

McAllen Health Clinic
 McAllen, Texas

APPLICATION NUMBER: 10
 APPLICATION DATE: 4/15/2026
 PERIOD FROM: 2/1/2026
 TO: 2/28/2026

ARCHITECT'S PROJ. NO.: 24.2.23

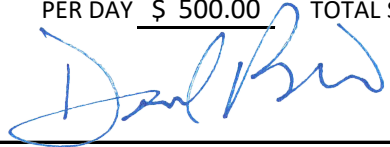
Item No.	Description of Work	Scheduled Value	Work Completed			Total Completed and Stored To Date	% Complete	Balance to Finish	Retainage
			Previously	This Application					
				Work In Place	Stored Materials				
A	B	C	D	E	F	G	H	I	J
1	Site Work & Utilities	\$ 358,106.00	\$ 308,546.00	\$ 49,560.00		\$ 358,106.00		\$ -	\$ 17,905.30
2	Foundation	\$ 122,721.00	\$ 122,721.00			\$ 122,721.00		\$ -	\$ 6,136.05
3	Structural Steel	\$ 48,850.00	\$ 48,850.00			\$ 48,850.00		\$ -	\$ 2,442.50
4	Frame Material	\$ 60,000.00	\$ 60,000.00			\$ 60,000.00		\$ -	\$ 3,000.00
5	Wood Trusses	\$ 18,500.00	\$ 15,256.91			\$ 15,256.91		\$ 3,243.09	\$ 762.85
6	Framing Labor	\$ 40,000.00	\$ 40,000.00			\$ 40,000.00		\$ -	\$ 2,000.00
7	Roofing	\$ 55,500.00	\$ 55,500.00			\$ 55,500.00		\$ -	\$ 2,775.00
8	Sheetrock Labor & Material	\$ 4,000.00	\$ 4,000.00			\$ 4,000.00		\$ -	\$ 200.00
9	Suspended Acoustical Ceilings	\$ 54,000.00	\$ 27,000.00	\$ 27,000.00		\$ 54,000.00		\$ -	\$ 2,700.00
10	Doors Frames & Hardware	\$ 63,000.00		\$ 55,008.16		\$ 55,008.16		\$ 7,991.84	\$ 2,750.41
11	Millwork	\$ 18,000.00						\$ 18,000.00	
12	Countertops	\$ 6,000.00						\$ 6,000.00	
13	Toilet Partitions	\$ 14,000.00	\$ 14,000.00			\$ 14,000.00		\$ -	\$ 700.00
14	Toilet Accessories	\$ 4,500.00		\$ 4,500.00		\$ 4,500.00		\$ -	\$ 225.00
15	Painting	\$ 44,000.00	\$ 37,000.00			\$ 37,000.00		\$ 7,000.00	\$ 1,850.00
16	Flooring	\$ 36,000.00	\$ 36,000.00			\$ 36,000.00		\$ -	\$ 1,800.00
17	Brick Materials & Labor	\$ 63,075.00	\$ 63,075.00			\$ 63,075.00		\$ -	\$ 3,153.75
18	HVAC	\$ 164,571.92	\$ 156,343.32			\$ 156,343.32		\$ 8,228.60	\$ 7,817.17
19	Plumbing	\$ 128,000.00	\$ 106,240.00			\$ 106,240.00		\$ 21,760.00	\$ 5,312.00
20	Electrical	\$ 117,000.00	\$ 108,900.00			\$ 108,900.00		\$ 8,100.00	\$ 5,445.00
21	Fire Alarm	\$ 9,000.00						\$ 9,000.00	
22	Fire Sprinkler	\$ 58,000.00	\$ 45,100.00			\$ 45,100.00		\$ 12,900.00	\$ 2,255.00
23	Landscaping Allowance	\$ 36,925.00						\$ 36,925.00	
24	Trash & Cleaning								

CONTRACTOR TIME STATEMENT

PAY APP NO. 10 CONTRACTOR RGV Construction, LLC.
 PROJECT NAME McAllen Health Center Improvement Project
 CONTRACT NO. ARPA-24-340-352 OWNER Hidalgo Co.Pct. #2 NOTICE-TO-PROCEED 4/16/2025
 TIME COMPUTED FROM 2/1/2026 DATE WORK COMPLETE 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		
TOTALS		28	0	

NO. OF CONTRACT WORKING DAYS 286 NO. WORKING DAYS CHARGED TO DATE 296
 ASSESSED LIQUIDATED DAMAGES: 0 NO. CREDITED DAYS TO DATE 13
 CERTIFIED AS CORRECT PER DAY \$ 500.00 TOTAL \$ 0



ENGINEER/CONSTRUCTION MANAGER

Prevailing Wage Rates
Certification Statement

Date February 20, 2026

Project Name McAllen Health Clinic Impr. Project

CSJ# N/A

Contractor RGV Construction, LLC.

Application# 10

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

Line Item #1

TOTAL COMMITMENT CONSTRUCTION CO., LLC

11435 N. BRYAN RD
MISSION, TX 78573

OFFICE: (956) 519-7111

TOTALCOMMITMENTLLC@YAHOO.COM

FAX: (956) 265-1178

HIDALGO COUNTY MCALLEN HEALTH CLINIC

Invoice #2025-005-06

ITEM #	ITEM DESCRIPTION	EST. QTYS	UNIT	UNIT/PRICE	TOTAL	PREVIOUS BILLING	CURRENT BILLING	QTY TO DATE	BILLED TO DATE	%
1	Erosion Control	1	LS	\$ 10,500.00	\$ 10,500.00	\$ 10,500.00	\$ -		\$ 10,500.00	100%
3	Site Prep	1	LS	\$ 13,500.00	\$ 13,500.00	\$ 13,500.00	\$ -		\$ 13,500.00	100%
4	Building Pad 3' Select Fill	1	LS	\$ 24,000.00	\$ 24,000.00	\$ 24,000.00	\$ -		\$ 24,000.00	100%
5	Water line as per plans	1	LS	\$ 57,506.00	\$ 57,506.00	\$ 57,506.00	\$ -		\$ 57,506.00	100%
6	Sewer Line As per plans	1	LS	\$ 42,000.00	\$ 42,000.00	\$ 42,000.00	\$ -		\$ 42,000.00	100%
7	Drainage	1	LS	\$ 53,500.00	\$ 53,500.00	\$ 53,500.00	\$ -		\$ 53,500.00	100%
8	Cynthia Road	1	LS	\$ 14,000.00	\$ 14,000.00	\$ 8,400.00	\$ 5,600.00		\$ 14,000.00	100%
9	Dumpster Pad, Concrete Pad	1	LS	\$ 4,500.00	\$ 4,500.00		\$ 4,500.00		\$ 4,500.00	100%
10	Parking lot	1	LS	\$ 149,100.00	\$ 149,100.00	\$ 109,640.00	\$ 39,460.00		\$ 109,640.00	100%
11				\$ -	\$ -		\$ -		\$ -	
12				\$ -	\$ -		\$ -		\$ -	
PROPOSAL TOTAL					\$ 368,606.00	\$ 319,046.00	\$ 49,560.00		\$ 368,606.00	

COMPLETED TO DATE \$ 368,606.00
\$ -

BALANCE DUE \$ 49,560.00

PROJECT NOTES

CLIENT INFORMATION
Accepted By: _____ Date _____

ARMANDO GUTIERREZ
Total Commitment Construction Co., LLC

2/27/2026
Date

U.S. Department of Labor
Wage and Hour Division

PAYROLL

For contractor's optional use; see instructions at dol.gov/agencies/whd/forms/wh347



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

NAME OF CONTRACTOR OR SUBCONTRACTOR **Total Commitment Construction, LLC** ADDRESS **11435 N Bryan Rd. Mission, TX 78573** OMB No. 1235-0008 Expires 09/30/2026

PAYROLL NO. **44** FOR WEEK ENDING **02/25/2026** PROJECT AND LOCATION **Hidalgo County Health Clinic McAllen 529 N Cynthia St. McAllen, TX** PROJECT OR CONTRACT NO.

(1) NAME AND INDIVIDUAL IDENTIFYING NUMBER (e.g. LAST FOUR DIGITS OF SOCIAL SECURITY NUMBER) OF WORKER	(2) NO. OF WITHHOLDING EXEMPTIONS	(3) WORK CLASSIFICATION	OT OR ST.	(4) DAY AND DATE							(5) TOTAL HOURS	(6) RATE OF PAY	(7) GROSS AMOUNT EARNED	(8) DEDUCTIONS				(9) NET WAGES PAID FOR WEEK
				T	F	S	S	M	T	W				FICA	WITH-HOLDING TAX	OTHER	TOTAL DEDUCTIONS	
				19	20	21	22	23	24	25								
Yoni Vazquez XXX-XX-6708		EXCAVATOR	o									\$26.50	\$140.00					\$1,300.00
			s	8.00							8.00	17.50	\$1,300.00					
Josafat Moreno XXX-XX-5925		UTILITY LABOR	o									\$21.00	\$112.00					\$112.00
			s	8.00							8.00	14.00						
Oscar M Alvizo XXX-XX-8784		BACKHOE/EXCAVATOR	o									\$24.00	\$128.00					\$128.00
			s	8.00							8.00	16.00						
			o															
			s															
			o															
			s															
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While completion of Form WH-347 is optional, it is mandatory for covered contractors and subcontractors performing work on Federally financed or assisted construction contracts to respond to the information collection contained in 29 C.F.R. §§ 3.3, 5.5(a). The Copeland Act (40 U.S.C. § 3145) contractors and subcontractors performing work on Federally financed or assisted construction contracts to "furnish weekly a statement with respect to the wages paid each employee during the preceding week." U.S. Department of Labor (DOL) regulations at 29 C.F.R. § 5.5(a)(3)(i) require contractors to submit weekly a copy of all payrolls to the Federal agency contracting for or financing the construction project, accompanied by a signed "Statement of Compliance" indicating that the payrolls are correct and complete and that each laborer or mechanic has been paid not less than the proper Davis-Bacon prevailing wage rate for the work performed. DOL and federal contracting agencies receiving this information review the information to determine that employees have received legally required wages and fringe benefits.

Public Burden Statement

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

Date 02/25/2026

I, Pedro A. Gutierrez Member
(Name of Signatory Party) (Title)

do hereby state:

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

Hidalgo County Health Clinic; that during the payroll period commencing on the
(Building or Work)
19 day of February, 2026, and ending the 25 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

Total Commitment 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:
YONI VASQUEZ-1099
JOSAFAT MORENO- 1099
OSCAR M. ALVIZO - 1099

NAME AND TITLE
Armando Gutierrez-Managing Member

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.



ADM
FRAMING LLC.

INVOICE

(956) 264-0093
admframingllc@gmail.com

P.O. Box 1750
San Benito, Tx
78586

TO: RGV CONSTRUCTION LLC
PROJECT: HEALTH CLINIC 529 CYNTHIA ST. MCALLEN, TX 78501
INVOICE NUMBER: #4395
DATE: 02/26/26

Description	Quantity	Unit Price	Cost
Acoustical Ceiling Grid & Tile Installation			\$27,000.00
		Subtotal	\$27,000
	Tax		
		Total	\$27,000

Thank you for your business.

