

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.: 6
PERIOD TO: 11/1/25-12/31/25
PROJECT NOS.: C24-0253-04-29
ARPA-22-340-088
CONTRACT DATE: ☐ OWNER
☐ ARCHITECT
☐ CONTRACTOR
☐

FROM CONTRACTOR: BM Benchmark Construction LLC
119 N 17th St
McAllen, TX 78501
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 \$ 687,860.90
(Column G on G703)
5. RETAINAGE:
 - a. _____% of Completed Work \$ 34,393.05
(Columns D + E on G703)
 - b. _____% of Stored Material \$
 - (Column F on G703)
 - Total Retainage (Line 5a + 5b or
Total in Column I of G703) \$ 34,393.05
6. TOTAL EARNED LESS RETAINAGE \$ 653,467.85
(Line 4 less Line 5 Total)
7. LESS PREVIOUS CERTIFICATES FOR PAYMENT 462,309.21
(Line 6 from prior Certificate) \$
8. CURRENT PAYMENT DUE \$ 191,158.64
9. BALANCE TO FINISH, INCLUDING RETAINAGE 952,717.15
(Line 3 less Line 6) \$

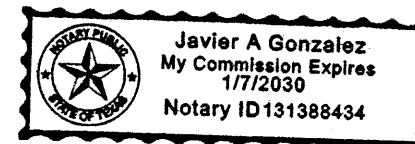
CHANGE ORDER SUMMARY	ADDITIONS	DEDUCTIONS
Total changes approved in previous months by Owner		
Total approved this Month		
TOTALS		
NET CHANGES by Change Order		

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: _____ Date: 1/6/26

State of: TX
County of: Hidalgo
Subscribed and sworn to before
me this 6th day of January



Notary Public: _____
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 \$ 191,158.64

(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: _____ Date: 02/03/2026

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.



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G702-1992

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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 NUMBER

6

PERIOD TO:

11/1/25-12/31/25

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				0.00	0.00%	38,400.00	0.00
9	Suspended Acoustical Ceilings	28,700.00				0.00	0.00%	28,700.00	0.00
10	Doors Frames and Hardware	45,210.00				0.00	0.00%	45,210.00	0.00
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				0.00	0.00%	61,340.00	0.00
18	HVAC	148,700.00		62,500.00		62,500.00	42.03%	86,200.00	3,125.00

19	Plumbing	145,500.00	33,000.00			33,000.00	22.68%	112,500.00	1,650.00
20	Electrical	159,000.00	10,000.00	45,000.00		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	2,868.63	2,868.63		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	16,500.00	1,500.00		18,000.00	72.00%	7,000.00	900.00
28	Project Superintendent on Site Fee	39,400.00	19,200.00	4,800.00		24,000.00	60.91%	15,400.00	1,200.00
29	Document Printing (Large Plans Printouts)	500.00	500.00			500.00	100.00%	0.00	25.00
30	Power Consumption	7,000.00	500.00	500.00		1,000.00	14.29%	6,000.00	50.00
31	Temp Sanitary Facilities	2,000.00	500.00	500.00		1,000.00	50.00%	1,000.00	50.00
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			15,120.00	50.40%	14,880.00	756.00
35	Construction Clean-Up(Daily/Weekly)	7,200.00	1,000.00	1,000.00		2,000.00	27.78%	5,200.00	100.00
36	Final Cleaning	2,000.00				0.00	0.00%	2,000.00	0.00
37	Dumpster	6,000.00	455.64	1,430.00		1,885.64	31.43%	4,114.36	94.28
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	9,000.00	3,000.00		12,000.00	44.44%	15,000.00	600.00
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	15,297.00	19,121.00		34,418.00	45.00%	42,067.00	1,720.90

						0.00	0.00%	0.00	0.00
SUBTOTAL COSTS:		1,606,185.00	486,641.27	201,219.63	0.00	687,860.90	19.11	918,324.10	34,393.05

CONTRACTOR TIME STATEMENT

PAY APP NO. 6 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 11/1/2025 DATE WORK COMPLETED 11/30/2025

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

NO. OF CONTRACT WORKING DAYS 270 NO. WORKING DAYS CHARGED TO DATE 160
 NO. CREDITED DAYS TO DATE 10
 ASSESSED LIQUIDATED DAMAGES: 0 PER DAY \$ 500.00 TOTAL \$ 0
 CERTIFIED AS CORRECT



 ENGINEER/CONSTRUCTION MANAGER

CONTRACTOR TIME STATEMENT

PAY APP NO. 6 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 12/1/2025 DATE WORK COMPLETED 12/31/2025

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

NO. OF CONTRACT WORKING DAYS 270 NO. WORKING DAYS CHARGED TO DATE 191
 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 January 26, 2026

Project Name ARPA 22-340-088
CMAR Hidalgo Health Clinic Facility
Ramon Ayala Drive, Hidalgo TX

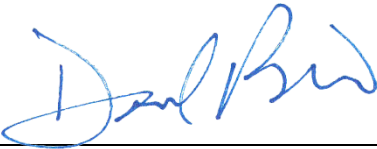
CSJ# N/A

Contractor BM Benchmark Construction, LLC.

