTOR <input type="checkbox"/>	OR SUBCONTRACTOR <input type="checkbox"/>	ADDRESS 3710 Carlos Circle Mission, TX 78574	OMB No. 1235-0008 Expires 09/30/2026
NAME OF CONTRACTOR <input type="checkbox"/> OR SUBCONTRACTOR <input type="checkbox"/> BMJ Construction LLC			
PAYROLL NO. 4	FOR WEEK ENDING 01/31/2026	PROJECT AND LOCATION Hidalgo Health Clinic 702 E Ramon Ayala Dr Hidalgo, TX 78557	PROJECT OR CONTRACT NO. C24-0253-04-29

(1) NAME AND INDIVIDUAL IDENTIFYING NUMBER (e.g., LAST FOUR DIGITS OF SOCIAL SECURITY NUMBER) OF WORKER	(2) NO. OF WITHHOLDING EXEMPTIONS	(3) WORK CLASSIFICATION	OT OR ST.	(4) DAY AND DATE							(5) TOTAL HOURS	(6) RATE OF PAY	(7) GROSS AMOUNT EARNED	(8) DEDUCTIONS					(9) NET WAGES PAID FOR WEEK
				S	M	T	W	T	F	S				FICA	WITH- HOLDING TAX	OTHER	TOTAL DEDUCTIONS		
				1/25	1/26	1/27	1/28	1/29	1/30	1/31				HOURS WORKED EACH DAY					
C. Montano 1101		Brick Mason	o									40.00	22.00	/					880.00
			s		8.00	8.00	8.00	8.00	8.00										
J. Martinez 1102		Brick Mason	o									40.00	22.00	/					880.00
			s		8.00	8.00	8.00	8.00	8.00										
L. Riveros 1103		Brick Mason	o									40.00	22.00	/					880.00
			s		8.00	8.00	8.00	8.00	8.00										
B. Casas 1104		Brick Mason	o									40.00	22.00	/					880.00
			s		8.00	8.00	8.00	8.00	8.00										
J Hernandez 1105		Brick Mason	o									40.00	22.00	/					880.00
			s		8.00	8.00	8.00	8.00	8.00										
S. Martinez 1106		Brick Mason	o									40.00	22.00	/					880.00
			s		8.00	8.00	8.00	8.00	8.00										
F. Vera 1107		Brick Mason	o									40.00	22.00	/					880.00
			s		8.00	8.00	8.00	8.00	8.00										
			o											/					
			s																

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

Public Burden Statement

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

DOL WH-348 | Statement of Compliance

Date 1/31/26

I, Braulio Romero Owner
 (Name of Signatory Party) (Title)

do hereby state:

(1) That I pay or supervise the payment of the persons employed by
BMJ Construction LLC on the
 (Contractor or Subcontractor)
Hidalgo Health Clinic; that during the payroll period commencing on the
 (Building or Work)
25th day of January, 2026, and ending the 31th 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

BMJ Construction LLC from the full
 (Contractor or Subcontractor)

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

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

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

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

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

(b) WHERE FRINGE BENEFITS ARE PAID IN CASH

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

(c) EXCEPTIONS

EXCEPTION (CRAFT)	EXPLANATION

REMARKS:

NAME AND TITLE Braulio Romero-Owner	SIGNATURE <i>B. Romero</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.



Cytech Heating & Cooling
 6840 N Interstate 69C
 Edinburg Tx 78542
 (956) 630-6645

Line Item No. 18

Invoice 70828314
 Invoice Date 1/20/2026
 Payment Term NET 30
 Due Date 2/19/2026

Billing Address
 BM Benchmark Construction LLC
 119 South 17th Street
 McAllen, TX 78501 USA

Job Address
 Hidalgo Health Clinic
 700 East Ramon Ayala Drive
 Hidalgo, TX 78557 USA

Description of Work

Hidalgo Health Clinic Draw #2

Task #	Description	Quantity	Your Price	Your Total
H-CUS-100-I	Custom Commercial Installation: Hidalgo Health Clinic Draw #2	1.00	\$22,000.00	\$22,000.00

