

APPLICATION AND CERTIFICATE FOR PAYMENT

AIA DOCUMENT G702

PAGE ONE OF 3 PAGES

TO (OWNER): The County of Hidalgo
2812 S. Bus. Hwy 281
Edinburg, TX 78539

PROJECT: McAllen Health Clinic
529 N. Cynthia St.
McAllen, TX 78501

APPLICATION NO. 11
PERIOD TO: 3/31/2026

| Distribution To: | |
|-------------------------------------|------------|
| <input checked="" type="checkbox"/> | Owner |
| <input checked="" type="checkbox"/> | Architect |
| <input checked="" type="checkbox"/> | Contractor |
| <input type="checkbox"/> | |
| <input type="checkbox"/> | |

FROM: (GC) RGV Construction, LLC
PO Box 720137
McAllen, TX 78504

VIA (ARCH): B2Z Engineering, LLC
900 S. Stewart Rd., Ste 4
Mission, TX 78572

PROJECT NO.: 24.2.23

CONTRACT FOR: McAllen Health Clinic

CONTRACT DATE:

CONTRACTOR'S APPLICATION FOR PAYMENT

| CHANGE ORDER SUMMARY | | | |
|--|---------------|-----------|------------|
| Change Orders approved in Previous months by Owner | | ADDITIONS | DEDUCTIONS |
| TOTAL | | | |
| Approved this month | | | |
| Number | Date Approved | | |
| | | | |
| TOTALS | | - | - |
| Net change by Change Orders | | | - |

The undersigned Contractor certifies that to the best of the Contractor's knowledge, information and belief the Work covered by this Application for Payment has been completed in accordance with the Contract Documents, that all amounts have been paid by the Contractor for Work for which previous Certificates for Payment were issued and payments received from the Owner, and that current payment shown herein is now due.

CONTRACTOR:

By: 

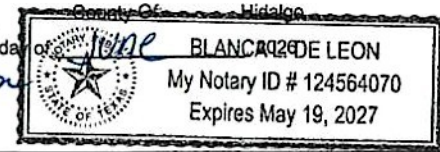
Date: 6-15-26

Application is made for Payment, as shown below, in connection with the Contract. Continuation Sheet attached.

| | |
|--|-----------------|
| 1. ORIGINAL CONTRACT SUM | \$ 1,936,193.62 |
| 2. NET CHANGE BY CHANGE ORDERS | \$ - |
| 3. CONTRACT SUM TO DATE | \$ 1,936,193.62 |
| 4. TOTAL COMPLETED AND STORED TO DATE (Column G on G703) | \$ 1,852,377.59 |
| 5. RETAINAGE | |
| a. 5 % of Completed Work (Column D + E G703) | \$ 92,618.89 |
| b. 5 % of Stored Material (Column F on G703) | _____ |
| Total Retainage (Line 5a + 5b or Total in Column I G703) | \$ 92,618.89 |
| 6. TOTAL EARNED LESS RETAINAGE | \$ 1,759,758.70 |
| 7. LESS PREVIOUS CERTIFICATES FOR PAYMENT | \$ 1,563,790.61 |
| 8. CURRENT PAYMENT DUE | \$ 195,968.09 |
| 9. BALANCE TO FINISH, PLUS RETAINAGE (Line 3 less line 6) | \$ 176,434.92 |

State of: Texas

Subscribed and sworn to before me this 15 day of June, 2026
Notary Public: Blanca L. De Leon
My Commission Expires: May 19, 2027



ARCHITECT'S CERTIFICATE FOR PAYMENT

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

AMOUNT CERTIFIED \$ 195,968.09

(Attach explanation if amount certified differs from the amount applied for.)

