

**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.: 8  
PERIOD TO: 2/1/26-2/28/26  
PROJECT NOS: C24-0253-04-29  
ARPA-22-340-088

Distribution to:  
 OWNER  
 ARCHITECT  
 CONTRACTOR

FROM CONTRACTOR: BM Benchmark Construction LLC VIA ARCHITECT: B2Z Engineering LLC  
119 N 17th St  
Mcallen, TX 78501  
900 S Steward Rd Suite 12  
Mission, TX 78572

CONTRACT DATE:

CONTRACT FOR: Hidalgo Health Clinic

**CONTRACTOR'S APPLICATION FOR PAYMENT**

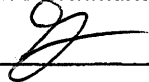
Application is made for payment, as shown below, in connection with the Contract. Continuation Sheet, AIA Document G703, is attached.

- 1. ORIGINAL CONTRACT SUM ..... \$ 1,606,185.00
- 2. Net change by Change Orders ..... \$
- 3. CONTRACT SUM TO DATE (Line 1 ± 2) ..... \$ 1,606,185.00
- 4. TOTAL COMPLETED & STORED TO DATE ..... \$ 1,040,753.67  
(Column G on G703)
- 5. RETAINAGE:
  - a. \_\_\_\_\_% of Completed Work ..... \$ 52,037.68  
(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) ..... \$ 52,037.68
- 6. TOTAL EARNED LESS RETAINAGE ..... \$ 988,715.99  
(Line 4 less Line 5 Total)
- 7. LESS PREVIOUS CERTIFICATES FOR PAYMENT  
(Line 6 from prior Certificate) ..... \$ 861,599.23
- 8. CURRENT PAYMENT DUE ..... \$ 127,116.76
- 9. BALANCE TO FINISH, INCLUDING RETAINAGE  
(Line 3 less Line 6) ..... \$ 617,469.01

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: 3/11/26

State of: TX  
County of: Hidalgo  
Subscribed and sworn to before  
me this 11th day of February 2026



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

**ARCHITECT'S CERTIFICATE FOR PAYMENT**

In accordance with the Contract Documents, based on on-site observations and the data comprising this application, the Architect certifies to the Owner that to the best of the Architect's knowledge, information and belief the Work has progressed as indicated, the quality of the Work is in accordance with the Contract Documents, and the Contractor is entitled to payment of the AMOUNT CERTIFIED.

AMOUNT CERTIFIED ..... \$ 127,116.76

(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: 03/26/2026

This Certificate is not negotiable. The AMOUNT CERTIFIED is payable only to the Contractor named herein. Issuance, payment and acceptance of payment are without prejudice to any rights of the Owner or Contractor under this Contract.



## Pay Application Form-Page 2

APPLICATION AND CERTIFICATION FOR PAYMENT, containing signed certification is attached.

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

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

APPLICATION NO 8

PERIOD TO: 2/1/26-2/28/26

PROJECT NO:

A ITEM NO.	B DESCRIPTION OF WORK	C SCHEDULED VALUE	D WORK COMPLETED		F MATERIALS PRESENTLY STORED	G		H BALANCE TO FINISH	I RETAINAGE 5.0%
			PREVIOUS	THIS PERIOD		TOTAL COMPLETED TO DATE	% COMPLETE		
1	Site Work & Utilities	125,100.00	114,200.00			114,200.00	91.287%	10,900.00	5,710.00
2	Foundation	70,880.00	62,880.00			62,880.00	88.71%	8,000.00	3,144.00
3	Sturctural Steel	31,970.00	31,970.00			31,970.00	100.00%	0.00	1,598.50
4	Frame Materials	5,130.00	5,130.00			5,130.00	100.00%	0.00	256.50
5	Wood Trusses	14,900.00	14,900.00			14,900.00	100.00%	0.00	745.00
6	Framing Labor	30,000.00	30,000.00			30,000.00	100.00%	0.00	1,500.00
7	Roofing	59,000.00	59,000.00			59,000.00	100.00%	0.00	2,950.00
8	Sheetrock Labor & Materials	38,400.00	38,400.00			38,400.00	100.00%	0.00	1,920.00
9	Suspended Acoustical Ceilings	28,700.00				0.00	0.00%	28,700.00	0.00
10	Doors Frames and Hardware	45,210.00	8,708.66			8,708.66	19.26%	36,501.34	435.43
11	Millwork	32,380.00	32,380.00			32,380.00	100.00%	0.00	1,619.00
12	Countertops	35,020.00				0.00	0.00%	35,020.00	0.00
13	Toilet Partitions	4,840.00				0.00	0.00%	4,840.00	0.00
14	Toilet Accessories	1,500.00				0.00	0.00%	1,500.00	0.00
15	Painting	25,830.00		2,000.00		2,000.00	7.74%	23,830.00	100.00
16	Flooring	37,200.00				0.00	0.00%	37,200.00	0.00
17	Brick Materials & Labor	61,340.00	48,340.00	13,000.00		61,340.00	100.00%	0.00	3,067.00
18	HVAC	148,700.00	84,500.00	38,730.00		123,230.00	82.87%	25,470.00	6,161.50

