

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.: 9
PERIOD TO: 3/1/26-3/30/26
PROJECT NOS.: C24-0253-04-29
ARPA-22-340-088
CONTRACT DATE: _____
Distribution to:
 OWNER
 ARCHITECT
 CONTRACTOR

FROM CONTRACTOR: BM Benchmark Construction LLC VIA ARCHITECT:
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 \$ 1,120,828.67
(Column G on G703)
- 5. RETAINAGE:
 - a. _____% of Completed Work \$ 56,041.43
(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) \$ 56,041.43
- 6. TOTAL EARNED LESS RETAINAGE \$ 1,064,787.24
(Line 4 less Line 5 Total)
- 7. LESS PREVIOUS CERTIFICATES FOR PAYMENT
(Line 6 from prior Certificate) \$ 988,715.99
- 8. CURRENT PAYMENT DUE \$ 76,071.25
- 9. BALANCE TO FINISH, INCLUDING RETAINAGE
(Line 3 less Line 6) \$ 541,397.76

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

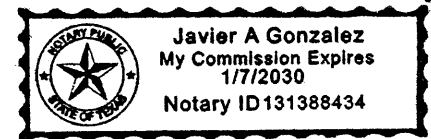
The undersigned Contractor certifies that to the best of the Contractor's knowledge, information and belief the Work covered by this Application for Payment has been completed in accordance with the Contract Documents, that all amounts have been paid by the Contractor for Work for which previous Certificates 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: April 7, 2026

State of: TX
County of: Hidalgo

Subscribed and sworn to before me this 7th day of April, 2026



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 \$ 76,071.25

(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: 04/16/2026

By: _____
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.

APPLICATION NO 9

PERIOD TO: 3/1/26-3/31/26

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

PROJECT NO:

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

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	8,000.00		70,880.00	100.00%	0.00	3,544.00
3	Structural 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	61,340.00			61,340.00	100.00%	0.00	3,067.00
18	HVAC	148,700.00	123,230.00			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	105,000.00	30,000.00		135,000.00	84.91%	24,000.00	6,750.00
21	Fire Alarm	6,800.00				0.00	0.00%	6,800.00	0.00
22	Fire Sprinkler	77,350.00	8,490.00	33,075.00		41,565.00	53.74%	35,785.00	2,078.25
23	Landscape Allowance	16,600.00				0.00	0.00%	16,600.00	0.00

24	Trash Cleaning	6,000.00	1,000.00	2,000.00		3,000.00	50.00%	3,000.00	150.00
25	Rental Equipment	10,000.00	5,737.26	3,000.00		8,737.26	87.37%	1,262.74	436.86
26	Contingency Allowance	100,000.00				0.00	0.00%	100,000.00	0.00
27	Project Manager Fee	25,000.00	22,500.00			22,500.00	90.00%	2,500.00	1,125.00
28	Project Superintendent on Site Fee	39,400.00	33,600.00			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	2,000.00	1,000.00		3,000.00	42.86%	4,000.00	150.00
31	Temp Sanitary Facilities	2,000.00	1,750.00			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	6,000.00			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	6,000.00			6,000.00	100.00%	0.00	300.00
38	Permit & Impact Fees	9,000.00	8,300.00			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	21,000.00	3,000.00		24,000.00	88.89%	3,000.00	1,200.00
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	61,187.75			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	1,040,753.67	80,075.00	0.00	1,120,828.67	27.87	485,356.33	56,041.43

CONTRACTOR TIME STATEMENT

PAY APP NO. 9 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 3/1/2026 DATE WORK COMPLETED 3/31/2026

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

NO. OF CONTRACT WORKING DAYS 270 NO. WORKING DAYS CHARGED TO DATE 281
 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

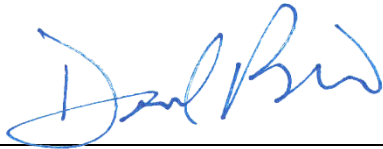
Date April 9, 2026

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# 9

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

INVOICE

3



30 March 2026

Benchmark Construction

PAYMENT DUE BY:

Sant Construction LLC
809 W. La Quinta Dr
Pharr Tx 78577

QUANTITY	DETAILS	Column1	LINE TOTAL
	Sidewalk Site Work		\$10,900.00
	Sidewalk Concrete		\$ 8,000.00
		Net Total	\$18,900.00