Application# 6

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

1. That a payroll (form WHI-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 WHI-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

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 ☐ OR SUBCONTRACTOR ☐		ADDRESS 119 N 17th St McAllen, TX 78501		OMB No. 1235-0008 Expires 09/30/2026	
BM Benchmark Construction					
PAYROLL NO. 17		FOR WEEK ENDING 11/08/2025		PROJECT AND LOCATION Hidalgo Health Clinic 702 E Ramon Ayala	
				PROJECT OR CONTRACT NO. ARPA-22-340-088M	

(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
				11/02	11/03	11/04	11/05	11/06	11/07	11/08				FICA	WITH- HOLDING TAX	OTHER	TOTAL DEDUCTIONS		
				HOURS WORKED EACH DAY															
Liborio Garza 1004		Project Supervisor	O										\$1,200.00						\$1,200.00
			S	8.00	8.00	8.00	8.00	8.00		40.00	30.00								
Martin Salinas 8915		Laborer	O										\$500.00						\$500.00
			S	8.00	8.00	8.00	8.00	8.00		40.00	12.50								
			O																
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While completion of Form WH-347 is optional, it is mandatory for covered contractors and subcontractors performing work on Federally financed or assisted construction contracts to respond to the information collection contained in 29 C.F.R. §§ 3.3, 5.5(a). The Copeland Act (40 U.S.C. § 3145) contractors and subcontractors performing work on Federally financed or assisted construction contracts to "furnish weekly a statement with respect to the wages paid each employee during the preceding week." U.S. Department of Labor (DOL) regulations at 29 C.F.R. § 5.5(a)(3)(ii) require contractors to submit weekly a copy of all payrolls to the Federal agency contracting for or financing the construction project, accompanied by a signed "Statement of Compliance" indicating that the payrolls are correct and complete and that each laborer or mechanic has been paid not less than the proper Davis-Bacon prevailing wage rate for the work performed. DOL and federal contracting agencies receiving this information review the information to determine that employees have received legally required wages and fringe benefits.

Public Burden Statement

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

(over)

DOL WH-348 | Statement of Compliance

Date November 8, 2025

I, George Boghs Owner
(Name of Signatory Party) (Title)

do hereby state:

(1) That I pay or supervise the payment of the persons employed by
BM Benchmark Construction on the
(Contractor or Subcontractor)
Hidalgo Health Clinic; that during the payroll period commencing on the
(Building or Work)
2nd day of November, 2025, and ending the 8th day of November, 2025,
all persons employed on said project have been paid the full weekly wages earned, that no rebates have
been or will be made either directly or indirectly to or on behalf of said
BM Benchmark Construction 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 George Boghs-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 ☐ OR SUBCONTRACTOR ☐ BM Benchmark Construction	ADDRESS 119 N 17th St McAllen, TX 78501	OMB No. 1235-0008 Expires 09/30/2026
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PAYROLL NO. 18	FOR WEEK ENDING 11/15/2025	PROJECT AND LOCATION Hidalgo Health Clinic 702 E Ramon Ayala	PROJECT OR CONTRACT NO. ARPA-22-340-088M
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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
				11/09	11/10	11/11	11/12	11/13	11/14	11/15				FICA	WITH- HOLDING TAX			OTHER	TOTAL DEDUCTIONS	
				HOURS WORKED EACH DAY																
Liborio Garza 1004		Project Supervisor	O																	
			S	8.00	8.00	8.00	8.00	8.00	8.00	40.00	30.00								\$1,200.00	\$1,200.00
Martin Salinas 8915		Laborer	O																	
			S	8.00	8.00	8.00	8.00	8.00	8.00	40.00	12.50								\$500.00	\$500.00
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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

(over)

DOL WH-348 | Statement of Compliance

Date November 15, 2025

I, George Boghs Owner
(Name of Signatory Party) (Title)

do hereby state:

(1) That I pay or supervise the payment of the persons employed by
BM Benchmark Construction on the
(Contractor or Subcontractor)
Hidalgo Health Clinic; that during the payroll period commencing on the
(Building or Work)
9th day of November, 2025, and ending the 15th day of November, 2025,
all persons employed on said project have been paid the full weekly wages earned, that no rebates have
been or will be made either directly or indirectly to or on behalf of said
BM Benchmark Construction 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.

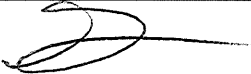
(b) WHERE FRINGE BENEFITS ARE PAID IN CASH

☐ — 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 George Boghs-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 ☐ OR SUBCONTRACTOR ☐		BM Benchmark Construction		ADDRESS 119 N 17th St McAllen, TX 78501		OMB No. 1235-0008 Expires 09/30/2026	
PAYROLL NO. 19		FOR WEEK ENDING 11/22/2025		PROJECT AND LOCATION Hidalgo Health Clinic 702 E Ramon Ayala		PROJECT OR CONTRACT NO. ARPA-22-340-088M	

(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
				11/16	11/17	11/18	11/19	11/20	11/21	11/22				FICA	WITH- HOLDING TAX	OTHER	TOTAL DEDUCTIONS		
				HOURS WORKED EACH DAY															
Liborio Garza 1004		Project Supervisor	O										\$1,200.00						\$1,200.00
			S	8.00	8.00	8.00	8.00	8.00		40.00	30.00								
			O																
			S																
			O																
			S																
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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

(over)

DOL WH-348 | Statement of Compliance

Date November 22, 2025

I, George Boghs Owner
(Name of Signatory Party) (Title)

do hereby state:

(1) That I pay or supervise the payment of the persons employed by
BM Benchmark Construction on the
(Contractor or Subcontractor)
Hidalgo Health Clinic; that during the payroll period commencing on the
(Building or Work)
16th day of November, 2025, and ending the 22nd day of November, 2025,
all persons employed on said project have been paid the full weekly wages earned, that no rebates have
been or will be made either directly or indirectly to or on behalf of said
BM Benchmark Construction 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
George Boghs-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 ☐ OR SUBCONTRACTOR ☐				ADDRESS 119 N 17th St McAllen, TX 78501				OMB No. 1235-0008 Expires 09/30/2026											
BM Benchmark Construction																			
PAYROLL NO. 20		FOR WEEK ENDING 11/29/2025		PROJECT AND LOCATION Hidalgo Health Clinic 702 E Ramon Ayala				PROJECT OR CONTRACT NO. ARPA-22-340-088M											
(1) NAME AND INDIVIDUAL IDENTIFYING NUMBER (e.g., LAST FOUR DIGITS OF SOCIAL SECURITY NUMBER) OF WORKER	(2) NO. OF WITHHOLDING EXEMPTIONS	(3) WORK CLASSIFICATION	OT OR SL.	(4) DAY AND DATE							(5) TOTAL HOURS	(6) RATE OF PAY	(7) GROSS AMOUNT EARNED	(8) DEDUCTIONS					(9) NET WAGES PAID FOR WEEK
				11/23	11/24	11/25	11/26	11/27	11/28	11/29				FICA	WITH- HOLDING TAX	OTHER	TOTAL DEDUCTIONS		
				HOURS WORKED EACH DAY															
Liborio Garza 1004		Project Supervisor	O								40.00	30.00	\$1,200.00						\$1,200.00
			S	8.00	8.00	8.00	8.00	8.00											
Javier Gonzalez 6313		Project Manager	O								40.00	37.50	\$1,500.00						\$1,500.00
			S	8.00	8.00	8.00	8.00	8.00											
			O																
			S																
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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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(over)

DOL WH-348 | Statement of Compliance

Date November 29, 2025

I, George Boghs Owner
(Name of Signatory Party) (Title)

do hereby state:

(1) That I pay or supervise the payment of the persons employed by
BM Benchmark Construction on the
(Contractor or Subcontractor)
Hidalgo Health Clinic; that during the payroll period commencing on the
(Building or Work)
23rd day of November, 2025, and ending the 29th day of November, 2025,
all persons employed on said project have been paid the full weekly wages earned, that no rebates have
been or will be made either directly or indirectly to or on behalf of said
BM Benchmark Construction 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 George Boghs-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.	



LS ROOFING ,LLC

7305 Oslo Dr Mission tx 78574
956-432-1769
ls30roofing@gmail.com

FACTURA
INV0645

FECHA
11/30/2025

VENCIMIENTO
Vence al recibir

SALDO DEUDOR
USD \$0.00

CLIENTE

CLÍNICA HIDALGO

702 E RAMÓN AYALA DR
HIDALGO TX 78557
Jgonzalez@benchmarkconstruction.builders

ARTÍCULO	TARIFA	CANT.	TOTAL
SISTEMA MECANIZADO		1	59,000.00
TPO 060			
TPO 045 PARA PARAPETOS			
ISON 2.00"			
3"INSULATION PLATE			
2.5" SEAM PLATE GALV			
5" #12 FASTENER			
5" # 15 FASTENER ALL PURPOSE BAR			
36x36 BIL-GUARD HATCH RAIL SYSTEM			
TPO SOLV BOND ADH AMBER 5 GAL.			
FORRAR LAS CURVAS DE LOS AC			
GARANTIA 10 AÑOS EN MATERIAL Y LABOR			

TOTAL	\$59,000.00
Payment	\$59,000.00

DOL WH-347 | Payroll Form

U.S. Department of Labor
Wage and Hour Division

PAYROLL

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NAME OF CONTRACTOR ☐ OR SUBCONTRACTOR ☐			ADDRESS			OMB No. 1235-0008 Expires 09/30/2026														
LS Roofing LLC			7305 Oslo Dr Mission, TX 78574																	
PAYROLL NO. 2		FOR WEEK ENDING 11/29/2025		PROJECT AND LOCATION Hidalgo Health Clinic 702 E Ramon Ayala			PROJECT OR CONTRACT NO. ARPA-22-340-088M													
(1) NAME AND INDIVIDUAL IDENTIFYING NUMBER (e.g., LAST FOUR DIGITS OF SOCIAL SECURITY NUMBER) OF WORKER	(2) NO. OF WITH-HOLDING EXEMPTIONS	(3) WORK CLASSIFICATION	OT, OR ST.	(4) DAY AND DATE							(5) TOTAL HOURS	(6) RATE OF PAY	(7) GROSS AMOUNT EARNED	(8) DEDUCTIONS						(9) NET WAGES PAID FOR WEEK
				11/23	11/24	11/25	11/26	11/27	11/28	11/29				FICA	WITH- HOLDING TAX	OTHER	TOTAL DEDUCTIONS			
				HOURS WORKED EACH DAY																
Juan Martinez 7487		Rofer	O										\$1,200.00						\$1,200.00	
			S	8.00	8.00	8.00	8.00	8.00		40.00	30.00									
Gerardo Guerrero 6231		Rofer	O										\$1,200.00						\$1,200.00	
			S	8.00	8.00	8.00	8.00	8.00		40.00	30.00									
Elesvan Olivas 7412		Rofer	O										\$1,200.00						\$1,200.00	
			S	8.00	8.00	8.00	8.00	8.00		40.00	30.00									
Alejandro Olivas 8114		Rofer	O										\$1,200.00						\$1,200.00	
			S	8.00	8.00	8.00	8.00	8.00		40.00	30.00									
Isaih Guerrero 4911		Rofer	O										\$1,200.00						\$1,200.00	
			S	8.00	8.00	8.00	8.00	8.00		40.00	30.00									
Miguel Gonzalez 2462		Rofer	O										\$1,200.00						\$1,200.00	
			S	8.00	8.00	8.00	8.00	8.00		40.00	30.00									
David Cruz 2401		Laborer	O										\$1,000.00						\$1,000.00	
			S	8.00	8.00	8.00	8.00	8.00		40.00	25.00									
Mariano Lira 1804		Laborer	O										\$1,000.00						\$1,000.00	
			S	8.00	8.00	8.00	8.00	8.00		40.00	25.00									