19	Plumbing	145,500.00	86,300.00			86,300.00	59.31%	59,200.00	4,315.00
20	Electrical	159,000.00	55,000.00	50,000.00		105,000.00	66.04%	54,000.00	5,250.00
21	Fire Alarm	6,800.00				0.00	0.00%	6,800.00	0.00
22	Fire Sprinkler	77,350.00	8,490.00			8,490.00	10.98%	68,860.00	424.50
23	Landscape Allowance	16,600.00				0.00	0.00%	16,600.00	0.00
24	Trash Cleaning	6,000.00	1,000.00			1,000.00	16.67%	5,000.00	50.00
25	Rental Equipment	10,000.00	5,737.26			5,737.26	57.37%	4,262.74	286.86
26	Contingency Allowance	100,000.00				0.00	0.00%	100,000.00	0.00
27	Project Manager Fee	25,000.00	21,000.00	1,500.00		22,500.00	90.00%	2,500.00	1,125.00
28	Project Superintendent on Site Fee	39,400.00	28,800.00	4,800.00		33,600.00	85.28%	5,800.00	1,680.00
29	Document Printing (Large Plans Printouts)	500.00	500.00			500.00	100.00%	0.00	25.00
30	Power Consumption	7,000.00	1,000.00	1,000.00		2,000.00	28.57%	5,000.00	100.00
31	Temp Sanitary Facilities	2,000.00	1,500.00	250.00		1,750.00	87.50%	250.00	87.50
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	30,000.00			30,000.00	100.00%	0.00	1,500.00
35	Construction Clean-Up(Daily/Weekly)	7,200.00	3,000.00	3,000.00		6,000.00	83.33%	1,200.00	300.00
36	Final Cleaning	2,000.00				0.00	0.00%	2,000.00	0.00
37	Dumpster	6,000.00	4,745.64	1,254.36		6,000.00	100.00%	0.00	300.00
38	Permit & Impact Fees	9,000.00	4,500.00	3,800.00		8,300.00	92.22%	700.00	415.00
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	18,000.00	3,000.00		21,000.00	77.78%	6,000.00	1,050.00
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	49,715.00	11,472.75		61,187.75	80.00%	15,297.25	3,059.39

						0.00	0.00%	0.00	0.00
SUBTOTAL COSTS:		1,606,185.00	906,946.56	133,807.11	0.00	1,040,753.67	26.25	565,431.33	52,037.68

## CONTRACTOR TIME STATEMENT

PAY APP NO. 8 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 2/1/2026 DATE WORK COMPLETED 2/28/2026

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

NO. OF CONTRACT WORKING DAYS 270 NO. WORKING DAYS CHARGED TO DATE 250  
 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

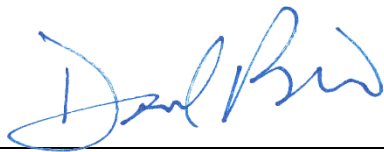
Date March 19, 2026

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

Contractor BM Benchmark Construction, LLC. Application# 8

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

1. That a payroll (form WII-347 or similar form) was submitted for contract work performed for the period covered by the attached application.
2. That a statement of compliance (form WH-347 or similar form) was submitted with the payroll.
3. The certified payroll complies with the classifications and minimum wage rates stipulated in the contract.
4. That a minimum of one interview was conducted with laborers using Form HUD-11 or similar.



\_\_\_\_\_  
Signature

February 28, 2026

Benchmark Construction, Inc.  
McAllen, TX 78501

## **Invoice**

Ref: Hidalgo Health Clinic

This proposal is for the labor and materials required to complete the following items:

Prime & Paint Interior Building  
Includes labor & materials

Invoice #1 \$2,000.00

Checks are to be made payable to: Suarez Painting LLC

This is an electronic correspondence. If an original on company letterhead is required, please let me know.