ARCHITECT: 
By: Project Manager

Date: 06/18/2026

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

Resubmitted 6/24/2026

McAllen Health Clinic
 McAllen, Texas

APPLICATION NUMBER: 11
 APPLICATION DATE: 6/8/2026
 PERIOD FROM: 3/1/2026
 TO: 3/31/2026

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 | \$ 358,106.00 | | | \$ 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 | \$ 54,000.00 | | | \$ 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 | | \$ 18,000.00 | | \$ - | \$ 900.00 |
| 12 | Countertops | \$ 6,000.00 | | \$ 6,000.00 | | \$ 6,000.00 | | \$ - | \$ 300.00 |
| 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 | \$ 8,228.60 | | \$ 164,571.92 | | \$ - | \$ 8,228.60 |
| 19 | Plumbing | \$ 128,000.00 | \$ 106,240.00 | \$ 21,760.00 | | \$ 128,000.00 | | \$ - | \$ 6,400.00 |
| 20 | Electrical | \$ 117,000.00 | \$ 108,900.00 | \$ 8,100.00 | | \$ 117,000.00 | | \$ - | \$ 5,850.00 |
| 21 | Fire Alarm | \$ 9,000.00 | | \$ 9,000.00 | | \$ 9,000.00 | | \$ - | \$ 450.00 |
| 22 | Fire Sprinkler | \$ 58,000.00 | \$ 45,100.00 | \$ 12,900.00 | | \$ 58,000.00 | | \$ - | \$ 2,900.00 |
| 23 | Landscaping Allowance | \$ 30,311.00 | | \$ 30,311.00 | | \$ 30,311.00 | | \$ - | \$ 1,515.55 |
| 24 | Trash & Cleaning | | | | | | | | |

CONTRACTOR TIME STATEMENT

PAY APP NO. 11 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 3/1/2026 DATE WORK COMPLETE 3/31/2026

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

NO. OF CONTRACT WORKING DAYS 286 NO. WORKING DAYS CHARGED TO DATE 327
 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 June 11, 2026

Project Name McAllen Health Clinic Impr. Project CSJ# N/A

Contractor RGV Construction, LLC. Application# 11

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

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



Signature

Invoice # 1018

HERRERA'S
Residential & Commercial
(956) 464-5502
(956) 605-1417
Fax: (956) 205-0380
Countertops & Cabinets
Formica & Solid Surfaces
Monday-Friday: 8:00 am to 5:00 pm

PAID
4.29.26
4584

DATE 331/2026

RGV Construction LLC

2723 Cornertone Blvd. Edinburg, Tx.
956-212-4114

Hidalgo County Health C.
529 Cynthia St.
McAllen, Tx.

Details

AMOUNT

Description

Amount

Break R. Cabinets & Countertops

Lab-1 Cabinets & Countertops

Lab-1 RR Cabinets & Countertops

Lab -2 Cabinets & Countertops

Exam R 7,9 Cabinets & Countertops

Clinican's Office Cabinets & Countertops

Amount

woman's & men's RR Cabinet & Countertops

Receptionist Countertop

Human Service recep. Countertops

Cabinets Paint Grade Cabinets

\$31,680.00

Plastic laminate Countertops

\$3,385.00

Solid surface Countertops Labs 1&2, 2-Exams R & Immunization \$6,075.00

materials, Labor & installation

Amount

SUBTOTAL \$41,140.00

Details

AMOUNT

TAX RATE 0.00%

2/11/26 down payment requesting OTHER \$15,000.00

TOTAL balance after down payment \$26,140.00

THANK YOU FOR YOUR BUSINESS!

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.
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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 | | | | | | | | | | | | | | | | | | | |
|---------------------------------|------------------|-----------------------------|-----------------------|------------------------|--|---|--|---|----|---|----|---|---|-----------------------------|-------------------------------------|-----------------------------|------------------------------------|-------------------|--------------------------------|-------------------------|------|---------------------------------------|------------------|--------------------------------|-----|
| hidalgo county mcallen health c | | | | | | Herrera's Cpuntertops | | | | | | | | | | | | | | | | | | | |
| PROJECT LOCATION | | WAGE DETERMINATION NO. | | WEEK ENDING DATE | | PRIME CONTRACTOR'S/SUBCONTRACTOR'S BUSINESS ADDRESS | | | | | | | | | | | | | | | | | | | |
| 529 N Cynthia st. Mcallen, Tx | | | | 3/27/2026 | | 3109 Isabel Dr. Donna, Tx.78537 | | | | | | | | | | | | | | | | | | | |
| WORKER ENTRY NO. | WORKER LAST NAME | WORKER FIRST NAME | WORKER MIDDLE INITIAL | WORKER IDENTIFYING NO. | JOURNEYPERWORKER (Y/N) REGISTERED APPRENTICE | LABOR CLASSIFICATION | (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 | |
| | | | | | | | S | M | TU | W | TH | F | S | | | | | | | TAX WITH HOLDINGS | FICA | OTHER (MUST SPECIFY SEE INSTRUCTIONS) | TOTAL DEDUCTIONS | | |
| 1 | Jimenez | Rodolfo | | 2253 | | Carpinter | ST | 8 | 8 | 8 | 8 | 4 | | 36 | 18 | | | | | | | | | 0 | 648 |
| 2 | Jimenez | Juan | A | 4297 | | Carpinter | ST | 8 | 8 | 8 | 8 | 4 | | 36 | 15 | | | | | | | | | 0 | 540 |
| 3 | Herrera | Andres | | 8203 | | helper | ST | 8 | 8 | 8 | 8 | 4 | | 36 | 13 | | | | | | | | | 0 | 468 |
| | | | | | | | 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 33502, 200 Constitution Avenue, N.W. Washington, D.C. 20210 (over)