Sincerely,

ADM FRAMING LLC.



ADM
FRAMING LLC.

INVOICE

(956) 264-0093
admframingllc@gmail.com

P.O. Box 1750
San Benito, Tx 78586

TO: RGV CONSTRUCTION LLC
PROJECT: HEALTH CLINIC 529 CYNTHIA ST.
MCALLEN, TX 78501
INVOICE NUMBER: #4395
DATE: 02/26/26

Description	Quantity	Unit Price	Cost
Installation of exterior and interior doors			\$9,500
		Subtotal	\$9,500
	Tax		
		Total	\$9,500

Thank you for your business.

Sincerely,

ADM FRAMING LLC.

PROJECT NAME	PROJECT NO. or CONTRACT NO.	PAYROLL NO.	PRIME CONTRACTOR'S/SUBCONTRACTOR'S BUSINESS NAME
RGV-McAllen Health Clinic			ADM FRAMING LLC
PROJECT LOCATION	WEEK ENDING DATE	CERTIFYING OFFICIAL'S NAME AND TITLE	
529 N Cynthia St. McAllen, Tx 78501	Feb 6, 2026		

I paid or supervised the payment of the laborers or mechanics working on the above project during the stated time period. I certify the following:

- The payroll information submitted with this statement is correct and complete for the above project during the above period, and the wage and fringe benefit rates paid to the workers, including credit taken for the reasonably anticipated costs of a bona fide fringe benefit plan, fund or program, are not less than the applicable wage and fringe benefits rates for the classification(s) of work actually performed, as specified in the wage determination(s) incorporated into the contract.
- All regular payrolls and all other basic records that the contractor is required to maintain for this payroll period are complete and accurate and will be made available upon request from the agency or the Department of Labor.
- The classifications reported for each laborer or mechanic are the classification(s) of work that each worker actually performed.

Any workers paid as apprentices during the above period are duly registered in a bona fide apprenticeship program registered with the Office of Apprenticeship, Employment and Training Administration, United States Department of Labor ("OA"), or a State Apprenticeship Agency ("SAA") recognized by Department of Labor. I have verified the registered apprenticeship program information provided below as accurate and applicable to any apprentices identified on page 1 of this form.

APPRENTICESHIP PROGRAM NAME	REGISTERED	NAME OF LABOR CLASSIFICATION
	<input type="checkbox"/> OA <input type="checkbox"/> SAA	
	<input type="checkbox"/> OA <input type="checkbox"/> SAA	
	<input type="checkbox"/> OA <input type="checkbox"/> SAA	

Fringe benefits have been paid in cash and/or to bona fide fringe benefit plans, funds, or programs. Where the contractor is claiming an hourly credit for their contributions to or reasonably anticipated costs of a bona fide fringe benefit plan, fund, or program, provide plan information and the hourly credit claimed for each worker listed on the previous page of this form.

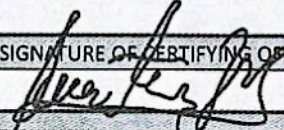
HOURLY CREDIT FOR FRINGE BENEFITS

If an amount is listed in (6B) on the first page of this certified payroll form, enter the hourly credit claimed under each plan name, type and number for each worker and check whether the plan is funded or unfunded.

NAME OF WORKER	FB NAME		FB NAME		FB NAME		FB NAME		FB NAME		FB NAME		TOTAL HOURLY CREDIT
	FB TYPE		FB TYPE		FB TYPE		FB TYPE		FB TYPE		FB TYPE		
	PLAN NO.		PLAN NO.		PLAN NO.		PLAN NO.		PLAN NO.		PLAN NO.		
	<input type="checkbox"/> Funded	<input type="checkbox"/> Unfunded	<input type="checkbox"/> Funded	<input type="checkbox"/> Unfunded	<input type="checkbox"/> Funded	<input type="checkbox"/> Unfunded	<input type="checkbox"/> Funded	<input type="checkbox"/> Unfunded	<input type="checkbox"/> Funded	<input type="checkbox"/> Unfunded	<input type="checkbox"/> Funded	<input type="checkbox"/> Unfunded	
	Hourly Credit	\$	Hourly Credit	\$	Hourly Credit	\$	Hourly Credit	\$	Hourly Credit	\$	Hourly Credit	\$	\$
	Hourly Credit	\$	Hourly Credit	\$	Hourly Credit	\$	Hourly Credit	\$	Hourly Credit	\$	Hourly Credit	\$	\$
	Hourly Credit	\$	Hourly Credit	\$	Hourly Credit	\$	Hourly Credit	\$	Hourly Credit	\$	Hourly Credit	\$	\$
	Hourly Credit	\$	Hourly Credit	\$	Hourly Credit	\$	Hourly Credit	\$	Hourly Credit	\$	Hourly Credit	\$	\$
	Hourly Credit	\$	Hourly Credit	\$	Hourly Credit	\$	Hourly Credit	\$	Hourly Credit	\$	Hourly Credit	\$	\$
	Hourly Credit	\$	Hourly Credit	\$	Hourly Credit	\$	Hourly Credit	\$	Hourly Credit	\$	Hourly Credit	\$	\$
	Hourly Credit	\$	Hourly Credit	\$	Hourly Credit	\$	Hourly Credit	\$	Hourly Credit	\$	Hourly Credit	\$	\$

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

ADDITIONAL REMARKS

SIGNATURE OF CERTIFYING OFFICIAL	DATE	TELEPHONE NUMBER	EMAIL ADDRESS
	Feb 6, 2026	(____) ____ - ____	

THE WILLFUL FALSIFICATION OF ANY OF THE ABOVE STATEMENTS MAY SUBJECT THE CONTRACTOR OR SUBCONTRACTOR TO CIVIL OR CRIMINAL PROSECUTION (SEE SECTION 1001 OF TITLE 18 AND SECTION 3729 OF TITLE 31 OF THE UNITED STATES CODE), AS WELL AS DEBARMENT FROM FUTURE FEDERAL AND FEDERALLY-ASSISTED CONTRACTS. INFORMATION REPORTED IN CERTIFIED PAYROLLS MAY BE SUBJECT TO DISCLOSURE IN RESPONSE TO A FREEDOM OF INFORMATION ACT REQUEST.

PROJECT NAME RGV-McAllen Health Clinic	PROJECT NO. or CONTRACT NO.	PAYROLL NO.	PRIME CONTRACTOR'S/SUBCONTRACTOR'S BUSINESS NAME ADM FRAMING LLC
PROJECT LOCATION 529 N Cynthia St. McAllen, Tx 78501	WEEK ENDING DATE Feb 13, 2026	CERTIFYING OFFICIAL'S NAME AND TITLE	

I paid or supervised the payment of the laborers or mechanics working on the above project during the stated time period. I certify the following:

- The payroll information submitted with this statement is correct and complete for the above project during the above period, and the wage and fringe benefit rates paid to the workers, including credit taken for the reasonably anticipated costs of a bona fide fringe benefit plan, fund or program, are not less than the applicable wage and fringe benefits rates for the classification(s) of work actually performed, as specified in the wage determination(s) incorporated into the contract.
- All regular payrolls and all other basic records that the contractor is required to maintain for this payroll period are complete and accurate and will be made available upon request from the agency or the Department of Labor.
- The classifications reported for each laborer or mechanic are the classification(s) of work that each worker actually performed.
- Any workers paid as apprentices during the above period are duly registered in a bona fide apprenticeship program registered with the Office of Apprenticeship, Employment and Training Administration, United States Department of Labor ("OA"), or a State Apprenticeship Agency ("SAA") recognized by Department of Labor. I have verified the registered apprenticeship program information provided below as accurate and applicable to any apprentices identified on page 1 of this form.

APPRENTICESHIP PROGRAM NAME	REGISTERED	NAME OF LABOR CLASSIFICATION
	<input type="checkbox"/> OA <input type="checkbox"/> SAA	
	<input type="checkbox"/> OA <input type="checkbox"/> SAA	
	<input type="checkbox"/> OA <input type="checkbox"/> SAA	

- Fringe benefits have been paid in cash and/or to bona fide fringe benefit plans, funds, or programs. Where the contractor is claiming an hourly credit for their contributions to or reasonably anticipated costs of a bona fide fringe benefit plan, fund, or program, provide plan information and the hourly credit claimed for each worker listed on the previous page of this form.

HOURLY CREDIT FOR FRINGE BENEFITS

If an amount is listed in (6B) on the first page of this certified payroll form, enter the hourly credit claimed under each plan name, type and number for each worker and check whether the plan is funded or unfunded.

NAME OF WORKER	FB NAME		FB NAME		FB NAME		FB NAME		FB NAME		FB NAME		TOTAL HOURLY CREDIT
	FB TYPE		FB TYPE		FB TYPE		FB TYPE		FB TYPE		FB TYPE		
	PLAN NO.		PLAN NO.		PLAN NO.		PLAN NO.		PLAN NO.		PLAN NO.		
	<input type="checkbox"/> Funded	<input type="checkbox"/> Unfunded	<input type="checkbox"/> Funded	<input type="checkbox"/> Unfunded	<input type="checkbox"/> Funded	<input type="checkbox"/> Unfunded	<input type="checkbox"/> Funded	<input type="checkbox"/> Unfunded	<input type="checkbox"/> Funded	<input type="checkbox"/> Unfunded	<input type="checkbox"/> Funded	<input type="checkbox"/> Unfunded	
	Hourly Credit	\$	Hourly Credit	\$	Hourly Credit	\$	Hourly Credit	\$	Hourly Credit	\$	Hourly Credit	\$	\$
	Hourly Credit	\$	Hourly Credit	\$	Hourly Credit	\$	Hourly Credit	\$	Hourly Credit	\$	Hourly Credit	\$	\$
	Hourly Credit	\$	Hourly Credit	\$	Hourly Credit	\$	Hourly Credit	\$	Hourly Credit	\$	Hourly Credit	\$	\$
	Hourly Credit	\$	Hourly Credit	\$	Hourly Credit	\$	Hourly Credit	\$	Hourly Credit	\$	Hourly Credit	\$	\$
	Hourly Credit	\$	Hourly Credit	\$	Hourly Credit	\$	Hourly Credit	\$	Hourly Credit	\$	Hourly Credit	\$	\$
	Hourly Credit	\$	Hourly Credit	\$	Hourly Credit	\$	Hourly Credit	\$	Hourly Credit	\$	Hourly Credit	\$	\$
	Hourly Credit	\$	Hourly Credit	\$	Hourly Credit	\$	Hourly Credit	\$	Hourly Credit	\$	Hourly Credit	\$	\$

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

ADDITIONAL REMARKS

SIGNATURE OF CERTIFYING OFFICIAL 	DATE Feb 13, 2026	TELEPHONE NUMBER (____) ____ - ____	EMAIL ADDRESS
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THE WILLFUL MISREPRESENTATION OF ANY OF THE ABOVE STATEMENTS MAY SUBJECT THE CONTRACTOR OR SUBCONTRACTOR TO CIVIL OR CRIMINAL PROSECUTION (SEE SECTION 1001 OF TITLE 18 AND SECTION 3729 OF TITLE 31 OF THE UNITED STATES CODE), AS WELL AS DEBARMENT FROM FUTURE FEDERAL AND FEDERALLY-ASSISTED CONTRACTS. INFORMATION REPORTED IN CERTIFIED PAYROLLS MAY BE SUBJECT TO DISCLOSURE IN RESPONSE TO A FREEDOM OF INFORMATION ACT REQUEST.