**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.



Revised December 2008

NAME OF CONTRACTOR <input type="checkbox"/> OR SUBCONTRACTOR <input type="checkbox"/>		ADDRESS		PROJECT AND LOCATION		PROJECT OR CONTRACT NO.	
Suarez Painting LLC		1311 Hampton St San Juan, TX 78589		Hidalgo Health Clinic 702 E Ramon Ayala Dr Hidalgo, TX 78557		C24-0253-04-29	
PAYROLL NO. 1		FOR WEEK ENDING 02/21/2026					
						OMB No. 1235-0008 Expires 09/30/2026	

(1) NAME AND INDIVIDUAL IDENTIFYING NUMBER (e.g., LAST FOUR DIGITS OF SOCIAL SECURITY NUMBER) OF WORKER	(2) NO. OF WITHHOLDING EXEMPTIONS	(3) WORK CLASSIFICATION	OT. OR ST.	(4) DAY AND DATE							(5) TOTAL HOURS	(6) RATE OF PAY	(7) GROSS AMOUNT EARNED	(8) DEDUCTIONS					(9) NET WAGES PAID FOR WEEK
				S	M	T	W	T	F	S				FICA	WITH- HOLDING TAX		OTHER	TOTAL DEDUCTIONS	
				2/15	2/16	2/17	2/18	2/19	2/20	2/21				HOURS WORKED EACH DAY					
H Suarez 5496		Painter	O																
			S	8.00	8.00	8.00	8.00	8.00	8.00	8.00	40.00	20.00	\$800.00						
A Alvarado 1438		Painter	O																
			S	8.00	8.00	8.00	8.00	8.00	8.00	8.00	40.00	20.00	\$800.00						
			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 02/23/2026

I, Hiram Suarez Owner  
 (Name of Signatory Party) (Title)

do hereby state:

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

Suarez Painting LLC on the  
 (Contractor or Subcontractor)  
Hidalgo Health Clinic; that during the payroll period commencing on the  
 (Building or Work)  
15th day of February, 2026, and ending the 21th day of February, 2026,

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

Suarez Painting 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 Hiram Suarez-Owner	SIGNATURE <i>H.S.</i>
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THE WILLFUL FALSIFICATION OF ANY OF THE ABOVE STATEMENTS MAY SUBJECT THE CONTRACTOR OR SUBCONTRACTOR TO CIVIL OR CRIMINAL PROSECUTION. SEE SECTION 1001 OF TITLE 18 AND SECTION 3729 OF TITLE 31 OF THE UNITED STATES CODE.

# SUBCONTRACTOR REQUEST FOR PAYMENT

CONTRACTOR: Benchmark Construction

DATE: 2/28/26      PROJEC TITLE: Hidalgo Health Clinic

SUBCONTRACTOR BMJ Construction LLC

ADDRES: 3710 Carlos Circle  
Mission, TX 78574

ORIGINAL CONTRACT AMOUNT      \$61,340.00

CHANGE ORDERS APPROVED      \_\_\_\_\_

ADJUSTED CONTRACT AMOUNT      \_\_\_\_\_

TOTAL DUE      \$13,000.00

AMOUNT DUE APPLICATION # 2

**DESCRIPTION OF WORK PERFORMED FOR ABOVE REQUESTED**

Furnish & Install Brick & Brick Accessories

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**DOL WH-347 | Payroll Form**

U.S. Department of Labor  
Wage and Hour Division

**PAYROLL**

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



WAGE AND HOUR DIVISION  
Revised December 2008

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

NAME OF CONTRACTOR <input type="checkbox"/> OR SUBCONTRACTOR <input type="checkbox"/> <p style="text-align: center;">BMJ Construction LLC</p>	ADDRESS 3710 Carlos Circle Mission, TX 78574	OMB No. 1235-0008 Expires 09/30/2026
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PAYROLL NO. 5	FOR WEEK ENDING 02/07/2026	PROJECT AND LOCATION Hidalgo Health Clinic 702 E Ramon Ayala Dr Hidalgo, TX 78557	PROJECT OR CONTRACT NO. C24-0253-04-29
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(1) NAME AND INDIVIDUAL IDENTIFYING NUMBER (e.g., LAST FOUR DIGITS OF SOCIAL SECURITY NUMBER) OF WORKER	(2) NO. OF WITHHOLDING EXEMPTIONS	(3) WORK CLASSIFICATION	OT OR ST.	(4) DAY AND DATE							(5) TOTAL HOURS	(6) RATE OF PAY	(7) GROSS AMOUNT EARNED	(8) DEDUCTIONS					(9) NET WAGES PAID FOR WEEK				
				S	M	T	W	T	F	S				FICA	WITH- HOLDING TAX	OTHER	TOTAL DEDUCTIONS						
				2/1	2/2	2/3	2/4	2/5	2/6	2/7													
				HOURS WORKED EACH DAY																			
C Montano 1101		Brick Mason	O									40.00	22.00	/								\$880.00	
			S	8.00	8.00	8.00	8.00	8.00	8.00														
J Martinez 1102		Brick Mason	O									40.00	22.00	/									\$880.00
			S	8.00	8.00	8.00	8.00	8.00	8.00														
L Riveros 1103		Brick Mason	O										22.00	/									\$880.00
			S																				
B Casas 1104		Brick Mason	O									40.00	22.00	/									\$880.00
			S	8.00	8.00	8.00	8.00	8.00	8.00														
J Hernandez 1105		Brick Mason	O									40.00	22.00	/									\$880.00
			S	8.00	8.00	8.00	8.00	8.00	8.00														
S Martinez 1106		Brick Mason	O									40.00	22.00	/									\$880.00
			S	8.00	8.00	8.00	8.00	8.00	8.00														
F Vera 1107		Brick Mason	O									40.00	22.00	/									\$880.00
			S	8.00	8.00	8.00	8.00	8.00	8.00														
			O											/									
			S																				