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

Public Burden Statement

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DOL WH-348 | Statement of Compliance

Date November 29, 2025

I, Luis Santiborn Owner
(Name of Signatory Party) (Title)

do hereby state:

(1) That I pay or supervise the payment of the persons employed by
LS Roofing on the
(Contractor or Subcontractor)
Hidalgo Health Clinic; that during the payroll period commencing on the
(Building or Work)
23rd day of November, 2025, and ending the 29th day of November, 2025,

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

LS Roofing 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 Luis Santiborn-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 ☐ OR SUBCONTRACTOR ☐			ADDRESS 7305 Oslo Dr Mission, TX 78574			OMB No. 1235-0008 Expires 09/30/2026			
LS Roofing LLC									
PAYROLL NO. 1		FOR WEEK ENDING 11/22/2025		PROJECT AND LOCATION Hidalgo Health Clinic 702 E Ramon Ayala			PROJECT OR CONTRACT NO. ARPA-22-340-088M		

(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
				11/16	11/17	11/18	11/19	11/20	11/21	11/22				FICA	WITH- HOLDING TAX	OTHER	TOTAL DEDUCTIONS			
				HOURS WORKED EACH DAY																
Juan Martinez 7487		Roofer	O								40.00	30.00	\$1,200.00						\$1,200.00	
			S	8.00	8.00	8.00	8.00	8.00												
Gerardo Guerrero 6231		Roofer	O								40.00	30.00	\$1,200.00						\$1,200.00	
			S	8.00	8.00	8.00	8.00	8.00												
Elesvan Olivas 7412		Roofer	O								40.00	30.00	\$1,200.00						\$1,200.00	
			S	8.00	8.00	8.00	8.00	8.00												
Alejandro Olivas 8114		Roofer	O								40.00	30.00	\$1,200.00						\$1,200.00	
			S	8.00	8.00	8.00	8.00	8.00												
Isaih Guerrero 4911		Roofer	O								40.00	30.00	\$1,200.00						\$1,200.00	
			S	8.00	8.00	8.00	8.00	8.00												
Miguel Gonzalez 2462		Roofer	O								40.00	30.00	\$1,200.00						\$1,200.00	
			S	8.00	8.00	8.00	8.00	8.00												
David Cruz 2401		Laborer	O								40.00	25.00	\$1,000.00						\$1,000.00	
			S	8.00	8.00	8.00	8.00	8.00												
Mariano Lira 1804		Laborer	O								40.00	25.00	\$1,000.00						\$1,000.00	
			S	8.00	8.00	8.00	8.00	8.00												

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(over)

DOL WH-348 | Statement of Compliance

Date November 22, 2025

I, Luis Santiborn Owner
(Name of Signatory Party) (Title)

do hereby state:

(1) That I pay or supervise the payment of the persons employed by
LS Roofing on the
(Contractor or Subcontractor)
Hidalgo Health Clinic; that during the payroll period commencing on the
(Building or Work)
16th day of November, 2025, and ending the 22th day of November, 2025,
all persons employed on said project have been paid the full weekly wages earned, that no rebates have
been or will be made either directly or indirectly to or on behalf of said
LS Roofing 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 Luis Santiborn-Owner	SIGNATURE 
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Cytech Heating & Cooling
6840 N Interstate 69C
Edinburg Tx 78542
(956) 630-6645

Line Item #18

Invoice 70160808
Invoice Date 12/16/2025
Payment Term NET 30
Due Date 1/15/2026

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 December 2025 Draw #1

Task #	Description	Quantity	Your Price	Your Total
H-CUS-100-I	Custom Commercial Installation: Hidalgo Health Clinic December 2025 Draw #1	1.00	\$62,500.00	\$62,500.00
Sub-Total				\$62,500.00
Tax 0%				\$0.00
Total Due				\$62,500.00
Balance Due				\$62,500.00

"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.tdhca.texas.gov/sites/default/files/pdf/WH-347-PayrollFormInstructions.pdf>

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



WAGE AND HOUR DIVISION
Revised December 2008

NAME OF CONTRACTOR ☐ OR SUBCONTRACTOR ☐ Cytech Heating & Cooling LLC	ADDRESS 6840 N Interstate 69C Edinburg, TX 78542	OMB No. 1235-0008 Expires 09/30/2026
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PAYROLL NO. 1	FOR WEEK ENDING 11/15/2025	PROJECT AND LOCATION Hidalgo Health Clinic 702 E Ramon Ayala	PROJECT OR CONTRACT NO. ARPA-22-340-088M
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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	(4) DAY AND DATE OT OR ST. 11/09 11/10 11/11 11/12 11/13 11/14 11/15 S M T W T F S HOURS WORKED EACH DAY	(5) TOTAL HOURS	(6) RATE OF PAY	(7) GROSS AMOUNT EARNED	(8) DEDUCTIONS						(9) NET WAGES PAID FOR WEEK
							FICA	WITH- HOLDING TAX			OTHER	TOTAL DEDUCTIONS	
			O										
			S										
Abel Quijada 4181		HVAC Mechanic	O										\$1,600.00
			S	8.00	8.00	8.00	8.00	8.00	40.00	40.00	\$1,600.00		
Cesar Hernandez 5511		HVAC Helper	O										\$1,200.00
			S	8.00	8.00	8.00	8.00	8.00	40.00	30.00	\$1,200.00		
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			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

(over)

DOL WH-348 | Statement of Compliance

Date November 17, 2025

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)
9th day of November, 2025, and ending the 15th day of November, 2025,
all persons employed on said project have been paid the full weekly wages earned, that no rebates have
been or will be made either directly or indirectly to or on behalf of said
Cytech Heating & 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.