Sub-Total \$22,000.00
Tax 0% \$0.00
Total Due \$22,000.00
Balance Due \$22,000.00

"SERVING THE RIO GRANDE VALLEY SINCE 1991"
 Regulated by Texas Department of Licensing & Regulation
 P O Box 12157 Austin Tx 78711
 (800) 803-9202 or (512) 463-6599
 Lic.# TACLA0029045C TECL40888

The customer is responsible for all legal and collection fees deemed necessary to collect amount of this invoice. Service charge of 1.5 % per month will be added on all past due accounts over 30 days. LIMITED WARRANTY: All materials, parts and equipment are warranted by the manufacturer's or suppliers' written warranty only. All labor performed by Cytech is warranted for 30 days or as otherwise indicated in writing. Cytech makes no other warranties, express or implied, and its agents or technicians are not authorized to make any such warranties on behalf of Cytech.

I find and agree that all work performed by Cytech Heating and Cooling has been completed in a satisfactory and workmanlike manner. I have been given the opportunity to address concerns and/or discrepancies in the work provided, and I either have no such concerns or have found no discrepancies or they have been addressed to my satisfaction. My signature here signifies my full and final acceptance of all work performed by the contractor.

DOL WH-347 | Payroll Form

U.S. Department of Labor
Wage and Hour Division

PAYROLL

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



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 type="checkbox"/> OR SUBCONTRACTOR <input type="checkbox"/> Cytech Health & Cooling LLC	ADDRESS 6840 N Interstate 69C Edinburg, TX 78542	OMB No. 1235-0008 Expires 09/30/2026
PAYROLL NO. 7	FOR WEEK ENDING 01/10/2026	PROJECT AND LOCATION Hidalgo Health Clinic 702 E Ramon Ayala Dr Hidalgo, TX 78557
		PROJECT OR CONTRACT NO. C24-0253-04-29

(1) NAME AND INDIVIDUAL IDENTIFYING NUMBER (e.g., LAST FOUR DIGITS OF SOCIAL SECURITY NUMBER) OF WORKER	(2) NO. OF WITHHOLDING EXEMPTIONS	(3) WORK CLASSIFICATION	OT. OR ST.	(4) DAY AND DATE							(5) TOTAL HOURS	(6) RATE OF PAY	(7) GROSS AMOUNT EARNED	(8) DEDUCTIONS					(9) NET WAGES PAID FOR WEEK	
				S	M	T	W	T	F	S				FICA	WITH- HOLDING TAX		OTHER	TOTAL DEDUCTIONS		
				1/04	1/05	1/06	1/07	1/08	1/09	1/10				HOURS WORKED EACH DAY						
Abel Quijada 4181		HVAC Mechanic	o											\$1,600.00						\$1,600.00
			s		8.00	8.00	8.00	8.00	8.00	8.00	40.00	40.00								
Cesar Hernandez		HVAC Mechanic	o											\$1,200.00						\$1,200.00
			s		8.00	8.00	8.00	8.00	8.00	8.00	40.00	30.00								
			o											/						/
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While completion of Form WH-347 is optional, it is mandatory for covered contractors and subcontractors performing work on Federally financed or assisted construction contracts to respond to the information collection contained in 29 C.F.R. §§ 3.3, 5.5(a). The Copeland Act (40 U.S.C. § 3145) contractors and subcontractors performing work on Federally financed or assisted construction contracts to "furnish weekly a statement with respect to the wages paid each employee during the preceding week." U.S. Department of Labor (DOL) regulations at 29 C.F.R. § 5.5(a)(3)(ii) require contractors to submit weekly a copy of all payrolls to the Federal agency contracting for or financing the construction project, accompanied by a signed "Statement of Compliance" indicating that the payrolls are correct and complete and that each laborer or mechanic has been paid not less than the proper Davis-Bacon prevailing wage rate for the work performed. DOL and federal contracting agencies receiving this information review the information to determine that employees have received legally required wages and fringe benefits.