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

**Public Burden Statement**

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

# DOL WH-348 | Statement of Compliance

Date 2/9/26

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

do hereby state:

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

Hidalgo Health Clinic; that during the payroll period commencing on the  
 (Building or Work)  
1st day of February, 2026, and ending the 6th day of February, 2026,

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

BMJ Construction LLC from the full  
 (Contractor or Subcontractor)

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

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

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

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

(4) That:

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

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

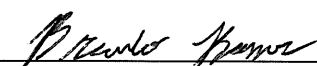
(b) WHERE FRINGE BENEFITS ARE PAID IN CASH

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

(c) EXCEPTIONS

EXCEPTION (CRAFT)	EXPLANATION

REMARKS:

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

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



# DOL WH-348 | Statement of Compliance

Date 2/16/26

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

do hereby state:

(1) That I pay or supervise the payment of the persons employed by  
BMJ Construction LLC on the  
 (Contractor or Subcontractor)  
Hidalgo Health Clinic; that during the payroll period commencing on the  
 (Building or Work)  
8th day of February, 2026, and ending the 14th day of February, 2026,

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

BMJ Construction LLC from the full  
 (Contractor or Subcontractor)

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

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

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

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

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

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

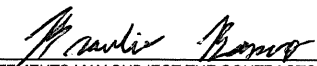
(b) WHERE FRINGE BENEFITS ARE PAID IN CASH

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

(c) EXCEPTIONS

EXCEPTION (CRAFT)	EXPLANATION

REMARKS:

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

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

**DOL WH-347 | Payroll Form**

U.S. Department of Labor  
Wage and Hour Division

**PAYROLL**

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



WAGE AND HOUR DIVISION  
Revised December 2008

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

NAME OF CONTRACTOR <input type="checkbox"/> OR SUBCONTRACTOR <input type="checkbox"/> BMJ Construction LLC	ADDRESS 3710 Carlos Circle Mission, TX 78574	OMB No. 1235-0008 Expires 09/30/2026
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PAYROLL NO. 7	FOR WEEK ENDING 02/21/2026	PROJECT AND LOCATION Hidalgo Health Clinic 702 E Ramon Ayala Dr Hidalgo, TX 78557	PROJECT OR CONTRACT NO. C24-0253-04-29
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(1) NAME AND INDIVIDUAL IDENTIFYING NUMBER (e.g., LAST FOUR DIGITS OF SOCIAL SECURITY NUMBER) OF WORKER	(2) NO. OF WITHHOLDING EXEMPTIONS	(3) WORK CLASSIFICATION	OT OR ST.	(4) DAY AND DATE							(5) TOTAL HOURS	(6) RATE OF PAY	(7) GROSS AMOUNT EARNED	(8) DEDUCTIONS					(9) NET WAGES PAID FOR WEEK
				S	M	T	W	T	F	S				FICA	WITH- HOLDING TAX	OTHER	TOTAL DEDUCTIONS		
				2/15	2/16	2/17	2/18	2/19	2/20	2/21									
HOURS WORKED EACH DAY																			
C Montano 1101		Brick Mason	o										\$880.00						\$880.00
			s		8.00	8.00	8.00	8.00	8.00	8.00	40.00	22.00							
J Martinez 1102		Brick Mason	o										\$880.00						\$880.00
			s		8.00	8.00	8.00	8.00	8.00	8.00	40.00	22.00							
L Riveros 1103		Brick Mason	o										\$880.00						\$880.00
			s									22.00							
B Casas 1104		Brick Mason	o										\$880.00						\$880.00
			s		8.00	8.00	8.00	8.00	8.00	8.00	40.00	22.00							
J Hernandez 1105		Brick Mason	o										\$880.00						\$880.00
			s		8.00	8.00	8.00	8.00	8.00	8.00	40.00	22.00							
S Martinez 1106		Brick Mason	o										\$880.00						\$880.00
			s		8.00	8.00	8.00	8.00	8.00	8.00	40.00	22.00							
F Vera 1107		Brick Mason	o										\$880.00						\$880.00
			s		8.00	8.00	8.00	8.00	8.00	8.00	40.00	22.00							
			o										\$880.00						\$880.00
			s																