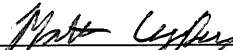
(b) WHERE FRINGE BENEFITS ARE PAID IN CASH

☐ — 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>

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

PAYROLL NO. 2	FOR WEEK ENDING 11/22/2025	PROJECT AND LOCATION Hidalgo Health Clinic 702 E Ramon Ayala	PROJECT OR CONTRACT NO. ARPA-22-340-088M
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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
				11/16	11/17	11/18	11/19	11/20	11/21	11/22				FICA	WITH- HOLDING TAX			OTHER	TOTAL DEDUCTIONS	
				S	M	T	W	T	F	S										
				HOURS WORKED EACH DAY																
			O																	
			S																	
Abel Quijada 4181		HVAC Mechanic	O																	
			S		8.00	8.00	8.00	8.00	8.00	40.00	40.00	\$1,600.00							\$1,600.00	
Cesar Hernandez 5511		HVAC Helper	O																	
			S		8.00	8.00	8.00	8.00	8.00	40.00	30.00	\$1,200.00							\$1,200.00	
			O																	
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While completion of Form WH-347 is optional, it is mandatory for covered contractors and subcontractors performing work on Federally financed or assisted construction contracts to respond to the information collection contained in 29 C.F.R. §§ 3.3, 5.5(a). The Copeland Act (40 U.S.C. § 3145) contractors and subcontractors performing work on Federally financed or assisted construction contracts to "furnish weekly a statement with respect to the wages paid each employee during the preceding week." U.S. Department of Labor (DOL) regulations at 29 C.F.R. § 5.5(a)(3)(ii) require contractors to submit weekly a copy of all payrolls to the Federal agency contracting for or financing the construction project, accompanied by a signed "Statement of Compliance" indicating that the payrolls are correct and complete and that each laborer or mechanic has been paid not less than the proper Davis-Bacon prevailing wage rate for the work performed. DOL and federal contracting agencies receiving this information review the information to determine that employees have received legally required wages and fringe benefits.

Public Burden Statement

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

DOL WH-348 | Statement of Compliance

Date November 24, 2025

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)
16th day of November, 2025, and ending the 22nd day of November, 2025,
all persons employed on said project have been paid the full weekly wages earned, that no rebates have
been or will be made either directly or indirectly to or on behalf of said
Cytech Heating & 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 
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 ☐				ADDRESS 6840 N Interstate 69C Edinburg, TX 78542				OMB No. 1235-0008 Expires 09/30/2026												
Cytech Heating & Cooling LLC																				
PAYROLL NO. 3				FOR WEEK ENDING 11/29/2025				PROJECT AND LOCATION Hidalgo Health Clinic 702 E Ramon Ayala				PROJECT OR CONTRACT NO. ARPA-22-340-088M								
(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
				11/23	11/24	11/25	11/26	11/27	11/28	11/29				FICA	WITH- HOLDING TAX	OTHER	TOTAL DEDUCTIONS			
				S	M	T	W	T	F	S										
Abel Quijada 4181		HVAC Mechanic	O																	
			S		8.00	8.00	8.00	8.00	8.00		40.00	40.00	\$1,600.00						\$1,600.00	
Cesar Hernandez 5511		HVAC Helper	O																	
			S		8.00	8.00	8.00	8.00	8.00		40.00	30.00	\$1,200.00						\$1,200.00	
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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

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(over)

DOL WH-348 | Statement of Compliance

Date November 28, 2025

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)
23rd day of November, 2025, and ending the 28th day of November, 2025,
all persons employed on said project have been paid the full weekly wages earned, that no rebates have
been or will be made either directly or indirectly to or on behalf of said
Cytech Heating & 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.

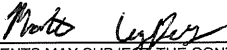
(b) WHERE FRINGE BENEFITS ARE PAID IN CASH

☐ — 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 Heating & Cooling LLC	ADDRESS 6840 N Interstate 69C Edinburg, TX 78542	OMB No. 1235-0008 Expires 09/30/2026
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PAYROLL NO. 4	FOR WEEK ENDING 12/06/2025	PROJECT AND LOCATION Hidalgo Health Clinic 702 E Ramon Ayala Hidalgo, TX 78557	PROJECT OR CONTRACT NO.
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(1) NAME AND INDIVIDUAL IDENTIFYING NUMBER (e.g., LAST FOUR DIGITS OF SOCIAL SECURITY NUMBER) OF WORKER	(2) NO. OF WITHHOLDING EXEMPTIONS	(3) WORK CLASSIFICATION	OT OR ST.	(4) DAY AND DATE							(5) TOTAL HOURS	(6) RATE OF PAY	(7) GROSS AMOUNT EARNED	(8) DEDUCTIONS						(9) NET WAGES PAID FOR WEEK
				11/30	12/1	12/2	12/3	12/4	12/5	12/6				FICA	WITH- HOLDING TAX			OTHER	TOTAL DEDUCTIONS	
				S	M	T	W	T	F	S										
				HOURS WORKED EACH DAY																
			O																	
			S																	
Abel Quijada 4181		HVAC Mechanic	O																	
			S		8.00	8.00	8.00	8.00	8.00		40.00	40.00						\$1,600.00		
Cesar Hernandez 5511		HVAC Helper	O																	
			S		8.00	8.00	8.00	8.00	8.00		40.00	30.00						\$1,200.00		
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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