Public Burden Statement

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DOL WH-348 | Statement of Compliance

Date 1/12/26

I, Matt Cyphers Owner
 (Name of Signatory Party) (Title)

do hereby state:

(1) That I pay or supervise the payment of the persons employed by
Cytech Heating & Cooling LLC on the
 (Contractor or Subcontractor)
Hidalgo Health Clinic; 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

Cytech Health & Cooling LLC from the full
 (Contractor or Subcontractor)

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

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

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

(4) That:

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

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


(b) WHERE FRINGE BENEFITS ARE PAID IN CASH

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

(c) EXCEPTIONS

EXCEPTION (CRAFT)	EXPLANATION

REMARKS:

NAME AND TITLE Matt Cyphers-Owner	SIGNATURE 
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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.

DOL WH-347 | Payroll Form

U.S. Department of Labor
Wage and Hour Division

PAYROLL

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WAGE AND HOUR DIVISION
Revised December 2008

NAME OF CONTRACTOR OR SUBCONTRACTOR **Cytech Health & Cooling LLC** ADDRESS **6840 N Interstate 69C
Edinburg, TX 78542** OMB No. 1235-0008
Expires 09/30/2026

PAYROLL NO. **8** FOR WEEK ENDING **01/17/2026** PROJECT AND LOCATION **Hidalgo Health Clinic
702 E Ramon Ayala Dr Hidalgo, TX 78557** PROJECT OR CONTRACT NO. **C24-0253-04-29**

(1) NAME AND INDIVIDUAL IDENTIFYING NUMBER (e.g., LAST FOUR DIGITS OF SOCIAL SECURITY NUMBER) OF WORKER	(2) NO. OF WITHHOLDING EXEMPTIONS	(3) WORK CLASSIFICATION	OT. OR ST.	(4) DAY AND DATE							(5) TOTAL HOURS	(6) RATE OF PAY	(7) GROSS AMOUNT EARNED	(8) DEDUCTIONS					(9) NET WAGES PAID FOR WEEK				
				S	M	T	W	T	F	S				FICA	WITH- HOLDING TAX	OTHER	TOTAL DEDUCTIONS						
				1/11	1/12	1/13	1/14	1/15	1/16	1/17													
HOURS WORKED EACH DAY																							
Abel Quijada 4181		HVAC Mechanic	O									40.00	40.00	\$1,600.00							\$1,600.00		
			S		8.00	8.00	8.00	8.00	8.00														
Cesar Hernandez 5511		HVAC Mechanic	O									40.00	30.00	\$1,200.00								\$1,200.00	
			S		8.00	8.00	8.00	8.00	8.00														
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While completion of Form WH-347 is optional, it is mandatory for covered contractors and subcontractors performing work on Federally financed or assisted construction contracts to respond to the information collection contained in 29 C.F.R. §§ 3.3, 5.5(a). The Copeland Act (40 U.S.C. § 3145) contractors and subcontractors performing work on Federally financed or assisted construction contracts to "furnish weekly a statement with respect to the wages paid each employee during the preceding week." U.S. Department of Labor (DOL) regulations at 29 C.F.R. § 5.5(a)(3)(ii) require contractors to submit weekly a copy of all payrolls to the Federal agency contracting for or financing the construction project, accompanied by a signed "Statement of Compliance" indicating that the payrolls are correct and complete and that each laborer or mechanic has been paid not less than the proper Davis-Bacon prevailing wage rate for the work performed. DOL and federal contracting agencies receiving this information review the information to determine that employees have received legally required wages and fringe benefits.

Public Burden Statement

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

DOL WH-348 | Statement of Compliance

Date 1/19/26

I, Matt Cyphers Owner
 (Name of Signatory Party) (Title)

do hereby state:

(1) That I pay or supervise the payment of the persons employed by
Cytech Heating & Cooling LLC on the
 (Contractor or Subcontractor)

Hidalgo Health Clinic; 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

Cytech Health & Cooling LLC from the full
 (Contractor or Subcontractor)

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

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

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

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

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

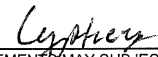
(b) WHERE FRINGE BENEFITS ARE PAID IN CASH

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

(c) EXCEPTIONS

EXCEPTION (CRAFT)	EXPLANATION

REMARKS:

NAME AND TITLE Matt Cyphers-Owner	SIGNATURE 
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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.