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

**Public Burden Statement**

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

# DOL WH-348 | Statement of Compliance

Date 2/23/26

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

do hereby state:

(1) That I pay or supervise the payment of the persons employed by  
BMJ Construction LLC on the  
 (Contractor or Subcontractor)  
Hidalgo Health Clinic; that during the payroll period commencing on the  
 (Building or Work)  
15th day of February, 2026, and ending the 21th day of February, 2026,

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

BMJ Construction LLC from the full  
 (Contractor or Subcontractor)

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

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

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

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

(4) That:

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

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

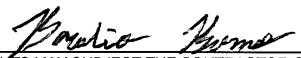
(b) WHERE FRINGE BENEFITS ARE PAID IN CASH

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

(c) EXCEPTIONS

EXCEPTION (CRAFT)	EXPLANATION

REMARKS:

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

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



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

Invoice 71643922  
Invoice Date 2/20/2026  
Payment Term NET 30  
Due Date 3/22/2026

**Billing Address**

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

**Job Address**

Hidalgo Health Clinic  
702 East Ramon Ayala Drive #b  
Hidalgo, TX 78557 USA

**Description of Work**

Hidalgo Health Clinic February Draw #3

Task #	Description	Quantity	Your Price	Your Total
H-CUS-100-I	Custom Commercial Installation: Hidalgo Health Clinic February Draw #3	1.00	\$38,730.00	\$38,730.00

**Sub-Total** \$38,730.00

**Tax 0%** \$0.00

**Total Due** \$38,730.00

**Balance Due** \$38,730.00

"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>



WAGE AND HOUR DIVISION  
Revised December 2008

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

NAME OF CONTRACTOR <input type="checkbox"/> OR SUBCONTRACTOR <input type="checkbox"/> Cytech Heating & Cooling LLC	ADDRESS 6840 N Interstate 69C Edinburg, TX 78542	OMB No. 1235-0008 Expires 09/30/2026
PAYROLL NO. 11	FOR WEEK ENDING 02/07/2026	PROJECT AND LOCATION Hidalgo Health Clinic 702 E Ramon Ayala Hidalgo, TX 78557
		PROJECT OR CONTRACT NO. C24-0253-04-29

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

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

**Public Burden Statement**

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

# DOL WH-348 | Statement of Compliance

Date 2/9/26

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

do hereby state:

(1) That I pay or supervise the payment of the persons employed by  
Cytech Heating & Cooling LLC on the  
 (Contractor or Subcontractor)  
Hidalgo Health Clinic; that during the payroll period commencing on the  
 (Building or Work)  
1st day of February, 2026, and ending the 7th day of February, 2026,

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

Cytech 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.

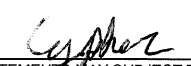
(b) WHERE FRINGE BENEFITS ARE PAID IN CASH

— 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**

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



WAGE AND HOUR DIVISION  
Revised December 2008

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

NAME OF CONTRACTOR <input type="checkbox"/> OR SUBCONTRACTOR <input type="checkbox"/> <p style="text-align: center;">Cytech Heating &amp; Cooling LLC</p>	ADDRESS 6840 N Interstate 69C Edinburg, TX 78542	OMB No. 1235-0008 Expires 09/30/2026
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PAYROLL NO. 12	FOR WEEK ENDING 02/14/2026	PROJECT AND LOCATION Hidalgo Health Clinic 702 E Ramon Ayala Hidalgo, TX 78557	PROJECT OR CONTRACT NO. C24-0253-04-29
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(1) NAME AND INDIVIDUAL IDENTIFYING NUMBER (e.g., LAST FOUR DIGITS OF SOCIAL SECURITY NUMBER) OF WORKER	(2) NO. OF WITHHOLDING EXEMPTIONS	(3) WORK CLASSIFICATION	OT OR ST.	(4) DAY AND DATE							(5) TOTAL HOURS	(6) RATE OF PAY	(7) GROSS AMOUNT EARNED	(8) DEDUCTIONS					(9) NET WAGES PAID FOR WEEK
				2/08	2/09	2/10	2/11	2/12	2/13	2/14				FICA	WITH- HOLDING TAX	OTHER	TOTAL DEDUCTIONS		
				S	M	T	W	T	F	S									
Abel Quijada 4181		HVAC Mechanic	O									/						\$1,600.00	
			S	8.00	8.00	8.00	8.00	8.00	8.00	40.00	40.00								
Cesar Hernandez 5511		HVAC Mechanic	O									/						\$1,200.00	
			S	8.00	8.00	8.00	8.00	8.00	8.00	40.00	30.00								
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While completion of Form WH-347 is optional, it is mandatory for covered contractors and subcontractors performing work on Federally financed or assisted construction contracts to respond to the information collection contained in 29 C.F.R. §§ 3.3, 5.5(a). The Copeland Act (40 U.S.C. § 3145) contractors and subcontractors performing work on Federally financed or assisted construction contracts to "furnish weekly a statement with respect to the wages paid each employee during the preceding week." U.S. Department of Labor (DOL) regulations at 29 C.F.R. § 5.5(a)(3)(ii) require contractors to submit weekly a copy of all payrolls to the Federal agency contracting for or financing the construction project, accompanied by a signed "Statement of Compliance" indicating that the payrolls are correct and complete and that each laborer or mechanic has been paid not less than the proper Davis-Bacon prevailing wage rate for the work performed. DOL and federal contracting agencies receiving this information review the information to determine that employees have received legally required wages and fringe benefits.