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(over)

DOL WH-348 | Statement of Compliance

Date 12/7/25

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)

30th day of November, 2025, and ending the 6th day of December, 2025,

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

Cytech Heating & 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 
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 ☐				ADDRESS				OMB No. 1235-0008 Expires 09/30/2026			
Cytech Heating & Cooling LLC				6840 N Interstate 69C Edinburg, TX 78542							
PAYROLL NO. 5		FOR WEEK ENDING 12/13/2025		PROJECT AND LOCATION Hidalgo Health Clinic 702 E Ramon Ayala Hidalgo, TX 78557				PROJECT OR CONTRACT NO.			

(1) NAME AND INDIVIDUAL IDENTIFYING NUMBER (e.g., LAST FOUR DIGITS OF SOCIAL SECURITY NUMBER) OF WORKER	(2) NO. OF WITHHOLDING EXEMPTIONS	(3) WORK CLASSIFICATION	OT: OR ST:	(4) DAY AND DATE							(5) TOTAL HOURS	(6) RATE OF PAY	(7) GROSS AMOUNT EARNED	(8) DEDUCTIONS					(9) NET WAGES PAID FOR WEEK
				12/7	12/8	12/9	12/10	12/11	12/12	12/13				FICA	WITH- HOLDING TAX	OTHER	TOTAL DEDUCTIONS		
				S	M	T	W	T	F	S									
			O																
			S																
Abel Quijada 4181		HVAC Mechanic	O																
			S	8.00	8.00	8.00	8.00	8.00	8.00		40.00	40.00	\$1,600.00					\$1,600.00	
Cesar Hernandez 5511		HVAC Helper	O																
			S	8.00	8.00	8.00	8.00	8.00	8.00		40.00	30.00	\$1,200.00					\$1,200.00	
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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

(over)

DOL WH-348 | Statement of Compliance

Date 12/14/25

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)
7th day of December, 2025, and ending the 13th day of December, 2025,
all persons employed on said project have been paid the full weekly wages earned, that no rebates have
been or will be made either directly or indirectly to or on behalf of said
Cytech Heating & 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 Matt Cyphers
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 ☐ OR SUBCONTRACTOR ☐		ADDRESS		OMB No. 1235-0008 Expires 09/30/2026	
Cytech Heating & Cooling LLC		6840 N Interstate 69C Edinburg, TX 78542			
PAYROLL NO. 6	FOR WEEK ENDING 12/20/2025	PROJECT AND LOCATION Hidalgo Health Clinic 702 E Ramon Ayala Hidalgo, TX 78557		PROJECT OR CONTRACT NO.	

(1) NAME AND INDIVIDUAL IDENTIFYING NUMBER (e.g., LAST FOUR DIGITS OF SOCIAL SECURITY NUMBER) OF WORKER	(2) NO. OF WITHHOLDING EXEMPTIONS	(3) WORK CLASSIFICATION	OT OR ST.	(4) DAY AND DATE							(5) TOTAL HOURS	(6) RATE OF PAY	(7) GROSS AMOUNT EARNED	(8) DEDUCTIONS					(9) NET WAGES PAID FOR WEEK
				HOURS WORKED EACH DAY										FICA	WITH- HOLDING TAX	TOTAL	OTHER	TOTAL DEDUCTIONS	
				12/14 S	12/15 M	12/16 T	12/17 W	12/18 T	12/19 F	12/20 S									
Abel Quijada 4181		HVAC Mechanic	O																
			S																
Cesar Hernandez 5511		HVAC Helper	O										\$1,600.00						
			S	8.00	8.00	8.00	8.00	8.00		40.00	40.00								
			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 12/22/25

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)
14th day of December, 2025, and ending the 20th day of December, 2025,
all persons employed on said project have been paid the full weekly wages earned, that no rebates have
been or will be made either directly or indirectly to or on behalf of said
Cytech Heating & 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.

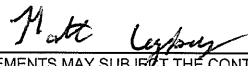
(b) WHERE FRINGE BENEFITS ARE PAID IN CASH

☐ — 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 
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.	

TECL#38813

DATE:
INVOICE #
BILL TO:

November 30, 2025
691
Benchmark Construction
P.O Box 720083
McAllen, Tx 78501
Hidalgo Health Clinic

FOR:

Make all checks payable to 6 Star Electric, LLC
or 06starelectric@gmail.com

THANK YOU FOR YOUR BUSINESS!