DOL WH-347 | Payroll Form

U.S. Department of Labor
Wage and Hour Division

PAYROLL

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



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

NAME OF CONTRACTOR <input type="checkbox"/>	OR SUBCONTRACTOR <input type="checkbox"/>	ADDRESS 6840 N Interstate 69C Edinburg, TX 78542	OMB No. 1235-0008 Expires 09/30/2026
Cytech Health & Cooling LLC			
PAYROLL NO. 9	FOR WEEK ENDING 01/24/2026	PROJECT AND LOCATION Hidalgo Health Clinic 702 E Ramon Ayala Dr Hidalgo, TX 78557	PROJECT OR CONTRACT NO. C24-0253-04-29

(1) NAME AND INDIVIDUAL IDENTIFYING NUMBER (e.g., LAST FOUR DIGITS OF SOCIAL SECURITY NUMBER) OF WORKER	(2) NO. OF WITHHOLDING EXEMPTIONS	(3) WORK CLASSIFICATION	OT. OR ST.	(4) DAY AND DATE							(5) TOTAL HOURS	(6) RATE OF PAY	(7) GROSS AMOUNT EARNED	(8) DEDUCTIONS					(9) NET WAGES PAID FOR WEEK	
				S	M	T	W	T	F	S				FICA	WITH- HOLDING TAX		OTHER	TOTAL DEDUCTIONS		
				1/18	1/19	1/20	1/21	1/22	1/23	1/24				HOURS WORKED EACH DAY						
Abel Quijada 4181		HVAC Mechanic	o									40.00	40.00	\$1,600.00						\$1,600.00
			s		8.00	8.00	8.00	8.00	8.00	8.00										
Cesar Hernandez 5511		HVAC Mechanic	o									40.00	30.00	\$1,200.00						\$1,200.00
			s		8.00	8.00	8.00	8.00	8.00											
			o																	
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Public Burden Statement

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

DOL WH-348 | Statement of Compliance

Date 1/26/26

I, Matt Cyphers Owner
 (Name of Signatory Party) (Title)

do hereby state:

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

Cytech Heating & Cooling LLC on the
 (Contractor or Subcontractor)

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

18th day of January, 2026, and ending the 24th 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

Cytech Health & Cooling LLC from the full
 (Contractor or Subcontractor)

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

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

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

(4) That:

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

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

(b) WHERE FRINGE BENEFITS ARE PAID IN CASH

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

(c) EXCEPTIONS

EXCEPTION (CRAFT)	EXPLANATION

REMARKS:

NAME AND TITLE Matt Cyphers-Owner	SIGNATURE <i>Cyphers</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.

DOL WH-347 | Payroll Form

U.S. Department of Labor
Wage and Hour Division

PAYROLL

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WAGE AND HOUR DIVISION
Revised December 2008

NAME OF CONTRACTOR <input type="checkbox"/> OR SUBCONTRACTOR <input type="checkbox"/>		ADDRESS		OMB No. 1235-0008 Expires 09/30/2026	
Cytech Health & Cooling LLC		6840 N Interstate 69C Edinburg, TX 78542			
PAYROLL NO. 10	FOR WEEK ENDING 01/31/2026	PROJECT AND LOCATION Hidalgo Health Clinic 702 E Ramon Ayala Dr Hidalgo, TX 78557		PROJECT OR CONTRACT NO. C24-0253-04-29	