Davis-Bacon and Related Acts Weekly Certified Payroll Form

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

Unless otherwise noted, the information requested is specific to the named project below.
Persons are not required to respond to the collection of information unless it displays a currently valid OMB control number.



Rev. January 2025
OMB No.: 1235-0008
Expires: 01/31/2028

SUBMISSION OF FINAL DBRA CERTIFIED PAYROLL FORM

PRIME CONTRACTOR

SUBCONTRACTOR

PROJECT NAME		PROJECT NO. or CONTRACT NO.		CERTIFIED PAYROLL NO.		PRIME CONTRACTOR'S/SUBCONTRACTOR'S BUSINESS NAME																					
RGV-McAllen Health Clinic						ADM FRAMING LLC																					
PROJECT LOCATION		WAGE DETERMINATION NO.		WEEK ENDING DATE		PRIME CONTRACTOR'S/SUBCONTRACTOR'S BUSINESS ADDRESS																					
529 N Cynthia St. McAllen Tx, 78501		TX20240255		Feb 20, 2026		P.O Box 1750, San Benito, Tx 78586																					
(1A)	(1B)	(1C)	(1D)	(1E)	(2)	(3)	(4)							(5)	(6A)	(6B)	(6C)	(7A)	(7B)	(8)			(9)				
WORKER ENTRY NO.	WORKER LAST NAME	WORKER FIRST NAME	WORKER MIDDLE INITIAL	WORKER IDENTIFYING NO.	JOURNEYWORKER (RA) REGISTERED APPRENTICE	LABOR CLASSIFICATION	ST = STRAIGHT TIME OT = OVERTIME	(TOP) DAYS OF WORK WEEK (BOTTOM) DATES							TOTAL HOURS WORKED FOR WEEK	HOURLY WAGE RATE PAID FOR ST AND OT	TOTAL FRINGE BENEFIT CREDIT	PAYMENT IN LIEU OF FRINGE BENEFITS	GROSS AMT EARNED	GROSS AMT EARNED FOR ALL WORK	DEDUCTIONS FOR ALL WORK				NET PAY TO WORKER FOR ALL WORK		
								Sa	Su	M	T	W	Th	F							TAX WITH-HOLDINGS	FICA	OTHER (MUST SPECIFY, SEE INSTRUCTIONS)	TOTAL DEDUCTIONS			
								14	15	16	17	18	19	20													
							HOURS WORKED EACH DAY																				
	Zuniga	Pedro		P01	J	Hallow Metal Doors	ST	8	8	8	8	8	8	40	\$22				\$880	\$880							\$880
	Gerardo	Miguel		M02	J	Hallow Metal Doors	ST	8	8	8	8	8	40	\$22				\$880	\$880							\$880	
	Garcia	Mario		M01	J	Hallow Metal Doors	ST	8	8	8	8	8	40	\$17				\$680	\$680							\$680	
	Gonzalez	Nelson		N01	J	Hallow Metal Doors	ST	8	8	8	8	8	40	\$17				\$680	\$680							\$680	
							ST																				
							OT																				
							ST																				
							OT																				
							ST																				
							OT																				
							ST																				
							OT																				

While use of Form WH-347 itself is optional, covered contractors and subcontractors performing work on Federal or federally assisted construction contracts are required by the DBRA regulations and the contract clauses to submit payroll information on a weekly basis. The Copeland Act (40 U.S.C. § 3145) requires contractors and subcontractors performing work on Federal or federally financed construction contracts to, on a weekly basis, "furnish a statement on the wages paid each employee during the prior week." U.S. Department of Labor (DOL) Regulations at 29 C.F.R. § 5.5(a)(3)(ii) require contractors and subcontractors to submit weekly certified payrolls to the appropriate Federal agency if the agency is a party to the contract (or, if the agency is not such a party, to the applicant, sponsor, owner, or other entity, as the case may be, that maintains such records, for transmission to the Federal agency). Each certified payroll must be accompanied by a signed "Statement of Compliance" (e.g., page 2 of the WH-347 or another document with identical wording) indicating that the certified payrolls are accurate and complete, and that each laborer or mechanic has been paid not less than the required Davis-Bacon prevailing wage rate(s) (including any fringe benefits) for the work performed. DOL and contracting agencies receiving this information review the information to determine whether workers 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 53502, 200 Constitution Avenue, N.W. Washington, D.C. 20210 (over)

PROJECT NAME	PROJECT NO. or CONTRACT NO.	PAYROLL NO.	PRIME CONTRACTOR'S/SUBCONTRACTOR'S BUSINESS NAME
RGV-McAllen Health Clinic			ADM FRAMING LLC
PROJECT LOCATION	WEEK ENDING DATE	CERTIFYING OFFICIAL'S NAME AND TITLE	
529 N Cynthia St. McAllen, Tx 78501	Feb 20, 2026		

I paid or supervised the payment of the laborers or mechanics working on the above project during the stated time period. I certify the following:

- The payroll information submitted with this statement is correct and complete for the above project during the above period, and the wage and fringe benefit rates paid to the workers, including credit taken for the reasonably anticipated costs of a bona fide fringe benefit plan, fund or program, are not less than the applicable wage and fringe benefits rates for the classification(s) of work actually performed, as specified in the wage determination(s) incorporated into the contract.
- All regular payrolls and all other basic records that the contractor is required to maintain for this payroll period are complete and accurate and will be made available upon request from the agency or the Department of Labor.
- The classifications reported for each laborer or mechanic are the classification(s) of work that each worker actually performed.
- Any workers paid as apprentices during the above period are duly registered in a bona fide apprenticeship program registered with the Office of Apprenticeship, Employment and Training Administration, United States Department of Labor ("OA"), or a State Apprenticeship Agency ("SAA") recognized by Department of Labor. I have verified the registered apprenticeship program information provided below as accurate and applicable to any apprentices identified on page 1 of this form.

APPRENTICESHIP PROGRAM NAME	REGISTERED	NAME OF LABOR CLASSIFICATION
	<input type="checkbox"/> OA <input type="checkbox"/> SAA	
	<input type="checkbox"/> OA <input type="checkbox"/> SAA	
	<input type="checkbox"/> OA <input type="checkbox"/> SAA	

- Fringe benefits have been paid in cash and/or to bona fide fringe benefit plans, funds, or programs. Where the contractor is claiming an hourly credit for their contributions to or reasonably anticipated costs of a bona fide fringe benefit plan, fund, or program, provide plan information and the hourly credit claimed for each worker listed on the previous page of this form.

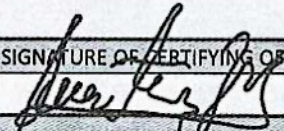
HOURLY CREDIT FOR FRINGE BENEFITS

If an amount is listed in (6B) on the first page of this certified payroll form, enter the hourly credit claimed under each plan name, type and number for each worker and check whether the plan is funded or unfunded.

NAME OF WORKER	FB NAME		FB NAME		FB NAME		FB NAME		FB NAME		FB NAME		TOTAL HOURLY CREDIT
	FB TYPE		FB TYPE		FB TYPE		FB TYPE		FB TYPE		FB TYPE		
	PLAN NO.		PLAN NO.		PLAN NO.		PLAN NO.		PLAN NO.		PLAN NO.		
	<input type="checkbox"/> Funded	<input type="checkbox"/> Unfunded	<input type="checkbox"/> Funded	<input type="checkbox"/> Unfunded	<input type="checkbox"/> Funded	<input type="checkbox"/> Unfunded	<input type="checkbox"/> Funded	<input type="checkbox"/> Unfunded	<input type="checkbox"/> Funded	<input type="checkbox"/> Unfunded	<input type="checkbox"/> Funded	<input type="checkbox"/> Unfunded	
	Hourly Credit	\$	Hourly Credit	\$	Hourly Credit	\$	Hourly Credit	\$	Hourly Credit	\$	Hourly Credit	\$	\$
	Hourly Credit	\$	Hourly Credit	\$	Hourly Credit	\$	Hourly Credit	\$	Hourly Credit	\$	Hourly Credit	\$	\$
	Hourly Credit	\$	Hourly Credit	\$	Hourly Credit	\$	Hourly Credit	\$	Hourly Credit	\$	Hourly Credit	\$	\$
	Hourly Credit	\$	Hourly Credit	\$	Hourly Credit	\$	Hourly Credit	\$	Hourly Credit	\$	Hourly Credit	\$	\$
	Hourly Credit	\$	Hourly Credit	\$	Hourly Credit	\$	Hourly Credit	\$	Hourly Credit	\$	Hourly Credit	\$	\$
	Hourly Credit	\$	Hourly Credit	\$	Hourly Credit	\$	Hourly Credit	\$	Hourly Credit	\$	Hourly Credit	\$	\$
	Hourly Credit	\$	Hourly Credit	\$	Hourly Credit	\$	Hourly Credit	\$	Hourly Credit	\$	Hourly Credit	\$	\$
	Hourly Credit	\$	Hourly Credit	\$	Hourly Credit	\$	Hourly Credit	\$	Hourly Credit	\$	Hourly Credit	\$	\$

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

ADDITIONAL REMARKS

SIGNATURE OF CERTIFYING OFFICIAL	DATE	TELEPHONE NUMBER	EMAIL ADDRESS
	Feb 20, 2026	(____) ____ - ____	

THE WILLFUL VIOLATION OF ANY OF THE ABOVE STATEMENTS MAY SUBJECT THE CONTRACTOR OR SUBCONTRACTOR TO CIVIL OR CRIMINAL PROSECUTION (SEE SECTION 1001 OF TITLE 18 AND SECTION 3729 OF TITLE 31 OF THE UNITED STATES CODE), AS WELL AS DEBARMENT FROM FUTURE FEDERAL AND FEDERALLY-ASSISTED CONTRACTS. INFORMATION REPORTED IN CERTIFIED PAYROLLS MAY BE SUBJECT TO DISCLOSURE IN RESPONSE TO A FREEDOM OF INFORMATION ACT REQUEST.

Davis-Bacon and Related Acts Weekly Certified Payroll Form

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



Unless otherwise noted, the information requested is specific to the named project below.
Persons are not required to respond to the collection of information unless it displays a currently valid OMB control number.