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 ☐ OR SUBCONTRACTOR ☐ 6 Star Electric LLC	ADDRESS 3401 Marienela St Mission, TX 78574	OMB No. 1235-0008 Expires 09/30/2026
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PAYROLL NO. 4	FOR WEEK ENDING 11/08/2025	PROJECT AND LOCATION Hidalgo Health Clinic 702 E Ramon Ayala Hidalgo, TX 78557	PROJECT OR CONTRACT NO.
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(1) NAME AND INDIVIDUAL IDENTIFYING NUMBER (e.g., LAST FOUR DIGITS OF SOCIAL SECURITY NUMBER) OF WORKER	(2) NO. OF WITHHOLDING EXEMPTIONS	(3) WORK CLASSIFICATION	OT OR ST.	(4) DAY AND DATE							(5) TOTAL HOURS	(6) RATE OF PAY	(7) GROSS AMOUNT EARNED	(8) DEDUCTIONS						(9) NET WAGES PAID FOR WEEK				
				11/02	11/03	11/04	11/05	11/06	11/07	11/08				FICA	WITH- HOLDING TAX			OTHER	TOTAL DEDUCTIONS					
				S	M	T	W	T	F	S														
				HOURS WORKED EACH DAY																				
Daniel Duran 2001		Electrician	O										25.00											
			S		8.00	8.00	8.00	8.00	8.00	40.00														
Adrian Guerra 2002		Electrician	O										25.00											
			S		8.00	8.00	8.00	8.00	8.00	40.00														
Noe Zarate 2003		Electrician Apprentice	O										20.00											
			S		8.00	8.00	8.00	8.00	8.00	40.00														
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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

(over)

DOL WH-348 | Statement of Compliance

Date November 10, 2025

I, Alejandro Duran Owner
(Name of Signatory Party) (Title)

do hereby state:

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

6 Star Electric LLC on the
(Contractor or Subcontractor)
Hidalgo Health Clinic; that during the payroll period commencing on the
(Building or Work)
2nd day of November, 2025, and ending the 8th day of November, 2025,

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

6 Star Electric 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 Alejandro Duran-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 ☐ 6 Star Electric LLC	ADDRESS 3401 Marienela St Mission, TX 78574	OMB No. 1235-0008 Expires 09/30/2026
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PAYROLL NO. 5	FOR WEEK ENDING 11/15/2025	PROJECT AND LOCATION Hidalgo Health Clinic 702 E Ramon Ayala Hidalgo, TX 78557	PROJECT OR CONTRACT NO.
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(1) NAME AND INDIVIDUAL IDENTIFYING NUMBER (e.g., LAST FOUR DIGITS OF SOCIAL SECURITY NUMBER) OF WORKER	(2) NO. OF WITHHOLDING EXEMPTIONS	(3) WORK CLASSIFICATION	OT. OR ST.	(4) DAY AND DATE							(5) TOTAL HOURS	(6) RATE OF PAY	(7) GROSS AMOUNT EARNED	(8) DEDUCTIONS						(9) NET WAGES PAID FOR WEEK
				11/09	11/10	11/11	11/12	11/13	11/14	11/15				FICA	WITH- HOLDING TAX			OTHER	TOTAL DEDUCTIONS	
				S	M	T	W	T	F	S										
				HOURS WORKED EACH DAY																
Daniel Duran 2001		Electrician	O																	\$1,000.00
			S		8.00	8.00	8.00	8.00	8.00	8.00	40.00	25.00								
Adrian Guerra 2002		Electrician	O																	\$1,000.00
			S		8.00	8.00	8.00	8.00	8.00	8.00	40.00	25.00								
Noe Zarate 2003		Electrician Apprentice	O																	\$800.00
			S		8.00	8.00	8.00	8.00	8.00	8.00	40.00	20.00								
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Public Burden Statement

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DOL WH-348 | Statement of Compliance

Date November 17, 2025

I, Alejandro Duran Owner
(Name of Signatory Party) (Title)

do hereby state:

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

6 Star Electric LLC on the
(Contractor or Subcontractor)
Hidalgo Health Clinic; that during the payroll period commencing on the
(Building or Work)
9th day of November, 2025, and ending the 15th day of November, 2025,

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

6 Star Electric 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.

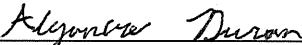
(b) WHERE FRINGE BENEFITS ARE PAID IN CASH

☐ — 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 Alejandro Duran-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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NAME OF CONTRACTOR ☐ OR SUBCONTRACTOR ☐		ADDRESS		PROJECT AND LOCATION		PROJECT OR CONTRACT NO.	
6 Star Electric LLC		3401 Marienela St Mission, TX 78574		Hidalgo Health Clinic 702 E Ramon Ayala Hidalgo, TX 78557		OMB No. 1235-0008 Expires 09/30/2026	
PAYROLL NO. 6		FOR WEEK ENDING 11/22/2025					

(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	
				11/16	11/17	11/18	11/19	11/20	11/21	11/22				FICA	WITH- HOLDING TAX	OTHER	TOTAL DEDUCTIONS			
				S	M	T	W	T	F	S										
Daniel Duran 2001		Electrician	O											\$1,000.00						\$1,000.00
			S	8.00	8.00	8.00	8.00	8.00	8.00	40.00	25.00									
Adrian Guerra 2002		Electrician	O											\$1,000.00						\$1,000.00
			S	8.00	8.00	8.00	8.00	8.00	8.00	40.00	25.00									
Noe Zarate 2003		Electrician Apprentice	O											\$800.00						\$800.00
			S	8.00	8.00	8.00	8.00	8.00	8.00	40.00	20.00									
			O																	
			S																	
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Public Burden Statement

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(over)

DOL WH-348 | Statement of Compliance

Date November 24, 2025

I, Alejandro Duran Owner
(Name of Signatory Party) (Title)

do hereby state:

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

6 Star Electric LLC on the
(Contractor or Subcontractor)
Hidalgo Health Clinic; that during the payroll period commencing on the
(Building or Work)
16h day of November, 2025, and ending the 22nd day of November, 2025,

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

6 Star Electric 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 Alejandro Duran-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>