(1) NAME AND INDIVIDUAL IDENTIFYING NUMBER (e.g., LAST FOUR DIGITS OF SOCIAL SECURITY NUMBER) OF WORKER	(2) NO. OF WITHHOLDING EXEMPTIONS	(3) WORK CLASSIFICATION	OT. OR ST.	(4) DAY AND DATE							(5) TOTAL HOURS	(6) RATE OF PAY	(7) GROSS AMOUNT EARNED	(8) DEDUCTIONS					(9) NET WAGES PAID FOR WEEK	
				S	M	T	W	T	F	S				FICA	WITH- HOLDING TAX		OTHER	TOTAL DEDUCTIONS		
				1/25	1/26	1/27	1/28	1/29	1/30	1/31				HOURS WORKED EACH DAY						
Abel Quijada 4181		HVAC Mechanic	o										/							
			s		8.00	8.00	8.00	8.00	8.00	8.00		40.00								
Cesar Hernandez 5511		HVAC Mechanic	o										/							
			s		8.00	8.00	8.00	8.00	8.00	8.00		40.00								
			o										/							
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Public Burden Statement

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DOL WH-348 | Statement of Compliance

Date 1/31/26

I, Matt Cyphers Owner
 (Name of Signatory Party) (Title)

do hereby state:

(1) That I pay or supervise the payment of the persons employed by
Cytech Heating & Cooling LLC on the
 (Contractor or Subcontractor)

Hidalgo Health Clinic; that during the payroll period commencing on the
 (Building or Work)
25th day of January, 2026, and ending the 31th 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

Cytech Health & Cooling LLC from the full
 (Contractor or Subcontractor)

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

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

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

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

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

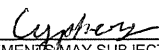
(b) WHERE FRINGE BENEFITS ARE PAID IN CASH

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

(c) EXCEPTIONS

EXCEPTION (CRAFT)	EXPLANATION

REMARKS:

NAME AND TITLE Matt Cyphers-Owner	SIGNATURE 
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D. Montez Plumbing LLC

4305 E University Dr.
 Edinburg TX78542
 956-451-5050 956-250-5141
 RMP-38662

Invoice

Invoice No.	Date
3165	01/28/26

Name/Address
Benchmark Construction 119 N 17th Mcallen, TX 78503

Description	Total
Hidalgo County Health Clinic	
-Permit	
-Excavate for Plumbing	
-Compacting of Plumbing Trenches	
-Rough in plumbing	
-Install vents and drains	
-Provide copper water lines to plumbing fixtures (Type L)	
-Install floor drains and clean outs	
-Install trap primer lines for all floor drains	
-Install hangers and supports completely with necessary inserts, bolts, rods, nuts, washers, and other accessories	
-Install condensation drain as per MEP Plans	
-Insulate all copper hot and cold water lines as per plan	
-Connect sewer line to building 5' stub out	
-Connect water line 5' stub out	
-Install all fixtures as per plan	
PARTS AND LABOR	
Total	\$53,300.00
Texas State Board of Plumbing Examiners P.o. Box 4200	Total \$53,300.00

DOL WH-347 | Payroll Form

U.S. Department of Labor
Wage and Hour Division

PAYROLL

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

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NAME OF CONTRACTOR <input type="checkbox"/> OR SUBCONTRACTOR <input type="checkbox"/> <p style="text-align: center;">D Montez Plumbing LLC</p>	ADDRESS 405 E University Dr Edinburg, TX 78542 PROJECT AND LOCATION Hidalgo Health Clinic 702 E Ramon Ayala Dr Hidalgo, TX 78557 PROJECT OR CONTRACT NO. C24-0253-04-29
PAYROLL NO. 4	FOR WEEK ENDING 01/10/2026