	\$18,900.00
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PAYMENT DETAILS

OTHER INFORMATION

Payment Reference: 3

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	
Sant Construction LLC		809 W La Quinta Dr Pharr, TX 78577			
PAYROLL NO. 8	FOR WEEK ENDING 03/21/2026	PROJECT AND LOCATION Hidalgo Health Clinic 702 E Ramon Ayala Dr Hidalgo, TX 78577		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		
				S	M	T	W	T	F	S				FICA	WITH- HOLDING TAX	OTHER	TOTAL DEDUCTIONS			
				3/15	3/16	3/17	3/18	3/19	3/20	3/21										
				HOURS WORKED EACH DAY																
Robert Solis 1001		Excavator Operator	o																	
			s	8.00	8.00	8.00	8.00	8.00	8.00		40.00	35.00	\$1,400.00							\$1,400.00
Juan Ramirez 1002		Operator (Skid Steer)	o																	
			s	8.00	8.00	8.00	8.00	8.00	8.00		40.00	30.00	\$1,200.00							\$1,200.00
Raul Perales 1003		General Laborer	o																	
			s	8.00	8.00	8.00	8.00	8.00	8.00		40.00	25.00	\$1,000.00							\$1,000.00
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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 March 23, 2026

I, Albert Solis Owner
 (Name of Signatory Party) (Title)

do hereby state:

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

Sant Construction LLC on the
 (Contractor or Subcontractor)

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

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

Sant 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 Albert Solis-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

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NAME OF CONTRACTOR <input type="checkbox"/> OR SUBCONTRACTOR <input type="checkbox"/>		ADDRESS		OMB No. 1235-0008 Expires 09/30/2026	
Sant Construction LLC		809 W La Quinta Dr Pharr, TX 78577			
PAYROLL NO. 9	FOR WEEK ENDING 03/28/2026	PROJECT AND LOCATION Hidalgo Health Clinic 702 E Ramon Ayala Dr Hidalgo, TX 78577		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
				S	M	T	W	T	F	S				FICA	WITH- HOLDING TAX	OTHER	TOTAL DEDUCTIONS		
				3/22	3/23	3/24	3/25	3/26	3/27	3/28									
Robert Solis 1001		Excavator Operator	O								40.00	35.00	\$1,400.00						\$1,400.00
			S	8.00	8.00	8.00	8.00	8.00	8.00										
Juan Ramirez 1002		Operator (Skid Steer)	O								40.00	30.00	\$1,200.00						\$1,200.00
			S	8.00	8.00	8.00	8.00	8.00	8.00										
Raul Perales 1003		General Laborer	O								40.00	25.00	\$1,000.00						\$1,000.00
			S	8.00	8.00	8.00	8.00	8.00	8.00										
			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.

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DOL WH-348 | Statement of Compliance

Date March 30, 2026

I, Albert Solis Owner

 (Name of Signatory Party) (Title)

do hereby state:

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

 (Contractor or Subcontractor)

Hidalgo Health Clinic; that during the payroll period commencing on the

 (Building or Work)
22th day of March, 2026, and ending the 28th day of March, 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

Sant 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.

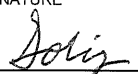
(b) WHERE FRINGE BENEFITS ARE PAID IN CASH

— 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 Albert Solis-Owner	SIGNATURE 
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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

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		3401 Marienela St Mission, TX 78574			
PAYROLL NO. 12	FOR WEEK ENDING 03/21/2026	PROJECT AND LOCATION Hidalgo Health Clinic 702 E Ramon Ayala Dr Hidalgo, TX 78577		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	(4) DAY AND DATE							(5) TOTAL HOURS	(6) RATE OF PAY	(7) GROSS AMOUNT EARNED	(8) DEDUCTIONS					(9) NET WAGES PAID FOR WEEK	
			OT OR ST.	S	M	T	W	T	F				S	FICA	WITH-HOLDING TAX	OTHER	TOTAL DEDUCTIONS		
				3/15	3/16	3/17	3/18	3/19	3/20				3/21						
			HOURS WORKED EACH DAY																
Daniel Duran 2001		Electrician	o									/							
			s	8.00	8.00	8.00	8.00	8.00	8.00	40.00	25.00								
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																
			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 March 23, 2026

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

(Contractor or Subcontractor) on the

Hidalgo Health Clinic; that during the payroll period commencing on the

(Building or Work)

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

(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 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.