Rev. January 2025
OMB No.: 1235-0008
Expires: 01/31/2028

SUBMISSION OF FINAL DBRA CERTIFIED PAYROLL FORM

PRIME CONTRACTOR

SUBCONTRACTOR

PROJECT NAME		PROJECT NO. or CONTRACT NO.		CERTIFIED PAYROLL NO.		PRIME CONTRACTOR'S/SUBCONTRACTOR'S BUSINESS NAME																							
RGV-McAllen Health Clinic						ADM FRAMING LLC																							
PROJECT LOCATION		WAGE DETERMINATION NO.		WEEK ENDING DATE		PRIME CONTRACTOR'S/SUBCONTRACTOR'S BUSINESS ADDRESS																							
529 N Cynthia St. McAllen Tx, 78501		TX20240255		Feb 27, 2026		P.O Box 1750, San Benito, Tx 78586																							
(1A)	(1B)	(1C)	(1D)	(1E)	(2)	(3)	(4)							(5)	(6A)	(6B)	(6C)	(7A)	(7B)	(8)			(9)						
WORKER ENTRY NO.	WORKER LAST NAME	WORKER FIRST NAME	WORKER MIDDLE INITIAL	WORKER IDENTIFYING NO.	(1) JOURNEYWORKER (RA) REGISTERED APPRENTICE	LABOR CLASSIFICATION	ST = STRAIGHT TIME OT = OVERTIME	(TOP) DAYS OF WORK WEEK (BOTTOM) DATES							TOTAL HOURS WORKED FOR WEEK	HOURLY WAGE RATE PAID FOR ST AND OT	TOTAL FRINGE BENEFIT CREDIT	PAYMENT IN LIEU OF FRINGE BENEFITS	GROSS AMT EARNED	GROSS AMT EARNED FOR ALL WORK	DEDUCTIONS FOR ALL WORK			NET PAY TO WORKER FOR ALL WORK					
								Sa	Su	M	T	W	Th	F							TAX WITH-HOLDINGS	FICA	OTHER (MUST SPECIFY, SEE INSTRUCTIONS)		TOTAL DEDUCTIONS				
								21	22	23	24	25	26	27															
							HOURS WORKED EACH DAY																						
	Zuniga	Pedro		P01	J	Hallow Metal Doors	ST		8	8	8	8	8	8	40	\$22			\$880	\$880									\$880
	Gerardo	Miguel		M02	J	Hallow Metal Doors	ST		8	8	8	8	8	8	40	\$22			\$880	\$880									\$880
	Garcia	Mario		M01	J	Hallow Metal Doors	ST		8	8	8	8	8	8	40	\$17			\$680	\$680									\$680
	Gonzalez	Nelson		N01	J	Hallow Metal Doors	ST		8	8	8	8	8	8	40	\$17			\$680	\$680									\$680
							ST																						
							OT																						
							ST																						
							OT																						
							ST																						
							OT																						
							ST																						
							OT																						

While use of Form WH-347 itself is optional, covered contractors and subcontractors performing work on Federal or federally assisted construction contracts are required by the DBRA regulations and the contract clauses to submit payroll information on a weekly basis. The Copeland Act (40 U.S.C. § 3145) requires contractors and subcontractors performing work on Federal or federally financed construction contracts to, on a weekly basis, "furnish a statement on the wages paid each employee during the prior week." U.S. Department of Labor (DOL) Regulations at 29 C.F.R. § 5.5(a)(3)(i) require contractors and subcontractors to submit weekly certified payrolls to the appropriate Federal agency if the agency is a party to the contract (or, if the agency is not such a party, to the applicant, sponsor, owner, or other entity, as the case may be, that maintains such records, for transmission to the Federal agency). Each certified payroll must be accompanied by a signed "Statement of Compliance" (e.g., page 2 of the WH-347 or another document with identical wording) indicating that the certified payrolls are accurate and complete, and that each laborer or mechanic has been paid not less than the required Davis-Bacon prevailing wage rate(s) (including any fringe benefits) for the work performed. DOL and contracting agencies receiving this information review the information to determine whether workers have received legally required wages and fringe benefits.

Public Burden Statement

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PROJECT NAME	PROJECT NO. or CONTRACT NO.	PAYROLL NO.	PRIME CONTRACTOR'S/SUBCONTRACTOR'S BUSINESS NAME
RGV-McAllen Health Clinic			ADM FRAMING LLC
PROJECT LOCATION	WEEK ENDING DATE	CERTIFYING OFFICIAL'S NAME AND TITLE	
529 N Cynthia St. McAllen, Tx 78501	Feb 27, 2026		

I paid or supervised the payment of the laborers or mechanics working on the above project during the stated time period. I certify the following:

- The payroll information submitted with this statement is correct and complete for the above project during the above period, and the wage and fringe benefit rates paid to the workers, including credit taken for the reasonably anticipated costs of a bona fide fringe benefit plan, fund or program, are not less than the applicable wage and fringe benefits rates for the classification(s) of work actually performed, as specified in the wage determination(s) incorporated into the contract.
- All regular payrolls and all other basic records that the contractor is required to maintain for this payroll period are complete and accurate and will be made available upon request from the agency or the Department of Labor.
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APPRENTICESHIP PROGRAM NAME	REGISTERED	NAME OF LABOR CLASSIFICATION
	<input type="checkbox"/> OA <input type="checkbox"/> SAA	
	<input type="checkbox"/> OA <input type="checkbox"/> SAA	
	<input type="checkbox"/> OA <input type="checkbox"/> SAA	

- Fringe benefits have been paid in cash and/or to bona fide fringe benefit plans, funds, or programs. Where the contractor is claiming an hourly credit for their contributions to or reasonably anticipated costs of a bona fide fringe benefit plan, fund, or program, provide plan information and the hourly credit claimed for each worker listed on the previous page of this form.

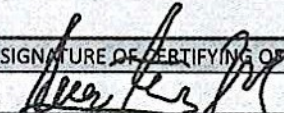
HOURLY CREDIT FOR FRINGE BENEFITS

If an amount is listed in (6B) on the first page of this certified payroll form, enter the hourly credit claimed under each plan name, type and number for each worker and check whether the plan is funded or unfunded.

NAME OF WORKER	FB NAME	FB NAME	FB NAME	FB NAME	FB NAME	FB NAME	FB NAME	FB NAME	FB NAME	TOTAL HOURLY CREDIT
	FB TYPE	FB TYPE	FB TYPE	FB TYPE	FB TYPE	FB TYPE	FB TYPE	FB TYPE		
	PLAN NO.	PLAN NO.	PLAN NO.	PLAN NO.	PLAN NO.	PLAN NO.	PLAN NO.			
	<input type="checkbox"/> Funded <input type="checkbox"/> Unfunded	<input type="checkbox"/> Funded <input type="checkbox"/> Unfunded	<input type="checkbox"/> Funded <input type="checkbox"/> Unfunded	<input type="checkbox"/> Funded <input type="checkbox"/> Unfunded	<input type="checkbox"/> Funded <input type="checkbox"/> Unfunded	<input type="checkbox"/> Funded <input type="checkbox"/> Unfunded	<input type="checkbox"/> Funded <input type="checkbox"/> Unfunded	<input type="checkbox"/> Funded <input type="checkbox"/> Unfunded	<input type="checkbox"/> Funded <input type="checkbox"/> Unfunded	
	Hourly Credit \$	Hourly Credit \$	Hourly Credit \$	Hourly Credit \$	Hourly Credit \$	Hourly Credit \$	Hourly Credit \$	Hourly Credit \$	Hourly Credit \$	\$
	Hourly Credit \$	Hourly Credit \$	Hourly Credit \$	Hourly Credit \$	Hourly Credit \$	Hourly Credit \$	Hourly Credit \$	Hourly Credit \$	Hourly Credit \$	\$
	Hourly Credit \$	Hourly Credit \$	Hourly Credit \$	Hourly Credit \$	Hourly Credit \$	Hourly Credit \$	Hourly Credit \$	Hourly Credit \$	Hourly Credit \$	\$
	Hourly Credit \$	Hourly Credit \$	Hourly Credit \$	Hourly Credit \$	Hourly Credit \$	Hourly Credit \$	Hourly Credit \$	Hourly Credit \$	Hourly Credit \$	\$
	Hourly Credit \$	Hourly Credit \$	Hourly Credit \$	Hourly Credit \$	Hourly Credit \$	Hourly Credit \$	Hourly Credit \$	Hourly Credit \$	Hourly Credit \$	\$
	Hourly Credit \$	Hourly Credit \$	Hourly Credit \$	Hourly Credit \$	Hourly Credit \$	Hourly Credit \$	Hourly Credit \$	Hourly Credit \$	Hourly Credit \$	\$
	Hourly Credit \$	Hourly Credit \$	Hourly Credit \$	Hourly Credit \$	Hourly Credit \$	Hourly Credit \$	Hourly Credit \$	Hourly Credit \$	Hourly Credit \$	\$
	Hourly Credit \$	Hourly Credit \$	Hourly Credit \$	Hourly Credit \$	Hourly Credit \$	Hourly Credit \$	Hourly Credit \$	Hourly Credit \$	Hourly Credit \$	\$

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

ADDITIONAL REMARKS

SIGNATURE OF CERTIFYING OFFICIAL	DATE	TELEPHONE NUMBER	EMAIL ADDRESS
	Feb 27, 2026	(____) ____ - ____	

THE WILLFUL VIOLATION OF ANY OF THE ABOVE STATEMENTS MAY SUBJECT THE CONTRACTOR OR SUBCONTRACTOR TO CIVIL OR CRIMINAL PROSECUTION (SEE SECTION 1001 OF TITLE 18 AND SECTION 3729 OF TITLE 31 OF THE UNITED STATES CODE), AS WELL AS DEBARMENT FROM FUTURE FEDERAL AND FEDERALLY-ASSISTED CONTRACTS. INFORMATION REPORTED IN CERTIFIED PAYROLLS MAY BE SUBJECT TO DISCLOSURE IN RESPONSE TO A FREEDOM OF INFORMATION ACT REQUEST.



SUBCONTRACTOR DRAW REQUEST		INVOICE NUMBER:	
SUBCONTRACTOR NAME:	OBG Painting LLC.	PROJECT NAME:	Clinic City of MCAllen
ADDRESS:	121 Suzanne St. San Benito, Tx		RGV Constrution LLC.
PHONE:	(956) 200-7345		

SUBCONTRACTOR'S APPLICATION FOR PAYMENT

Application is made for payment, as shown below, in connection with the Contract.

1. ORIGINAL CONTRACT SUM	\$	
2. Net total of change orders (Attached)	\$	
3. Net total credits	\$	0.00
4. CONTRACT SUM TO DATE Line (1 + 2)-3	\$	0.00
5. RETAINAGE:		
a. _____ of Completed Work	\$	\$0.00

AMOUNTS PREVIOUSLY RECEIVED	DATE RECEIVED
Painting Doors	4,200.00
Painting Cabinets	10,486.00

6. TOTAL PAID TO DATE	\$	0.00
7. CURRENT PAYMENT REQUESTED	\$	14,686.00
8. BALANCE TO FINISH, INCLUDING RETAINAGE	\$	
	Percentage if paid	#DIV/0!