(1) NAME AND INDIVIDUAL IDENTIFYING NUMBER (e.g., LAST FOUR DIGITS OF SOCIAL SECURITY NUMBER) OF WORKER	(2) NO. OF WITHHOLDING EXEMPTIONS	(3) WORK CLASSIFICATION	OT OR ST.	(4) DAY AND DATE							(5) TOTAL HOURS	(6) RATE OF PAY	(7) GROSS AMOUNT EARNED	(8) DEDUCTIONS					(9) NET WAGES PAID FOR WEEK
				S	M	T	W	T	F	S				FICA	WITH- HOLDING TAX	OTHER	TOTAL DEDUCTIONS		
				1/04	1/05	1/06	1/07	1/08	1/09	1/10									
Ricardo Perez 1619		Plumber	O										\$1,000.00						\$1,000.00
			S	8.00	8.00	8.00	8.00	8.00	8.00	40.00	25.00								
Valentin Barraza 1211		Plumber	O										\$800.00						\$800.00
			S	8.00	8.00	8.00	8.00	8.00	8.00	40.00	20.00								
Leo Trevino 1738		Plumber	O										\$800.00						\$800.00
			S	8.00	8.00	8.00	8.00	8.00	8.00	40.00	20.00								
			O										/						/
			S																
			O										/						/
			S																
			O										/						/
			S																
			O										/						/
			S																

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Public Burden Statement

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

DOL WH-348 | Statement of Compliance

Date 1/10/26

I, David Montez Owner
 (Name of Signatory Party) (Title)

do hereby state:

(1) That I pay or supervise the payment of the persons employed by
D Montez Plumbing LLC on the
 (Contractor or Subcontractor)

Hidalgo Health Clinic; 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

D Montez Plumbing LLC from the full
 (Contractor or Subcontractor)

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

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

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

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

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


(b) WHERE FRINGE BENEFITS ARE PAID IN CASH

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

(c) EXCEPTIONS

EXCEPTION (CRAFT)	EXPLANATION

REMARKS:

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

JJ's Environmental
 2104 S Shary Rd
 Mission, TX 78572
 (956) 585-2941
 billing@jjsrentals.com
 Tax ID: 81-2214289



Invoice To:

Benchmark Construction
 P O Box 720083
 McAllen, TX 78504

Invoice # I60412
 Invoice Date Dec 11, 2025
 Billing Period --
 Due Date Jan 11, 2026

Invoice Amount \$250.00

Customer ID C31	PO # PT#121 & 126	Rental # R13263	Pay Online ID ---	Clerk Jessica	Terms Due on receipt
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Site: Hidalgo Co Health Dept, 700 E Ramon Ayala Dr Hidalgo, TX 78557

Line #	Service	Tax Code	Rate	Qty.	Amount
1	Construction Toilet Rental Portable Toilet Rental for 30 days & Service once a week	01	\$125.00	1	\$125.00
2	Two-Way Portable Sink (Regular) Two-Way Portable Sink (Regular) Rental for 30 days & Service once a week	01	\$125.00	1	\$125.00
Invoice Subtotal					\$250.00
Invoice Total					\$250.00

Thank You! Paid

Thank you, we appreciate your business!
 We advise you to please take the time to read the terms on your service contract to avoid any misunderstandings.
 All services and rentals are for 24 hours and payable upon receipt unless otherwise stated on this invoice.

 Detach and return (#9 envelope)

\$0.00

JJ's Environmental
 2104 S Shary Rd
 Mission, TX 78572
 (956) 585-2941
 billing@jjsrentals.com
 Tax ID: 81-2214289



Invoice # I61009
 Invoice Date Jan 12, 2026
 Billing Period --
 Due Date Feb 12, 2026

Invoice To:

Benchmark Construction
 P O Box 720083
 McAllen, TX 78504

Invoice Amount \$250.00

Customer ID c31	PO # PT#121 & 126	Rental # R13263	Pay Online ID ---	Clerk Jessica	Terms Due on receipt
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Site: Hidalgo Co Health Dept, 700 E Ramon Ayala Dr Hidalgo, TX 78557

Line #	Service	Tax Code	Rate	Qty.	Amount
1	Construction Toilet Rental Portable Toilet Rental for 30 days & Service once a week	01	\$125.00	1	\$125.00
2	Two-Way Portable Sink (Regular) Two-Way Portable Sink (Regular) Rental for 30 days & Service once a week	01	\$125.00	1	\$125.00
Invoice Subtotal					\$250.00
Invoice Total					\$250.00

Thank You! Paid

Thank you, we appreciate your business!
 We advise you to please take the time to read the terms on your service contract to avoid any misunderstandings.
 All services and rentals are for 24 hours and payable upon receipt unless otherwise stated on this invoice.