**Public Burden Statement**

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

# DOL WH-348 | Statement of Compliance

Date 2/16/26

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

do hereby state:

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

Hidalgo Health Clinic; that during the payroll period commencing on the  
 (Building or Work)  
8th day of February, 2026, and ending the 14th day of February, 2026,

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

Cytech 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-348 | Statement of Compliance

Date 2/23/26

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

do hereby state:

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

Cytech Heating & Cooling LLC

(Contractor or Subcontractor) on the

Hidalgo Health Clinic

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

15th day of February, 2026, and ending the 21th day of February, 2026,

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

Cytech Heating & Cooling LLC

(Contractor or Subcontractor) from the full

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

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

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

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

(4) That:

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

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

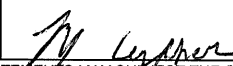
(b) WHERE FRINGE BENEFITS ARE PAID IN CASH

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

(c) EXCEPTIONS

EXCEPTION (CRAFT)	EXPLANATION

REMARKS:

NAME AND TITLE 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>



WAGE AND HOUR DIVISION  
Revised December 2008

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

NAME OF CONTRACTOR <input type="checkbox"/> OR SUBCONTRACTOR <input type="checkbox"/>		ADDRESS		OMB No. 1235-0008 Expires 09/30/2026	
Cytech Heating & Cooling LLC		6840 N Interstate 69C Edinburg, TX 78542			
PAYROLL NO. 14	FOR WEEK ENDING 02/28/2026	PROJECT AND LOCATION Hidalgo Health Clinic 702 E Ramon Ayala Hidalgo, TX 78557		PROJECT OR CONTRACT NO. C24-0253-04-29	

(1) NAME AND INDIVIDUAL IDENTIFYING NUMBER (e.g., LAST FOUR DIGITS OF SOCIAL SECURITY NUMBER) OF WORKER	(2) NO. OF WITHHOLDING EXEMPTIONS	(3) WORK CLASSIFICATION	OT. OR ST.	(4) DAY AND DATE							(5) TOTAL HOURS	(6) RATE OF PAY	(7) GROSS AMOUNT EARNED	(8) DEDUCTIONS					(9) NET WAGES PAID FOR WEEK
				2/22	2/23	2/24	2/25	2/26	2/27	2/28				FICA	WITH- HOLDING TAX	OTHER	TOTAL DEDUCTIONS		
				S	M	T	W	T	F	S									
Abel Quijada 4181		HVAC Mechanic	O										\$1,600.00						\$1,600.00
			S	8.00	8.00	8.00	8.00	8.00	8.00	40.00	40.00								
Cesar Hernandez 5511		HVAC Mechanic	O										\$1,200.00						\$1,200.00
			S	8.00	8.00	8.00	8.00	8.00	8.00	40.00	30.00								
			O										/						
			S																
			O										/						
			S																
			O										/						
			S																
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			S																
			O										/						
			S																

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

**Public Burden Statement**

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

# DOL WH-348 | Statement of Compliance

Date 2/28/26

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

do hereby state:

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

Hidalgo Health Clinic; that during the payroll period commencing on the  
 (Building or Work)  
22th day of February, 2026, and ending the 28th day of February, 2026,

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

Cytech 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.