*** FIRST DRAW AND APPROVED CHANGE ORDERS MUST HAVE ATTACHED SIGNED APPROVAL ***

CERTIFICATE FOR PAYMENT COST CODE: _____

AMOUNT APPROVED \$ _____

SUPERINTENDENT: _____

DATE: _____

PROJECT MANAGER: _____

DATE: _____

REASON FOR PAYMENT LESS THAN REQUESTED:

DOL WH-347 | Payroll Form

U.S. Department of Labor
Wage and Hour Division

PAYROLL

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

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



NAME OF CONTRACTOR OR SUBCONTRACTOR ADDRESS 121 Suzanne St. San Benito, Tx 78586
OBG Painting LLC. OMB No. 1235-0008 Expires 09/30/2026

PAYROLL NO. 10 FOR WEEK ENDING 02/08/2026 PROJECT AND LOCATION McAllen Health Clinic PROJECT OR CONTRACT NO. 24-047
529 N Cynthia St. McAllen, Tx 78574

(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.	M	T	W	Th	F	S				Su	FICA	WITH-HOLDING TAX	OTHER	TOTAL DEDUCTIONS		
				02	03	04	05	06	07				08						
Luis Enrique Garcia 4175		Tape and Float, Paint	O	8.00	8.00	8.00	8.00	8.00			40	\$24.00	\$970.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$970.00
			S																
Joel Blanco 0726		Tape and Float, Paint	O	8.00	8.00	8.00	8.00	8.00			40	\$25.00	\$1000.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$1000.00
			S																
Oscar Garcia 5952		Tape and Float, Paint	O	8.00	8.00	8.00	8.00	8.00			40	\$24.00	\$970.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$970.00
			S																
Brandon Blanco 6018		Tape and Float, Paint	O	8.00	8.00	8.00	8.00	8.00			40	\$25.00	\$1000.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$1000.00
			S																
Pedro Garza 0986		Tape and Float, Paint	O	8.00	8.00	8.00	8.00	8.00			40	\$24.00	\$970.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$970.00
			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 02/02/2026

I, Orlando Blanco Owner
 (Name of Signatory Party) (Title)

do hereby state:

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

OBG Painting LLC. on the
 (Contractor or Subcontractor)

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

02 day of Feb., 2026, and ending the 08 day of Feb., 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

OBG 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 Orlando Blanco	SIGNATURE 
----------------------------------	--

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

DOL WH-347 | Payroll Form

U.S. Department of Labor
Wage and Hour Division

PAYROLL

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

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NAME OF CONTRACTOR OR SUBCONTRACTOR ADDRESS 121 Suzanne St. San Benito, Tx 78586
 OBG Painting LLC. OMB No. 1235-0008 Expires 09/30/2028

PAYROLL NO. 11 FOR WEEK ENDING 02/15/2026 PROJECT AND LOCATION McAllen Health Clinic PROJECT OR CONTRACT NO. 24-047
 529 N Cynthia St. McAllen, Tx 78574

(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.	M	T	W	Th	F	S				Su	FICA	WITH- HOLDING TAX	OTHER	TOTAL DEDUCTIONS		
				09	10	11	12	13	14				15						
Luis Enrique Garcia 4175		Tape and Float, Paint	O	8.00	8.00	8.00	8.00	8.00			40	\$24.00	\$970.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$970.00
			S																
Joel Blanco 0726		Tape and Float, Paint	O	8.00	8.00	8.00	8.00	8.00			40	\$25.00	\$1000.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$1000.00
			S																
Oscar Garcia 5952		Tape and Float, Paint	O	8.00	8.00	8.00	8.00	8.00			40	\$24.00	\$970.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$970.00
			S																
Brandon Blanco 6018		Tape and Float, Paint	O	8.00	8.00	8.00	8.00	8.00			40	\$25.00	\$1000.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$1000.00
			S																
Pedro Garza 0986		Tape and Float, Paint	O	8.00	8.00	8.00	8.00	8.00			40	\$24.00	\$970.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$970.00
			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)(i) require contractors to submit weekly a copy of all payrolls to the Federal agency contracting for or financing the construction project, accompanied by a signed "Statement of Compliance" indicating that the payrolls are correct and complete and that each laborer or mechanic has been paid not less than the proper Davis-Bacon prevailing wage rate for the work performed. DOL and federal contracting agencies receiving this information review the information to determine that employees have received legally required wages and fringe benefits.

Public Burden Statement

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

DOL WH-348 | Statement of Compliance

Date 02/09/2026

I, Orlando Blanco Owner
 (Name of Signatory Party) (Title)

do hereby state:

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

OBG Painting LLC.

(Contractor or Subcontractor) on the

McAllen Health Clinic;

that during the payroll period commencing on the

09 day of Feb., 2026, and ending the 15 day of Feb., 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

OBG Painting 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 Orlando Blanco	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 OR SUBCONTRACTOR ADDRESS 121 Suzanne St. San Benito, Tx 78586 OMB No. 1235-0008 Expires 09/30/2026
 OBG Painting LLC.

PAYROLL NO. 12 FOR WEEK ENDING 02/22/2026 PROJECT AND LOCATION McAllen Health Clinic PROJECT OR CONTRACT NO. 24-047
 529 N Cynthia St. McAllen, Tx 78574

(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
				M	T	W	Th	F	S	Su				FICA	WITH-HOLDING TAX	OTHER	TOTAL DEDUCTIONS		
				16	17	18	19	20	21	22									
Luis Enrique Garcia 4175		Tape and Float, Paint	O	8.00	8.00	8.00	8.00	8.00			40	\$24.00		\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$970.00
			S									\$970.00							
Joel Blanco 0726		Tape and Float, Paint	O	8.00	8.00	8.00	8.00	8.00			40	\$25.00		\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$1000.00
			S									\$1000.00							
Oscar Garcia 5952		Tape and Float, Paint	O	8.00	8.00	8.00	8.00	8.00			40	\$24.00		\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$970.00
			S									\$970.00							
			O										\$0.00	\$0.00	\$0.00	\$0.00	\$0.00		
			S																
Brandon Blanco 6018		Tape and Float, Paint	O	8.00	8.00	8.00	8.00	8.00			40	\$25.00		\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$1000.00
			S									\$1000.00							
Pedro Garza 0986		Tape and Float, Paint	O	8.00	8.00	8.00	8.00	8.00			40	\$24.00		\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$970.00
			S									\$970.00							
			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. § 3146) 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 02/16/2026

I, Orlando Blanco Owner
 (Name of Signatory Party) (Title)

do hereby state:

(1) That I pay or supervise the payment of the persons employed by
OBG Painting LLC. on the
 (Contractor or Subcontractor)

McAllen Health Clinic; that during the payroll period commencing on the
 (Building or Work)
16 day of Feb., 2026, and ending the 22 day of Feb., 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

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

DOL WH-347 | Payroll Form

U.S. Department of Labor
Wage and Hour Division

PAYROLL

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

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



NAME OF CONTRACTOR OR SUBCONTRACTOR ADDRESS 121 Suzanne St. San Benito, Tx 78586
OBG Painting LLC. OMB No. 1235-0008 Expires 09/30/2026

PAYROLL NO. 13 FOR WEEK ENDING 03/01/2026 PROJECT AND LOCATION McAllen Health Clinic PROJECT OR CONTRACT NO. 24-047
529 N Cynthia St. McAllen, Tx 78574

(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
				M	T	W	Th	F	S	Su				FICA	WITH-HOLDING TAX	OTHER	TOTAL DEDUCTIONS		
				23	24	25	26	27	28	01				HOURS WORKED EACH DAY					
Luis Enrique Garcia 4175		Tape and Float, Paint	O	8.00	8.00	8.00	8.00	8.00			40	\$24.00	\$970.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$970.00
Joel Blanco 0726		Tape and Float, Paint	O	8.00	8.00	8.00	8.00	8.00			40	\$25.00	\$1000.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$1000.00
Oscar Garcia 5952		Tape and Float, Paint	O	8.00	8.00	8.00	8.00	8.00			40	\$24.00	\$970.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$970.00
Brandon Blanco 6018		Tape and Float, Paint	O	8.00	8.00	8.00	8.00	8.00			40	\$25.00	\$1000.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$1000.00
Pedro Garza 0986		Tape and Float, Paint	O	8.00	8.00	8.00	8.00	8.00			40	\$24.00	\$970.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$970.00

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

Public Burden Statement

We estimate that it will take an average of 55 minutes to complete this collection, including time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. If you have any comments regarding these estimates or any other aspect of this collection, including suggestions for reducing this burden, send them to the Administrator, Wage and Hour Division, 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, Orlando Blanco Owner
 (Name of Signatory Party) (Title)

do hereby state:

(1) That I pay or supervise the payment of the persons employed by
OBG Painting LLC. on the
 (Contractor or Subcontractor)

McAllen Health Clinic; that during the payroll period commencing on the
 (Building or Work)
23 day of Feb., 2026, and ending the 01 day of Mar., 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

OBG 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 Orlando Blanco	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.



Alamo Door Systems, Inc.

16417 Alamo Drive
Harlingen, TX 78552

Line Item #10

Invoice

Date	Invoice #
12/30/2025	184011

PAID
02/21/2026

PLEASE MAIL PAYMENTS TO:

Bill To
RGV Construction LLC
P.O. Box 720137
McAllen, TX 78504

Alamo Door Systems
16358 Nacogdoches Road
San Antonio, TX 78247

WE OFFER 24 HOUR EMERGENCY SERVICE

P.O. No.	Terms	Due Date	Project	Technician
	30 Days	1/29/2026	Hidalgo County WIC McAllen	

Item Code	Quantity	Description
30 HD 5 3/4	4	MARK 1 - MENS RR, MARK 13 - WOMENS STAFF RR, MARK 15 MENS, MARK 33-WOMENS RR
70 LHH 5 3/4	3	30 Head 5 3/4
70 LHS 5 3/4	3	70 Left Hand Hinge Jamb 5 3/4
70 RHH 5 3/4	1	70 Left Hand Strike Jamb 5 3/4
70 RHS 5 3/4	1	70 Right Hand Hinge Jamb 5 3/4
5 3/4 Stud Anchors	24	70 Right Hand Strike Jamb 5 3/4
307D	12	5 3/4 Metal Stud Anchors
HM Shop Labor	4	Door Silencers
		4 Shop Prep: Weld, grind & prime frames
		MARK 11 - LAB RR
30 HD 5 3/4	1	30 Head 5 3/4
70 RHH 5 3/4	1	70 Right Hand Hinge Jamb 5 3/4
70 RHS 5 3/4	1	70 Right Hand Strike Jamb 5 3/4
5 3/4 Stud Anchors	6	5 3/4 Metal Stud Anchors
307D	3	Door Silencers
HM Shop Labor	1	(1) Shop Prep: Weld, grind & prime frame

For questions regarding this invoice: Harlingen Phone # 956-365-3667	Total
	Payments/Credits
	Balance Due



Alamo Door Systems, Inc.