Detach and return (#9 envelope)

\$0.00

DOL WH-347 | Payroll Form

U.S. Department of Labor
Wage and Hour Division

PAYROLL

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

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WAGE AND HOUR DIVISION
Revised December 2008

NAME OF CONTRACTOR <input type="checkbox"/> OR SUBCONTRACTOR <input type="checkbox"/> D Montez Plumbing LLC	ADDRESS 405 E University Dr Edinburg, TX 78542
PAYROLL NO. 5	FOR WEEK ENDING 01/17/2026
PROJECT AND LOCATION Hidalgo Health Clinic 702 E Ramon Ayala Dr Hidalgo, TX 78557	
PROJECT OR CONTRACT NO. C24-0253-04-29	
OMB No. 1235-0008 Expires 09/30/2026	

(1) NAME AND INDIVIDUAL IDENTIFYING NUMBER (e.g., LAST FOUR DIGITS OF SOCIAL SECURITY NUMBER) OF WORKER	(2) NO. OF WITHHOLDING EXEMPTIONS	(3) WORK CLASSIFICATION	OT OR ST	(4) DAY AND DATE							(5) TOTAL HOURS	(6) RATE OF PAY	(7) GROSS AMOUNT EARNED	(8) DEDUCTIONS					(9) NET WAGES PAID FOR WEEK
				S	M	T	W	T	F	S				FICA	WITH- HOLDING TAX	TOTAL	OTHER	TOTAL DEDUCTIONS	
				1/11	1/12	1/13	1/14	1/15	1/16	1/17									
HOURS WORKED EACH DAY																			
Ricardo Perez 1619		Plumber	O										\$1,000.00						
			S	8.00	8.00	8.00	8.00	8.00	8.00	40.00	25.00								
Valentin Barraza 1211		Plumber	O										\$800.00						
			S	8.00	8.00	8.00	8.00	8.00	8.00	40.00	20.00								
Leo Trevino 1738		Plumber	O										\$800.00						
			S	8.00	8.00	8.00	8.00	8.00	8.00	40.00	20.00								
			O										/						
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			S																

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

Public Burden Statement

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

DOL WH-348 | Statement of Compliance

Date 1/17/26

I, David Montez Owner
 (Name of Signatory Party) (Title)

do hereby state:

(1) That I pay or supervise the payment of the persons employed by
D Montez Plumbing LLC on the
 (Contractor or Subcontractor)
Hidalgo Health Clinic; 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

D Montez Plumbing LLC
 (Contractor or Subcontractor) from the full

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

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

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

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

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


(b) WHERE FRINGE BENEFITS ARE PAID IN CASH

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

(c) EXCEPTIONS

EXCEPTION (CRAFT)	EXPLANATION

REMARKS:

NAME AND TITLE David Montez-Owner	SIGNATURE 
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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.

DOL WH-347 | Payroll Form

U.S. Department of Labor
Wage and Hour Division

PAYROLL

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

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



WAGE AND HOUR DIVISION
Revised December 2008

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

NAME OF CONTRACTOR <input type="checkbox"/> OR SUBCONTRACTOR <input type="checkbox"/>		ADDRESS	
D Montez Plumbing LLC		405 E University Dr Edinburg, TX 78542	
PAYROLL NO. 6	FOR WEEK ENDING 01/24/2026	PROJECT AND LOCATION Hidalgo Health Clinic 702 E Ramon Ayala Dr Hidalgo, TX 78557	PROJECT OR CONTRACT NO. C24-0253-04-29