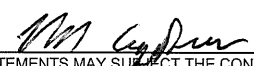
(b) WHERE FRINGE BENEFITS ARE PAID IN CASH

— 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 1061 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>



WAGE AND HOUR DIVISION  
Revised December 2008

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

NAME OF CONTRACTOR <input type="checkbox"/> OR SUBCONTRACTOR <input type="checkbox"/>		ADDRESS		OMB No. 1235-0008 Expires 09/30/2026	
6 Star Electric LLC		3401 Marienela St Mission, TX 78574			
PAYROLL NO. 8	FOR WEEK ENDING 02/07/2026	PROJECT AND LOCATION Hidalgo Health Clinic 702 E Ramon Ayala Hidalgo, TX 78557		PROJECT OR CONTRACT NO. C24-0253-04-29	

(1) NAME AND INDIVIDUAL IDENTIFYING NUMBER (e.g., LAST FOUR DIGITS OF SOCIAL SECURITY NUMBER) OF WORKER	(2) NO. OF WITHHOLDING EXEMPTIONS	(3) WORK CLASSIFICATION	OT OR ST	(4) DAY AND DATE							(5) TOTAL HOURS	(6) RATE OF PAY	(7) GROSS AMOUNT EARNED	(8) DEDUCTIONS					(9) NET WAGES PAID FOR WEEK
				2/1	2/2	2/3	2/4	2/5	2/6	2/7				FICA	WITH- HOLDING TAX	OTHER	TOTAL DEDUCTIONS		
				S	M	T	W	T	F	S									
Daniel Duran 2001		Electrician	O									/							
			S	8.00	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	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	8.00	40.00	20.00							\$800.00	
			O									/							
			S																
			O									/							
			S																
			O									/							
			S																
			O									/							
			S																

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

**Public Burden Statement**

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

# DOL WH-348 | Statement of Compliance

Date 2/09/26

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)  
1st day of February, 2026, and ending the 7th day of February, 2026,

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

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.

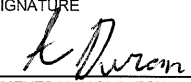
(b) WHERE FRINGE BENEFITS ARE PAID IN CASH

— 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-348 | Statement of Compliance

Date 2/16/26

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)

8th day of February, 2026, and ending the 14th day of February, 2026,

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

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**

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



WAGE AND HOUR DIVISION  
Revised December 2008

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

NAME OF CONTRACTOR <input type="checkbox"/> OR SUBCONTRACTOR <input type="checkbox"/>		ADDRESS		OMB No. 1235-0008 Expires 09/30/2026	
6 Star Electric LLC		3401 Marienela St Mission, TX 78574			
PAYROLL NO. 10	FOR WEEK ENDING 02/21/2026	PROJECT AND LOCATION Hidalgo Health Clinic 702 E Ramon Ayala Hidalgo, TX 78557		PROJECT OR CONTRACT NO. C24-0253-04-29	

(1) NAME AND INDIVIDUAL IDENTIFYING NUMBER (e.g., LAST FOUR DIGITS OF SOCIAL SECURITY NUMBER) OF WORKER	(2) NO. OF WITHHOLDING EXEMPTIONS	(3) WORK CLASSIFICATION	OT OR ST.	(4) DAY AND DATE							(5) TOTAL HOURS	(6) RATE OF PAY	(7) GROSS AMOUNT EARNED	(8) DEDUCTIONS					(9) NET WAGES PAID FOR WEEK	
				2/15	2/16	2/17	2/18	2/19	2/20	2/21				FICA	WITH- HOLDING TAX	OTHER	TOTAL DEDUCTIONS			
				S	M	T	W	T	F	S										
				HOURS WORKED EACH DAY																
Daniel Duran 2001		Electrician	o									40.00	25.00	\$1,000.00						\$1,000.00
				s	8.00	8.00	8.00	8.00	8.00	8.00										
Adrian Guerra 2002		Electrician	o									40.00	25.00	\$1,000.00						\$1,000.00
				s	8.00	8.00	8.00	8.00	8.00	8.00										
Noe Zarate 2003		Electrician Apprentice	o									40.00	20.00	\$800.00						\$800.00
				s	8.00	8.00	8.00	8.00	8.00	8.00										
			o											/						
				s																
			o											/						
				s																
			o											/						
				s																
			o											/						
				s																

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

**Public Burden Statement**

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

# DOL WH-348 | Statement of Compliance

Date 2/23/26

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)  
15th day of February, 2026, and ending the 21th day of February, 2026,