16417 Alamo Drive
Harlingen, TX 78552

Invoice

Date	Invoice #
12/30/2025	184011

PAID
02/22/2026

PLEASE MAIL PAYMENTS TO:

Bill To
RGV Construction LLC
P.O. Box 720137
McAllen, TX 78504

Alamo Door Systems
16358 Nacogdoches Road
San Antonio, TX 78247

WE OFFER 24 HOUR EMERGENCY SERVICE

P.O. No.	Terms	Due Date	Project	Technician
	30 Days	1/29/2026	Hidalgo County WIC McAllen	

Item Code	Quantity	Description
30 HD 5 3/4	14	MARK 12-LAB 1, MARK 8-CLINICIANS OFFICE, MARK 6-REGISTERED NURSE, MARK 5-CLINIC AIDE, MARK 29-REGISTERED NURSE, MARK 3-CLERKS OFFICE, MARK 30-LICENSED VOCATIONAL NURSE, MARK 19-HUMAN SERVICES OFFICER, MARK 24-MEDICAL ASST, MARK 25-IMMUNIZATIONS/LICENSED VOCATIONAL NURSE, MARK 2-CLERK OFFICE, MARK 22 (SINGLE DOOR) PATIENT EDUCATION/CONF ROOM, MARK 20-HUMAN SERVICES OFFICE, MARK 21-HUMAN SERVICES/RECEPTION
70 RHH 5 3/4	10	30 Head 5 3/4
70 RHS 5 3/4	10	70 Right Hand Hinge Jamb 5 3/4
70 LHH 5 3/4	4	70 Right Hand Strike Jamb 5 3/4
70 LHS 5 3/4	4	70 Left Hand Hinge Jamb 5 3/4
5 3/4 Stud Anchors	84	70 Left Hand Strike Jamb 5 3/4
307D	42	5 3/4 Metal Stud Anchors
HM Shop Labor	14	Door Silencers
		Shop Prep: Weld, grind & prime frames
		MARK 27 - PHARMACY & MARK 4 - MEDICAL RECORDS
30 HD 5 3/4	2	30 Head 5 3/4
70 RHH 5 3/4	2	70 Right Hand Hinge Jamb 5 3/4
70 RHS 5 3/4	2	70 Right Hand Strike Jamb 5 3/4
5 3/4 Stud Anchors	12	5 3/4 Metal Stud Anchors
307D	6	Door Silencers

For questions regarding this invoice: Harlingen Phone # 956-365-3667	Total
	Payments/Credits
	Balance Due



Alamo Door Systems, Inc.

16417 Alamo Drive
Harlingen, TX 78552

Invoice

Date	Invoice #
12/30/2025	184011

PAID
02/23/2026

PLEASE MAIL PAYMENTS TO:

Bill To

RGV Construction LLC
P.O. Box 720137
McAllen, TX 78504

Alamo Door Systems
16358 Nacogdoches Road
San Antonio, TX 78247

WE OFFER 24 HOUR EMERGENCY SERVICE

P.O. No.	Terms	Due Date	Project	Technician
	30 Days	1/29/2026	Hidalgo County WIC McAllen	

Item Code	Quantity	Description
HM Shop Labor	2	Shop Prep: Weld, grind & prime frames
		MARK RECEPTION HALL DOOR A, MARK RECEPTION HALL DOOR B , MARK 21 B-RECEPTION
30 HD 5 3/4	3	30 Head 5 3/4
70 LHH 5 3/4	1	70 Left Hand Hinge Jamb 5 3/4
70 LHS 5 3/4	1	70 Left Hand Strike Jamb 5 3/4 - Prep J-Box & Conduit to Strike
70 RHH 5 3/4	2	70 Right Hand Hinge Jamb 5 3/4
70 RHS 5 3/4	2	70 Right Hand Strike Jamb 5 3/4 - Prep J-Box & Conduit to Strike
5 3/4 Stud Anchors	18	5 3/4 Metal Stud Anchors
307D	9	Door Silencers
HM Shop Labor	3	Shop Prep: Weld, grind & prime frames
		NOTE: WIRING TO POWER SUPPLY, RELEASE BUTTONS & ELECT STRIKE BY OTHERS
HM Misc Items	2	1/2 x 12 x 10 EMT Conduit
HM Misc Items	2	Metal Utility J Box 1-7/8 x 4"
HM Misc Items	1	1/2" EMT Compression Anchors
HM Misc Items	2	Metal Utility J Box 1-2/8" x 4"
		MARK 22-PATIENTS EDUCATION/CONF ROOM (PAIR DOORS)
60 HD 5 3/4	1	60 Head 5 3/4 - Flushbolt Strike at Head
70 LHH 5 3/4	1	70 Left Hand Hinge Jamb 5 3/4 - LH O/I Active

For questions regarding this invoice: Harlingen Phone # 956-365-3667	Total
	Payments/Credits
	Balance Due



Alamo Door Systems, Inc.

16417 Alamo Drive
Harlingen, TX 78552

Invoice

Date	Invoice #
12/30/2025	184011

PAID
02/24/2026

PLEASE MAIL PAYMENTS TO:

Bill To
RGV Construction LLC
P.O. Box 720137
McAllen, TX 78504

Alamo Door Systems
16358 Nacogdoches Road
San Antonio, TX 78247

WE OFFER 24 HOUR EMERGENCY SERVICE

P.O. No.	Terms	Due Date	Project	Technician
	30 Days	1/29/2026	Hidalgo County WIC McAllen	

Item Code	Quantity	Description
70 RHH 5 3/4 5 3/4 Stud Anchors 307D HM Shop Labor	1 6 2 1	70 Right Hand Hinge Jamb 5 3/4 5 3/4 Metal Stud Anchors Door Silencers Shop Prep: Weld, grind & prime frame
30 HD 5 3/4 70 RHH 5 3/4 70 RHS 5 3/4 70 LHH 5 3/4 70 LHS 5 3/4 5 3/4 Stud Anchors 307D HM Shop Labor	6 1 1 5 5 36 18 6	MARK 10-LAB 2-AUTOCLAVE, MARK 14-JANITOR & ACCESS ROOM, MARK26-STORAGE, MARK 28-BIO HAZARD, MARK 37-BIO HAZARD, MARK 35- IT ROOM 30 Head 5 3/4 70 Right Hand Hinge Jamb 5 3/4 70 Right Hand Strike Jamb 5 3/4 70 Left Hand Hinge Jamb 5 3/4 70 Left Hand Strike Jamb 5 3/4 5 3/4 Metal Stud Anchors Door Silencers Shop Prep: Weld, grind & prime frames
30 HD 5 3/4 70 LHH 5 3/4 70 LHS 5 3/4 70 RHH 5 3/4 70 RHS 5 3/4	4 2 2 2 2	MARK 7-EXAM ROOM, MARK 9-EXAM ROOM (4 DOORS TOTAL) 30 Head 5 3/4 70 Left Hand Hinge Jamb 5 3/4 70 Left Hand Strike Jamb 5 3/4 70 Right Hand Hinge Jamb 5 3/4 70 Right Hand Strike Jamb 5 3/4

For questions regarding this invoice: Harlingen Phone # 956-365-3667	Total
	Payments/Credits
	Balance Due



Alamo Door Systems, Inc.

16417 Alamo Drive
Harlingen, TX 78552

Invoice

Date	Invoice #
12/30/2025	184011

PAID
02/24/2026

Bill To

RGV Construction LLC
P.O. Box 720137
McAllen, TX 78504

PLEASE MAIL PAYMENTS TO:

Alamo Door Systems
16358 Nacogdoches Road
San Antonio, TX 78247

WE OFFER 24 HOUR EMERGENCY SERVICE

P.O. No.	Terms	Due Date	Project	Technician
	30 Days	1/29/2026	Hidalgo County WIC McAllen	

Item Code	Quantity	Description
5 3/4 Stud Anchors 307D HM Shop Labor	24 12 4	5 3/4 Metal Stud Anchors Door Silencers Shop Prep: Weld, grind & prime frames
30 HD 5 3/4 70 RHH 5 3/4 70 RHS 5 3/4 5 3/4 Stud Anchors 307D HM Shop Labor	1 1 1 6 3 1	MARK 16-BREAKROOM 30 Head 5 3/4 70 Right Hand Hinge Jamb 5 3/4 70 Right Hand Strike Jamb 5 3/4 5 3/4 Metal Stud Anchors Door Silencers Shop Prep: Weld, grind & prime frame
3070 FF LH 5 3/4" 3070 FF RH 5 3/4" Anchor - Metal Stud 7 3070 CY 90 Min HG100005 Hinges HS500 Entry HM Shop Labor	1 1 12 2 6 2 2	MARK BACK EXTERIOR HALL EXITS (X2) 3070 Fire Frame UL Label LH 7 3/4" Complete Frame 3070 Fire Frame UL Label RH 7 3/4" Complete Frame 7 3/4 Metal Stud Anchor 3070 CY 18ga HM Door 90 Min Label HG100005 BB NRP Hinge 4.5x4.5 26D HS500 US 26D Entry Lever Lockset (Temporary Locksets) Shop Prep: Weld, grind & prime frames
60 HD 7 3/4 70 LHH 7 3/4	1 1	MARK 18-ELECTRICAL ROOM PAIR 60 Head 7 3/4 70 Left Hand Hinge Jamb 7 3/4

<p>For questions regarding this invoice:</p> <p>Harlingen Phone # 956-365-3667</p>	Total
	Payments/Credits
	Balance Due

Invoice



Alamo Door Systems, Inc.

16417 Alamo Drive
Harlingen, TX 78552

Date	Invoice #
12/30/2025	184011

PAID
02/25/2026

PLEASE MAIL PAYMENTS TO:

Bill To
RGV Construction LLC
P.O. Box 720137
McAllen, TX 78504

Alamo Door Systems
16358 Nacogdoches Road
San Antonio, TX 78247

WE OFFER 24 HOUR EMERGENCY SERVICE

P.O. No.	Terms	Due Date	Project	Technician
	30 Days	1/29/2026	Hidalgo County WIC McAllen	

Item Code	Quantity	Description
70 RHH 7 3/4	1	70 Right Hand Hinge Jamb 7 3/4
Anchor - Metal Stud 7	6	7 3/4 Metal Stud Anchor
3070 CY	1	3070 CY 18ga HM Door (Active Door)
3070 ME Premier	1	3070 ME 18ga HM Door Premier (Inactive Door) Flushbolt & Security Astragal Prep
HS504 Storeroom L...	1	HS504 Storeroom Lever Lockset US26D
HG100005 Hinges	6	HG100005 BB NRP Hinge 4.5x4.5 26D
70 Security Astragal	1	70 Security Astragal w/Flush bolts & ASA Strips
282D	2	282D US26D Flush Bolt (Internal)
HM Shop Labor	1	Shop Prep: Weld, grind, prime, flushbolt & astragal preps on frame
MARK 17-RISER ROOM		
30 HD 7 3/4	1	30 Head 7 3/4
70 LHH 7 3/4	1	70 Left Hand Hinge Jamb 7 3/4 - LH O/O
70 LHS 7 3/4	1	70 Left Hand Strike Jamb 7 3/4
Anchor - Metal Stud 7	6	7 3/4 Metal Stud Anchor
3070 CY	1	3070 CY 18ga HM Door
HS504 Storeroom L...	1	HS504 Storeroom Lever Lockset US26D
HG100005 Hinges	3	HG100005 BB NRP Hinge 4.5x4.5 26D
HM Shop Labor	1	Shop Prep: Weld, grind & prime frame
HM Shop Labor	71.23	

HM frames & doors are primed only - Finish paint by others

For questions regarding this invoice:
Harlingen Phone # 956-365-3667

Total
Payments/Credits
Balance Due



Alamo Door Systems, Inc.