(1) NAME AND INDIVIDUAL IDENTIFYING NUMBER (e.g., LAST FOUR DIGITS OF SOCIAL SECURITY NUMBER) OF WORKER	(2) NO. OF WITHHOLDING EXEMPTIONS	(3) WORK CLASSIFICATION	OT OR ST.	(4) DAY AND DATE							(5) TOTAL HOURS	(6) RATE OF PAY	(7) GROSS AMOUNT EARNED	(8) DEDUCTIONS					(9) NET WAGES PAID FOR WEEK
				S	M	T	W	T	F	S				FICA	WITH- HOLDING TAX	OTHER	TOTAL DEDUCTIONS		
				1/18	1/19	1/20	1/21	1/22	1/23	1/24				HOURS WORKED EACH DAY					
Ricardo Perez 1619		Plumber	o										/						
			s	8.00	8.00	8.00	8.00	8.00	8.00	40.00	25.00	\$1,000.00							
Valentin Barraza 1211		Plumber	o									/							
			s	8.00	8.00	8.00	8.00	8.00	40.00	20.00	\$800.00								
Leo Trevino 1738		Plumber	o									/							
			s	8.00	8.00	8.00	8.00	8.00	40.00	20.00	\$800.00								
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DOL WH-348 | Statement of Compliance

Date 1/24/26

I, David Montez Owner
 (Name of Signatory Party) (Title)

do hereby state:

(1) That I pay or supervise the payment of the persons employed by
D Montez Plumbing LLC on the
 (Contractor or Subcontractor)
Hidalgo Health Clinic; that during the payroll period commencing on the
 (Building or Work)
18th day of January, 2026, and ending the 24th 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

D Montez Plumbing LLC
 (Contractor or Subcontractor) from the full

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

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

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

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

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

(b) WHERE FRINGE BENEFITS ARE PAID IN CASH

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

(c) EXCEPTIONS

EXCEPTION (CRAFT)	EXPLANATION

REMARKS:

NAME AND TITLE David Montez-Owner	SIGNATURE <i>DM</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.

SUBCONTRACTOR REQUEST FOR PAYMENT

CONTRACTOR: BM Benchmark Construction LLC

DATE: 1/09/26 PROJEC TITLE: Hidalgo Health Clinic

SUBCONTRACTOR BMJ Construction LLC

ADDRES: 3710 Carlos Circle

Mission, TX 78574

ORIGINAL CONTRACT AMOUNT \$14,880.00

CHANGE ORDERS APPROVED _____

ADJUSTED CONTRACT AMOUNT _____

TOTAL BILLINGS TO DATE \$14,880.00

AMOUNT DUE APPLICATION # 1

DESCRIPTION OF WORK PERFORMED FOR ABOVE REQUESTED

Scaffolds Installation

Roll Off CONTAINERS

1321 N State Highway 336
 Hidalgo, TX. 78557
 (956) 322-3914
 webmail@frasangreen.com



Invoice: R-0970
Invoice Date: 01/2/2026
Employer ID: 85-1266824

Client: Benchmark Construction **Phone:** 9564583814
Address: 4110 E Ramon Ayala Dr **SS No.:** _____
State: Texas **City:** Hidalgo **Tax ID:** _____
 Check

Qty.	Description	Unit Price	Total
1	ROLL OFF 40 YARD / 1 MONTH RENTAL- 30 DAYS (ONLY RENT)		\$1,430.00

Sales \$1,430.00
Tax
Total \$1,430.00

renewal of rent roll off 40 yds
 12/12/25-01/12/26



Roll Off CONTAINERS



1321 N State Highway 336
 Hidalgo, TX. 78557
 (956) 322-3914
 webmail@frasangreen.com

Invoice: R-1001
 Invoice Date: 01/2/2026
 Employer ID: 85-1266824

Client: Benchmark Construction Phone: 9564583814
 Address: 400 E Ramon Ayala Dr SS No.: _____
 State: Texas City: Hidalgo Tax ID: _____
 Check

Qty	Description	Unit Price	Total
1	ROLL OFF 40 YARD / 1 MONTH RENTAL- 30 DAYS (ONLY RENT)		\$1,430.00

Sales \$1,430.00
 Tax
 Total \$1,430.00

swap roll off 40 yds