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

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**

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

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



WAGE AND HOUR DIVISION  
Revised December 2008

NAME OF CONTRACTOR <input type="checkbox"/> OR SUBCONTRACTOR <input type="checkbox"/> 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. 11	FOR WEEK ENDING 02/28/2026	PROJECT AND LOCATION Hidalgo Health Clinic 702 E Ramon Ayala Hidalgo, TX 78557	PROJECT OR CONTRACT NO. C24-0253-04-29
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(1) NAME AND INDIVIDUAL IDENTIFYING NUMBER (e.g., LAST FOUR DIGITS OF SOCIAL SECURITY NUMBER) OF WORKER	(2) NO. OF WITHHOLDING EXEMPTIONS	(3) WORK CLASSIFICATION	OT OR 51L	(4) DAY AND DATE							(5) TOTAL HOURS	(6) RATE OF PAY	(7) GROSS AMOUNT EARNED	(8) DEDUCTIONS					(9) NET WAGES PAID FOR WEEK
				2/22	2/23	2/24	2/25	2/26	2/27	2/28				FICA	WITH- HOLDING TAX	OTHER	TOTAL DEDUCTIONS		
				S	M	T	W	T	F	S									
Daniel Duran 2001		Electrician	o									40.00	25.00	/	/	/	/	/	\$1,000.00
				s	8.00	8.00	8.00	8.00	8.00	8.00									
Adrian Guerra 2002		Electrician	o									40.00	25.00	/	/	/	/	/	\$1,000.00
				s	8.00	8.00	8.00	8.00	8.00	8.00									
Noe Zarate 2003		Electrician Apprentice	o									40.00	20.00	/	/	/	/	/	\$800.00
				s	8.00	8.00	8.00	8.00	8.00	8.00									
			o											/	/	/	/	/	
				s															
			o											/	/	/	/	/	
				s															
			o											/	/	/	/	/	
				s															
			o											/	/	/	/	/	
				s															

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

**Public Burden Statement**

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

# DOL WH-348 | Statement of Compliance

Date 2/28/26

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)  
22th day of February, 2026, and ending the 28th day of February, 2026,

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

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.

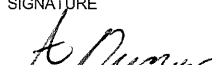
(b) WHERE FRINGE BENEFITS ARE PAID IN CASH

— 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.

# Line Item #31

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 # 5877  
Invoice Date Feb 12, 2026  
Billing Period --  
Due Date Feb 12, 2026

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

Line Item #37

**Roll Off CONTAINERS**

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



Invoice: **R-0978**  
 Invoice Date: **02/12/2026**  
 Employer ID: **85-1266824**

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

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

Sales \$1,430.00

Tax

Total \$1,430.00

renewal of rent roll off 40  
 yds 1/12/25-02/12/26



HIDALGO HEALTH CLINIC PROJECT WORK SCHEDULE

ITEM	DESCRIPTION	DAYS	START	FINISH	NOTES
1	SELECT PROJECT A&E	270	6/14/25	3/14/26	Completed
2	BUILDING PATH - CUT AND FIELD	14 days	6/10/25	6/30/25	Completed
3	UTILITIES	7 days	7/1/25	7/7/25	Completed
4	UNDERGROUND PLUMBING	6 days	7/8/25	7/15/25	Completed
5	FOUNDATION	14 days	9/1/25	9/15/25	
	Forming, Footings, Stirrups		9/1/25	9/10/25	
	Structual Observation Request		9/10/25	9/12/25	
	Pour Concrete		9/12/25	9/15/25	3 days to cure concrete
6	FRAMING	18 days	10/14/25	11/7/25	
7	ROOF	13 days	11/10/25	11/23/25	
8	WINDOWS	14 days	11/24/25	12/8/25	
9	PLUMBING - TOP OUT	14 days	12/9/25	12/23/25	
10	MECHANICAL ROUGH	14 days	11/24/25	12/8/25	90% Complete
11	ELECTRICAL ROUGH	21 days	11/24/25	12/15/25	90% Complete
13	FIRE ALARM - ROUGH	12 days	11/24/25	12/5/25	Completed
15	INSPECTIONS	5 days	1/2/26	1/7/26	Completed
16	SHEETROCK AND INSTALLATION	10 days	1/7/26	1/17/26	Completed
17	TAPE, FLOAT, TEXTURE AND PAINT	19 days	1/19/26	2/7/26	Tape & Float Completed
12	BRICK INSTALLATION	14 days	1/5/26	2/17/26	Completed
18	ACCOUSTICAL CELINGS	5 days	2/13/26	2/20/26	Grid complete
19	VCT	7 days	4/16/26	4/23/26	Materials on Back Order
21	COUNTERTOPS	7 days	4/1/26	4/8/26	Ready to install, on Site 4/1/26
22	PLUMBING FIXTURES	13 days	4/16/26	4/29/26	
23	ELECTRICAL FIXTURES	20 days	4/12/26	5/2/26	
24	MECHANICAL TRIM	11 days	4/23/26	5/4/26	
25	FIRE ALARM - TRIM	5 days	4/11/26	4/16/26	
26	SPRINKLER TRIM	5 days	4/11/26	4/16/26	
28	MEP FINAL INSPECTIONS	5 days	5/4/26	5/9/26	
30	BUILDING FINAL	5 days	5/11/26	5/16/26	
31	FIRE FINAL	5 days	5/4/26	5/6/26	
32	PUNCHLIST	14 days	5/6/26	5/20/26	
33	FINAL CLEAN		5/18/26	5/20/26	