16417 Alamo Drive
Harlingen, TX 78552

Invoice

Date	Invoice #
12/30/2025	184011

Bill To

RGV Construction LLC
P.O. Box 720137
McAllen, TX 78504

PAID
02/24/2026

PLEASE MAIL PAYMENTS TO:

Alamo Door Systems
16358 Nacogdoches Road
San Antonio, TX 78247

WE OFFER 24 HOUR EMERGENCY SERVICE

P.O. No.	Terms	Due Date	Project	Technician
	30 Days	1/29/2026	Hidalgo County WIC McAllen	

Item Code	Quantity	Description
		No windstorm labels - Fire labels as required No installation or delivery If paying with credit card add \$328.28 for the 3% convenience fee Texas Sales and Use Tax Exemption Certification on file for this project RZ Exemption or Resale Certificate On File

For questions regarding this invoice: Harlingen Phone # 956-365-3667	Total	\$10,942.66
	Payments/Credits	-\$10,942.66
	Balance Due	\$0.00



Alamo Door Systems, Inc.

16417 Alamo Drive
Harlingen, TX 78552

Line Item #10

Door & Hardware

Invoice

Date	Invoice #
2/27/2026	184930

PAID
03/04/2026

PLEASE MAIL PAYMENTS TO:

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RGV Construction LLC
P.O. Box 720137
McAllen, TX 78504

Alamo Door Systems
 16358 Nacogdoches Road
 San Antonio, TX 78247

WE OFFER 24 HOUR EMERGENCY SERVICE

P.O. No.	Terms	Due Date	Project	Technician
	30 Days	3/29/2026	Hidalgo County WIC McAllen	

Item Code	Quantity	Description
APC-1 3070 RNB LH...	3	MARK 1-MENS RR, MARK 13-WOMENS STAFF RR, MARK 15-MENS STAFF RR, MARK 33-WOMENS RR
APC-1 3070 RNB LH...	1	3070 Complete Blank Rotary Natural Birch Doors (Prep hinges as required) LH
DT100148 Pull Plate	4	3070 Complete Blank Rotary Natural Birch Doors (Prep hinges as required) RH
DT100149 Push Plate	4	DT100148 SPL-416 4"x16 Pull Plate 3/4" Round Pull
HG100005 Hinges	12	DT100149 SPL-416 4"x16" Push Plate
DC100316 Closer	4	HG100005 BB NRP Hinge 4.5x4.5 26D
236W	4	DC100316 700 Series HD Closer
		236W Wall Stop US32D
APC-1 3070 RNB LH...	1	MARK 11-LAB RR
HS502 Privacy	1	3070 CY Rotary Natural Birch Door (RH)
HG100005 Hinges	3	HS502 US26D Privacy Lever Lockset
DC100316 Closer	1	HG100005 BB NRP Hinge 4.5x4.5 26D
236W	1	DC100316 700 Series HD Closer
		236W Wall Stop US32D

For questions regarding this invoice: Harlingen Phone # 956-365-3667	Total
	Payments/Credits
	Balance Due



Alamo Door Systems, Inc.

16417 Alamo Drive
Harlingen, TX 78552

Invoice

Date	Invoice #
2/27/2026	184930

PAID
03/04/2026

Bill To

RGV Construction LLC
P.O. Box 720137
McAllen, TX 78504

PLEASE MAIL PAYMENTS TO:

Alamo Door Systems
16358 Nacogdoches Road
San Antonio, TX 78247

WE OFFER 24 HOUR EMERGENCY SERVICE

P.O. No.	Terms	Due Date	Project	Technician
	30 Days	3/29/2026	Hidalgo County WIC McAllen	

Item Code	Quantity	Description
APC-1 3070 RNB LH...	10	MARK 12-LAB 1, MARK 8-CLINICIANS OFFICE, MARK 6-REGISTERED NURSE, MARK 5-CLINIC AIDE, MARK 29-REGISTERED NURSE, MARK 3-CLERKS OFFICE, MARK 30-LICENSED VOCATIONAL NURSE, MARK 19-HUMAN SERVICES OFFICER, MARK 24-MEDICAL ASST, MARK 25-IMMUNIZATIONS/LICENSED VOCATIONAL NURSE, MARK 2-CLERK OFFICE, MARK 22 (SINGLE DOOR) PATIENT EDUCATION/CONF ROOM, MARK 20-HUMAN SERVICES OFFICE, MARK 21-HUMAN SERVICES/RECEPTION
APC-1 3070 RNB LH...	4	3070 CY Rotary Natural Birch Doors RH
HS500 Entry	14	3070 CY Rotary Natural Birch Doors LH
HG100005 Hinges	42	HS500 US 26D Entry Lever Lockset
		HG100005 BB NRP Hinge 4.5x4.5 26D
236W	14	NO CLOSERS
		236W Wall Stop US32D
APC-1 3070 RNB LH...	2	MARK 27-PHARMACY, MARK 4-MEDICAL RECORDS
HS504 Storeroom L...	2	3070 CY Rotary Natural Birch Doors (RH)
HG100005 Hinges	6	HS504 Storeroom Lever Lockset US26D
DC100316 Closer	2	HG100005 BB NRP Hinge 4.5x4.5 26D
236W	2	DC100316 700 Series HD Closer
	2	236W Wall Stop US32D

For questions regarding this invoice:

Harlingen Phone # 956-365-3667

Total

Payments/Credits

Balance Due



Alamo Door Systems, Inc.

16417 Alamo Drive
Harlingen, TX 78552

Invoice

Date	Invoice #
2/27/2026	184930

PAID
02/27/2026

PLEASE MAIL PAYMENTS TO:

Bill To
RGV Construction LLC
P.O. Box 720137
McAllen, TX 78504

Alamo Door Systems
16358 Nacogdoches Road
San Antonio, TX 78247

WE OFFER 24 HOUR EMERGENCY SERVICE

P.O. No.	Terms	Due Date	Project	Technician
	30 Days	3/29/2026	Hidalgo County WIC McAllen	

Item Code	Quantity	Description
APC-1 3070 RNB LH... APC-1 3070 RNB LH... HS504 Storeroom L... HG100005 Hinges DC100316 Closer 236W	1 2 3 9 3 3	MARK RECEPTION HALL DOOR A, MARK RECEPTION HALL DOOR B , MARK 21 B-RECEPTION 3070 CY Rotary Natural Birch Doors LH 3070 CY Rotary Natural Birch Doors RH HS504 Storeroom Lever Lockset US26D HG100005 BB NRP Hinge 4.5x4.5 26D DC100316 700 Series HD Closer 8236W Wall Stop US32D NOTE: WIRING TO POWER SUPPLY, RELEASE BUTTONS & ELECT STRIKE BY OTHERS
APC-1 3070 RNB LH... APC-1 3070 RNB Flu... HS500 Entry HG100006 Hinges 282D	1 1 1 6 2	MARK 22-PATIENTS EDUCATION/CONF ROOM (PAIR DOORS) 3070 CY Rotary Natural Birch Doors LH (Active Door) 3070 Blank Face Rotary Natural Birch Door with Top & Bott Flushbolt Prep (RH-Inactive) HS500 US 26D Entry Lever Lockset (Active Door Only) HG100006 4.5"x4.5" NRP BB US32D Hinge NO DOOR CLOSERS 282D US26D Flush Bolt (Internal)
APC-1 3070 RNB LH...	1	MARK 10-LAB 2-AUTOCLAVE, MARK 14-JANITOR & ACCESS ROOM, MARK26-STORAGE, MARK 28-BIO HAZARD, MARK 37-BIO HAZARD, MARK 37-BIO HAZARD, MARK 35- IT ROOM 3070 CY Rotary Natural Birch Door RH

For questions regarding this invoice: Harlingen Phone # 956-365-3667	Total
	Payments/Credits
	Balance Due



Alamo Door Systems, Inc.

16417 Alamo Drive
Harlingen, TX 78552

Invoice

Date	Invoice #
2/27/2026	184930

PAID
02/28/2026

PLEASE MAIL PAYMENTS TO:

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RGV Construction LLC
P.O. Box 720137
McAllen, TX 78504

Alamo Door Systems
16358 Nacogdoches Road
San Antonio, TX 78247

WE OFFER 24 HOUR EMERGENCY SERVICE

P.O. No.	Terms	Due Date	Project	Technician
	30 Days	3/29/2026	Hidalgo County WIC McAllen	

Item Code	Quantity	Description
APC-1 3070 RNB LH... HS504 Storeroom L... HG100005 Hinges 236W	5 6 18 4	3070 CY Rotary Natural Birch Doors LH HS504 Storeroom Lever Lockset US26D HG100005 BB NRP Hinge 4.5x4.5 26D NO DOOR CLOSERS (4) 236W Wall Stops (Autoclave, Janitor, Storage & IT Rooms only)
APC-1 3070 RNB LH... APC-1 3070 RNB LH... HS501 Passage HG100005 Hinges 236W	2 2 4 12 4	MARK 7-EXAM ROOM, MARK 9-EXAM ROOM (4 DOORS TOTAL) 3070 CY Rotary Natural Birch Doors LH 3070 CY Rotary Natural Birch Doors RH HS501 US26D Passage Lever Lockset HG100005 BB NRP Hinge 4.5x4.5 26D NO CLOSERS 236W Wall Stop US32D
APC-1 3070 RNB LH... HS502 Privacy HG100005 Hinges 236W	1 1 3 1	MARK 16-BREAKROOM 3070 CY Rotary Natural Birch Door (RH) HS502 US26D Privacy Lever Lockset HG100005 BB NRP Hinge 4.5x4.5 26D NO CLOSER 236W Wall Stop US32D
		MARK BACK EXTERIOR HALL EXITS (X2)

For questions regarding this invoice: Harlingen Phone # 956-365-3667	Total
	Payments/Credits
	Balance Due



Alamo Door Systems, Inc.

16417 Alamo Drive
Harlingen, TX 78552

Invoice

Date	Invoice #
2/27/2026	184930

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02/27/2026

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P.O. Box 720137
McAllen, TX 78504

Alamo Door Systems
16358 Nacogdoches Road
San Antonio, TX 78247

WE OFFER 24 HOUR EMERGENCY SERVICE

P.O. No.	Terms	Due Date	Project	Technician
	30 Days	3/29/2026	Hidalgo County WIC McAllen	
Item Code	Quantity	Description		
EX100048	2	EX100048 8300B 32D 416 Panic Exit Device		
500EL CT Entrance ...	2	500EL CT Entrance Keyed Lever Trim US26D		
DC100316 Closer	2	DC100316 700 Series HD Closer		
DT100414 Weathers...	2	DT100414 Weatherstrip 303AV - 36x84 Vinyl/Alum 807A		
810S 40"	2	810S MIL Drip Cap 40"		
770S Bottom Sweep...	2	770S Door Bottom W/Rain Drip 36" MIL Vinyl		
520S 36"	2	520S 36" MIL Vinyl Panic Threshold ADA		
MARK 18-ELECTRICAL ROOM PAIR				
891S 6070	1	891S MIL Vinyl 72" x 84" Weatherstrip		
404S 72"	1	404S MIL 72" Threshold		
770S Bottom Sweep...	2	770S Door Bottom W/Rain Drip 36" MIL Vinyl		
810S 52"	1	810S MIL Drip Cap 52"		
NO CLOSER				
MARK 17-RISER ROOM				
DT100414 Weathers...	1	DT100414 Weatherstrip 303AV - 36x84 Vinyl/Alum 807A		
810S 40"	1	810S MIL Drip Cap 40"		
560S 36" MIL	1	404S 36" MIL Vinyl Saddle Threshold		
DT100592 Sweep	1	770S Sweeps with Drip 36"		
NO CLOSER				
778S 48"	2	778S MIL door bottom w/rain drip 48"		
300D Chain Door Ch...	2	300D 30.5" US26D Chain Door Check		

For questions regarding this invoice: Harlingen Phone # 956-365-3667	Total
	Payments/Credits
	Balance Due



Alamo Door Systems, Inc.