FireDefense Pros LLC

SCR-G-2617820

1709 Dulcinea Ave

Edinburg, TX 78539

Phone 956-457-5743

Invoice

Date	Pay Application
3/27/2026	2

Bill To
Benchmark Construction

Project
Hidalgo Health Clinic Hidalgo, TX



FireDefense Pros LLC
TRUST THE PROFESSIONALS

Item Description	Contract Amount	Prior %	Current %	Total % to Date	Prior Amount	Current Amount	Total to Date
Above Ground Fire Sprinkler	\$44,100.00	0%	75%	75%	\$0.00	\$33,075.00	\$33,075.00
TOTAL TO DATE							\$33,075.00

DOL WH-347 | Payroll Form

U.S. Department of Labor
Wage and Hour Division

PAYROLL

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

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



WAGE AND HOUR DIVISION
Revised December 2008

NAME OF CONTRACTOR <input type="checkbox"/>	OR SUBCONTRACTOR <input type="checkbox"/>	ADDRESS 1709 Dulcinea Ave Edinburg, TX 78539	OMB No. 1235-0008 Expires 09/30/2026
FireDefense Pros LLC			
PAYROLL NO. 3	FOR WEEK ENDING 03/14/2026	PROJECT AND LOCATION Hidalgo Health Clinic 702 E Ramon Ayala Dr Hidalgo, TX 78577	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
				S	M	T	W	T	F	S				FICA	WITH- HOLDING TAX	OTHER	TOTAL DEDUCTIONS		
				3/08	3/09	3/10	3/11	3/12	3/13	3/14									
Beto Cantu 1454		Technician	O									40.00	30.00	\$1,200.00					\$1,200.00
			S		8.00	8.00	8.00	8.00	8.00										
Martin Cantu 1911		Technician	O									40.00	30.00	\$1,200.00					\$1,200.00
			S		8.00	8.00	8.00	8.00	8.00										
Eduardo Lozano 2656		Apprentice	O									40.00	20.00	\$800.00					\$800.00
			S		8.00	8.00	8.00	8.00	8.00										
			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 March 16, 2026

I, Omar Anzaldua Owner
 (Name of Signatory Party) (Title)

do hereby state:

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

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

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

DOL WH-347 | Payroll Form

U.S. Department of Labor
Wage and Hour Division

PAYROLL

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

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



WAGE AND HOUR DIVISION
Revised December 2008

NAME OF CONTRACTOR <input type="checkbox"/> OR SUBCONTRACTOR <input type="checkbox"/>		ADDRESS		OMB No. 1235-0008 Expires 09/30/2026	
FireDefense Pros LLC		1709 Dulcinea Ave Edinburg, TX 78539			
PAYROLL NO. 4	FOR WEEK ENDING 03/21/2026	PROJECT AND LOCATION Hidalgo Health Clinic 702 E Ramon Ayala Dr Hidalgo, TX 78577		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 STL	(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		
				3/15	3/16	3/17	3/18	3/19	3/20	3/21				HOURS WORKED EACH DAY					
Beto Cantu 1454		Technician	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 Cantu 1911		Technician	O																
			S	8.00	8.00	8.00	8.00	8.00	8.00		40.00	30.00	\$1,200.00						\$1,200.00
Eduardo Lozano 2656		Apprentice	O																
			S	8.00	8.00	8.00	8.00	8.00	8.00		40.00	20.00	\$800.00						\$800.00
			O																
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			S																
			O																
			S																

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Public Burden Statement

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DOL WH-348 | Statement of Compliance

Date March 24, 2026

I, Omar Anzaldua Owner
 (Name of Signatory Party) (Title)

do hereby state:

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

FireDefense Pros LLC

(Contractor or Subcontractor) on the

Hidalgo Health Clinic

(Building or Work)

15th day of March, 2026, and ending the 21st day of March, 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

FireDefense Pros 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 Omar Anzaldua-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.

DBI Rentals

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

INVOICE

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

INVOICE 1045
DATE 3/30/2026
TERMS Due on receipt
DUE DATE 3/30/2026

DATE	ACTIVITY	DESCRIPTION	QTY	RATE	AMOUNT
	Rental	Mini Excavator	1	2,500.00	2,500.00

Jobsite: 604 Ramon Ayala Dr, Hidalgo Tx 78557
To pay by credit card please call 956-334-2282

SUBTOTAL	2,500.00
TAX	
TOTAL	2,500.00
BALANCE DUE	\$2,500.00

DBI Rentals

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

INVOICE

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

INVOICE 1049
DATE 3/30/2026
TERMS Due on receipt
DUE DATE 3/30/2026

DATE	ACTIVITY	DESCRIPTION	QTY	RATE	AMOUNT
	Rental	Concrete Pump	1	500.00	500.00

Jobsite: 604 Ramon Ayala Dr, Hidalgo Tx
78557 To pay by credit card please call
956-334-2282

SUBTOTAL	500.00
TAX	
TOTAL	500.00
BALANCE DUE	\$ 500.00