PROJECT NAME: Hidalgo County Mcallen health clinic
 PROJECT NO. or CONTRACT NO.:
 PAYROLL NO.:
 PRIME CONTRACTOR'S/SUBCONTRACTOR'S BUSINESS NAME: Herrera's Countertops

PROJECT LOCATION: 529 n Cynthia st. Mcallen, Tx.78501
 WEEK ENDING DATE: 3/27/2026
 CERTIFYING OFFICIAL NAME AND TITLE: Elizabeth Herrera Secretary

I am/ we are 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 (a) 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 | FR PLAN | | FR PLAN | | FR PLAN | | FR PLAN | | FR PLAN | | TOTAL HOURLY CREDIT |
|----------------|---------|-----------------|---------------|-----------------|---------------|-----------------|---------------|-----------------|---------------|-----------------|---------------------|
| | PLN NO. | Funded/Unfunded | PLN NO. | Funded/Unfunded | PLN NO. | Funded/Unfunded | PLN NO. | Funded/Unfunded | PLN NO. | Funded/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 | \$ | \$ |

All workers on the project have been paid the full weekly wages earned, and no rebate 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: *Elizabeth Herrera*
 DATE: 3/28/2026
 TELEPHONE NUMBER: (956-) 464 - 5502
 EMAIL ADDRESS:

THE WILLFUL PRESENTATION OF ANY OF THE ABOVE STATEMENTS MAY SUBJECT THE CONTRACTOR OR SUBCONTRACTOR TO CIVIL OR CRIMINAL PROSECUTION UNDER SECTION 10101 OF TITLE 30 AND SECTION 3729 OF TITLE 41 OF THE UNITED STATES CODES 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)

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U.S. Wage and Hour Division

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 |
| Hidalgo County Mcallen H C | | | Herrera's Countertops |
| PROJECT LOCATION | WAGE DETERMINATION NO. | WEEK ENDING DATE | PRIME CONTRACTOR'S/SUBCONTRACTOR'S BUSINESS ADDRESS |
| 529 n Cynthia st Mcallen, Tx | | 3/20/2026 | 3109 Isabel Dr. Donna, Tx 78537 |

| WORKER ENTRY NO. | WORKER LAST NAME | WORKER FIRST NAME | WORKER ID/IDIAL | WORKER IDENTIFYING NO. | U/I JOINTLY WORKER (RA) REGISTERED APPROPRIATE | LABOR CLASSIFICATION | (A) | | | | | | | 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 | (B) | | | | NET PAY TO WORKER FOR ALL WORK |
|------------------|------------------|-------------------|-----------------|------------------------|--|----------------------|-----|----|--------------------------------------|---|---|---|---|-----------------------------|-------------------------------------|-----------------------------|------------------------------------|------------------|-------------------------------|------------------|---|---|-----|--------------------------------|
| | | | | | | | ST | OT | TOP/DAYS OF WORK WEEK (BOTTOM) DATES | | | | | | | | | | | TOTAL DEDUCTIONS | OTHER (MUST SPECIFY - SEE INSTRUCTIONS) | | | |
| | | | | | | | | | s | m | t | w | t | | | | | | | | | f | s | |
| 1 | Jimenez | Rodolfo | | 2253 | | carpinter | ST | OT | 8 | 8 | 8 | 8 | 8 | 40 | 18 | | | | | | | 0 | 720 | |
| 2 | Jimenez | Juan | A | 4297 | | carpinter | ST | OT | 8 | 8 | 8 | 8 | 8 | 40 | 15 | | | | | | | 0 | 600 | |
| 3 | Herrera | Andres | | 8203 | | helper | ST | OT | 8 | 8 | 8 | 8 | 8 | 40 | 13 | | | | | | | 0 | 520 | |
| | | | | | | | ST | OT | | | | | | | | | | | | | | | | |
| | | | | | | | ST | OT | | | | | | | | | | | | | | | | |
| | | | | | | | ST | OT | | | | | | | | | | | | | | | | |
| | | | | | | | ST | OT | | | | | | | | | | | | | | | | |
| | | | | | | | ST | OT | | | | | | | | | | | | | | | | |
| | | | | | | | ST | OT | | | | | | | | | | | | | | | | |