16417 Alamo Drive
Harlingen, TX 78552

Invoice

Date	Invoice #
2/27/2026	184930

PAID
02/04/2026

PLEASE MAIL PAYMENTS TO:

Bill To
RGV Construction LLC
P.O. Box 720137
McAllen, TX 78504

Alamo Door Systems
16358 Nacogdoches Road
San Antonio, TX 78247

WE OFFER 24 HOUR EMERGENCY SERVICE

P.O. No.	Terms	Due Date	Project	Technician
	30 Days	3/29/2026	Hidalgo County WIC McAllen	

Item Code	Quantity	Description
		<p>NOTES:</p> <ol style="list-style-type: none"> 1. No storefront doors or window - No front entry storefronts 2. Quoting the two Emergency Exit Doors as OUTSWING in lieu of inswing as shown on plan. Inswing will cause issues with Fire Marshall and inswing doors are susceptible to water penetration issues. Quoting as metal door with fire labels 3. Quoting pair doors at Electrical Room 18 as OUTSWING in lieu of inswing as shown on plans. Inswing doors are susceptible to water penetration issues. 4. No kickplates 5. Quoting standard pair doors at Patient Education/Conf Room 22. No double action doors 6. No cased opening frames at Reception 31 7. No vision frames - Added later - Those are invoiced separately 8. Quoting door closers only at Exterior Exit Doors, Restroom Doors, Pharmacy Mark 27, Medical Records Mark 4, Main Reception Hall Doors and Human Resource Reception Hall Door 9. No reception window frames or glass 10. No signage 11. Quoting all frames and door as 3/0x70 or 6/0x7/0 12. HM Frames and doors are primed only - Finish paint by

For questions regarding this invoice: Harlingen Phone # 956-365-3667	Total
	Payments/Credits
	Balance Due



Alamo Door Systems, Inc.

16417 Alamo Drive
Harlingen, TX 78552

Invoice

Date	Invoice #
2/27/2026	184930

PAID
03/04/2026

Bill To
RGV Construction LLC
P.O. Box 720137
McAllen, TX 78504

PLEASE MAIL PAYMENTS TO:

Alamo Door Systems
16358 Nacogdoches Road
San Antonio, TX 78247

WE OFFER 24 HOUR EMERGENCY SERVICE

P.O. No.	Terms	Due Date	Project	Technician
	30 Days	3/29/2026	Hidalgo County WIC McAllen	

Item Code	Quantity	Description
HM Shop Labor	15.49	others
HM Shop Labor	0.98	13. Wood doors are unfinished - Finish paint/stain by others
		14. No installation or delivery
		15. No windstorm labels (fire labels as noted)
		16. If paying with credit card add \$511.65 for the 3% convenience fee
		TEXAS SALES AND USE TAX RESALE CERTIFICATE ON FILE FOR THIS PROJECT
		Exemption or Resale Certificate On File

For questions regarding this invoice: Harlingen Phone # 956-365-3667	Total	\$17,055.00
	Payments/Credits	-\$17,055.00
	Balance Due	\$0.00



Alamo Door Systems, Inc.

16417 Alamo Drive
Harlingen, TX 78552

Line Item #10

Invoice

Date	Invoice #
2/27/2026	184932

Bill To

RGV Construction LLC
P.O. Box 720137
McAllen, TX 78504

PAID
02/26/2026

Please Mail Payment To:

Alamo Door Systems
16358 Nacogdoches Road
San Antonio, TX 78247

WE OFFER 24 HOUR EMERGENCY SERVICE

P.O. No.	Terms	Project	Customer Fax
	30 Days	Hidalgo County WIC McAllen	

Item	Qty	Description	Rate	Amount
		MARK 12-LAB 1, MARK 6-REGISTERED NURSE, MARK 5-CLINIC AIDE, MARK 29-REGISTERED NURSE, MARK 3-CLERKS OFFICE, MARK 30-LICENSED VOCATIONAL NURSE, MARK 19-HUMAN SERVICES OFFICER, MARK 24-MEDICAL ASST, MARK 25-IMMUNIZATIONS/LICENSED VOCATIONAL NURSE, MARK 2-CLERK OFFICE, MARK 22 (SINGLE DOOR) PATIENT EDUCATION/CONFERENCE ROOM, MARK 20-HUMAN SERVICES OFFICE, MARK 21 HUMAN SERVICES/RECEPTION. MARK 4-MEDICAL RECORDS, MARK-RECEPTION HALL DOOR A, MARK-RECEPTION HALL DOOR B, MARK-21 B-RECEPTION, MARK 22-PATIENTS EDUCATION/CONFERENCE ROOM (PAIR DOORS), MARK 10 LAB		

For Questions Regarding this Invoice:

Harlingen Phone # 956-365-3667

Subtotal
Sales Tax (0.0%)
Total



Alamo Door Systems, Inc.

16417 Alamo Drive
Harlingen, TX 78552

Invoice

Date	Invoice #
2/27/2026	184932

PAID
02/04/2026

Bill To

RGV Construction LLC
P.O. Box 720137
McAllen, TX 78504

Please Mail Payment To:

Alamo Door Systems
16358 Nacogdoches Road
San Antonio, TX 78247

WE OFFER 24 HOUR EMERGENCY SERVICE

P.O. No.	Terms	Project	Customer Fax
	30 Days	Hidalgo County WIC McAllen	

Item	Qty	Description	Rate	Amount
6x30 LoPro	21	2-AUTOCLAVE 6x30 Vision Frame	82.00	1,722.00T
GL 5x29	21	5"x29" Clear Laminated Safety Glass	22.50	472.50T
HM Shop La...	21	Shop Prep: Vision Cutouts in Wood Doors	30.00	630.00T
<p>The vision frames were not included in the original quote No installation or delivery If paying with credit card add \$84.74 for the 3% convenience fee</p>				

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

Subtotal	\$2,824.50
Sales Tax (0.0%)	\$0.00
Total	\$2,824.50



Alamo Door Systems, Inc.

16417 Alamo Drive
Harlingen, TX 78552

Line Item #14

Invoice

Date	Invoice #
2/27/2026	184933

PAID
02/27/2026

Bill To

RGV Construction LLC
P.O. Box 720137
McAllen, TX 78504

Please Mail Payment To:

Alamo Door Systems
16358 Nacogdoches Road
San Antonio, TX 78247

WE OFFER 24 HOUR EMERGENCY SERVICE

P.O. No.	Terms	Project	Customer Fax
	30 Days	Hidalgo County WIC McAllen	

Item	Qty	Description	Rate	Amount
Builders Har...	6	18 x 36 Mirror	95.00	570.00T
Freight	1	Incoming Freight	200.00	200.00T
<p>If paying with credit card add \$23.10 for the 3% convenience fee</p> <p>1. Inv. #1849377 - \$770 2. Inv. #184891 - \$6635 3. Inv. #184000 - \$1575.04</p> <p>Total: \$8,980.04 -4500.00</p> <p>Bal: \$4,480.04 cost incurred by contractor.</p>				

For Questions Regarding this Invoice:

Harlingen Phone # 956-365-3667

Subtotal	\$770.00
Sales Tax (0.0%)	\$0.00
Total	\$770.00



Alamo Door Systems, Inc.

Line Item #14

16417 Alamo Drive
Harlingen, TX 78552

Invoice

Date	Invoice #
2/25/2026	184891

Bill To
RGV Construction LLC P.O. Box 720137 McAllen, TX 78504
Balance due for Partitions & Grab Bars

PLEASE MAIL PAYMENTS TO:

Alamo Door Systems
16358 Nacogdoches Road
San Antonio, TX 78247

WE OFFER 24 HOUR EMERGENCY SERVICE

P.O. No.	Terms	Due Date	Project	Technician
	30 Days	3/27/2026	Hidalgo County WIC McAllen	
Item Code	Quantity	Description		
RR Partitions-Special	1	(7) Stalls, (2) 24" x 48" Wall Hung Screens Materials: Moisture Guard Plastic Laminate Mounting Style: Floor Mounted, Headrail Braced Color: SMOKE 8456 Hardware: Standard Brackets: Standard *** 5 YEAR MANUFACTURER WARRANTY ***		
Freight	1	Incoming Freight		
RR Accessories-Spec...	5	6806x36 Straight Grab Bar 36"		
RR Accessories-Spec...	5	6806x42 Straight Grab Bar 42"		
Total RR Accessories	1	Total Price Grab Bars		
Special order items require a 50% non-refundable deposit with the balance due at receipt of materials No installation or delivery If paying with credit card add \$64.23 for the 3% convenience fee Texas Sales and Use Tax Exemption Certification on File for this project RZ 1.14.2026 payment \$3,591.20 ck# 4372 for Est# 94199 RZ				

For questions regarding this invoice: Harlingen Phone # 956-365-3667	Total
	Payments/Credits
	Balance Due



Alamo Door Systems, Inc.

16417 Alamo Drive
Harlingen, TX 78552

Invoice

Date	Invoice #
2/25/2026	184891

Bill To
RGV Construction LLC P.O. Box 720137 McAllen, TX 78504

PLEASE MAIL PAYMENTS TO:

Alamo Door Systems
16358 Nacogdoches Road
San Antonio, TX 78247

WE OFFER 24 HOUR EMERGENCY SERVICE

P.O. No.	Terms	Due Date	Project	Technician
	30 Days	3/27/2026	Hidalgo County WIC McAllen	

Item Code	Quantity	Description
		<p>The overpayment of \$902.77 from Invoice #184011 was applied to this invoice along with the down payment of \$3,591.20 RZ Exemption or Resale Certificate On File</p> <p style="text-align: center; font-size: 2em; font-weight: bold;">PAID</p>

For questions regarding this invoice: Harlingen Phone # 956-365-3667	Total	\$6,635.00
	Payments/Credits	-\$4,493.97
	Balance Due	\$2,141.03

to trick Acc. -

Invoice



Alamo Door Systems, Inc.

Line Item No. 14

16417 Alamo Drive
Harlingen, TX 78552

Date	Invoice #
12/29/2025	184000

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01/29/2026

PLEASE MAIL PAYMENTS TO:

Bill To

RGV Construction LLC
P.O. Box 720137
McAllen, TX 78504

Alamo Door Systems
16358 Nacogdoches Road
San Antonio, TX 78247

WE OFFER 24 HOUR EMERGENCY SERVICE

P.O. No.	Terms	Due Date	Project	Technician
	30 Days	1/28/2026	Hidalgo County WIC McAllen	

Item Code	Quantity	Description
RR Accessories-Spec...	2	Foundation 5240259 Horizontal Recessed Baby Changing Station
Freight	1	Incoming Freight
		If paying with credit card add \$43.65 for the 3% convenience fee
		Tax Certificate on File for this project RZ Exemption or Resale Certificate On File

For questions regarding this invoice: Harlingen Phone # 956-365-3667	Total	\$1,575.04
	Payments/Credits	-\$1,575.04
	Balance Due	\$0.00