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



WAGE AND HOUR DIVISION
Revised December 2008

NAME OF CONTRACTOR ☐ OR SUBCONTRACTOR ☐ 6 Star Electric LLC	ADDRESS 3401 Marienela St Mission, TX 78574	OMB No. 1235-0008 Expires 09/30/2026
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PAYROLL NO. 7	FOR WEEK ENDING 11/29/2025	PROJECT AND LOCATION Hidalgo Health Clinic 702 E Ramon Ayala Hidalgo, TX 78557	PROJECT OR CONTRACT NO.
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(1) NAME AND INDIVIDUAL IDENTIFYING NUMBER (e.g., LAST FOUR DIGITS OF SOCIAL SECURITY NUMBER) OF WORKER	(2) NO. OF WITHHOLDING EXEMPTIONS	(3) WORK CLASSIFICATION	OT. OR ST.	(4) DAY AND DATE							(5) TOTAL HOURS	(6) RATE OF PAY	(7) GROSS AMOUNT EARNED	(8) DEDUCTIONS						(9) NET WAGES PAID FOR WEEK
				11/23	11/24	11/25	11/26	11/27	11/28	11/29				FICA	WITH- HOLDING TAX			OTHER	TOTAL DEDUCTIONS	
				S	M	T	W	T	F	S										
				HOURS WORKED EACH DAY																
Daniel Duran 2001		Electrician	O																	
			S		8.00	8.00	8.00	8.00	8.00		40.00								25.00	\$1,000.00
Adrian Guerra 2002		Electrician	O																	
			S		8.00	8.00	8.00	8.00	8.00		40.00								25.00	\$1,000.00
Noe Zarate 2003		Electrician Apprentice	O																	
			S		8.00	8.00	8.00	8.00	8.00		40.00								20.00	\$800.00
			O																	
			S																	
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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

(over)

DOL WH-348 | Statement of Compliance

Date November 29, 2025

I, Alejandro Duran Owner
(Name of Signatory Party) (Title)

do hereby state:

(1) That I pay or supervise the payment of the persons employed by 6 Star Electric LLC on the (Contractor or Subcontractor) Hidalgo Health Clinic; that during the payroll period commencing on the (Building or Work) 23rd day of November, 2025, and ending the 29th day of November, 2025, all persons employed on said project have been paid the full weekly wages earned, that no rebates have been or will be made either directly or indirectly to or on behalf of said 6 Star Electric LLC from the full (Contractor or Subcontractor) weekly wages earned by any person and that no deductions have been made either directly or indirectly from the full wages earned by any person, other than permissible deductions as defined in Regulations, Part 3 (29 C.F.R. Subtitle A), issued by the Secretary of Labor under the Copeland Act, as amended (48 Stat. 948, 63 Stat. 108, 72 Stat. 967; 76 Stat. 357; 40 U.S.C. § 3145), and described below:

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

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

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(c) EXCEPTIONS

EXCEPTION (CRAFT)	EXPLANATION

REMARKS:

NAME AND TITLE Alejandro Duran-Owner	SIGNATURE 
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DBI Rentals

2701 Corporate Dr
Weslaco, TX 78599 USA
+19563342282
marcelaramirez@dbirentals.com

Line Item #25

INVOICE

BILL TO
Benchmark Construction
119 N 17th St
McAllen, Texas 78501

INVOICE 1013-2
DATE 11/28/2025
TERMS Due on receipt
DUE DATE 11/28/2025

DATE	ACTIVITY	DESCRIPTION	QTY	RATE	AMOUNT
	Rental	Skytrak	1	2,650.00	2,650.00T

Start date: 10/28/25
End: 11/28/25
Jobsite: 604 Ramon Ayala Dr, Hidalgo Tx 78557
To pay by credit card please call 956-334-2282

SUBTOTAL	2,650.00
TAX	218.63
TOTAL	2,868.63
PAYMENT	
BALANCE DUE	\$2,868.63

DBI Rentals

Line Item #30

2701 Corporate Dr
Weslaco, TX 78599 USA
+19563342282
marcelaramirez@dbirentals.com

INVOICE

BILL TO
Benchmark Construction
119 N 17th St
McAllen, Texas 78501

INVOICE 1033-2
DATE 10/28/2025
TERMS Due on receipt
DUE DATE 11/28/2025

DATE	ACTIVITY	DESCRIPTION	QTY	RATE	AMOUNT
	Rental	Generac 4500 Generator	1	500.00	500.00
Start date: 10/28/25 End: 11/28/25 Jobsite: 604 Ramon Ayala Dr, Hidalgo Tx 78557 To pay by credit card please call 956-334-2282					SUBTOTAL 500.00
					TOTAL 500.00
BALANCE DUE					\$500.00

Line Item No. 31
1 of 2Line I



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 # 159785
Invoice Date Oct 11, 2025
Billing Period --
Due Date Nov 11, 2025

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 To:

Benchmark Construction
P O Box 720083
McAllen, TX 78504

Invoice # I60109
Invoice Date Nov 12, 2025
Billing Period --
Due Date Dec 12, 2025

Invoice Amount \$250.00

Customer ID	PO #	Rental #	Pay Online ID	Clerk	Terms
c31	PT#121 & 126	R13263	---	Jessica	Due on receipt

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

Roll Off CONTAINERS

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



Invoice: R-0901
 Invoice Date: 12/22/2025
 Employer ID: 85-1266824

Client: Benchmark Construction Phone: 9564583814
 Address: 600 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

Rent roll off 40 yds
 start 11/12/2025 finish 12/12/2025

Total \$1,430.00