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ARCHIE'S ELECTRIC INC.
 11916 N. Bryan Road
 Mission, TX 78573
 T.E.C.L. # 20358

Invoice

| | |
|-----------|-----------|
| Date | Invoice # |
| 3/30/2026 | 21544 |

| |
|---|
| Bill To |
| Tony Flores 212-4114 rgvconstructionllc@gmail.com |

| |
|--|
| Project |
| McAllen Health Clinic 529 N Cynthia J... |

| Description | Amount |
|---|--------------|
| For McAllen Health Clinic 529 N Cynthia McAllen Texas Labor and material | 8,100.00 |
| Thank you for your Business | Total |
| | \$8,100.00 |

Phone: (956) 583-7878

archieselectricinc1@yahoo.com

Fax: 956-585-9539

"Regulated by The Texas Department of Licensing and Regulation, P. O. Box 12157, Austin, Texas 78711, 1-800-803-9202, 512-463-6599;
 website: www.license.state.tx.us/complaints"

Davis-Bacon and Related Acts Weekly Certified Payroll Form

(For Contractor's Optional Use; See Instructions at www.dhs.gov/wahd/forms/wh-347)
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Rev. January 2025
OMB No.: 1235-0008
Expires: 01/31/2028

SUBMISSION OF FINAL DBRA CERTIFIED PAYROLL FORM

PRIME CONTRACTOR

SUBCONTRACTOR

| PROJECT NAME <i>Michael County Health Clinic</i> | | | PROJECT NO. or CONTRACT NO. | | | CERTIFIED PAYROLL NO. | | | PRIME CONTRACTOR'S/SUBCONTRACTOR'S BUSINESS NAME <i>Genics Electric Inc</i> | | | | | | | | | | | | | | | | |
|---|-----------------------|------------------------|-----------------------------|-----------------------------|--|-------------------------------------|-------------------------------------|---|---|----------|----------|----------|----------|----------|-----------------------------|--|----------------------------------|---|-----------------------|----------------------------------|-----------------------------|---|-------------------|------|------------------------------------|
| PROJECT LOCATION <i>504 N. Center St. Panama</i> | | | WAGE DETERMINATION NO. | | | WEEK ENDING DATE <i>3/7/2026</i> | | | PRIME CONTRACTOR'S/SUBCONTRACTOR'S BUSINESS ADDRESS <i>4116 Li Pucun Rd. Mission Texas</i> | | | | | | | | | | | | | | | | |
| (1A) WORKER ENTRY NO. | (1B) WORKER LAST NAME | (1C) WORKER FIRST NAME | (1D) WORKER MIDDLE INITIAL | (1E) WORKER IDENTIFYING NO. | (2) U JOURNEYWORKER (JA) REGISTERED APPRENTICE | (3) LABOR CLASSIFICATION | ST = STRAIGHT TIME OT = OVERTIME | (4) HOURS OF WORK WEEK (POSTFORM) DATES | | | | | | | TOTAL HOURS WORKED FOR WEEK | (5A) HOURLY WAGE RATE PAID FOR ST AND OT | (5B) TOTAL FRINGE BENEFIT CREDIT | (5C) PAYMENT IN LIEU OF FRINGE BENEFITS | (5D) GROSS AMT EARNED | (5E) GROSS AMT PAID FOR ALL WORK | (6) REDUCTIONS FOR ALL WORK | | | | (7) NET PAY TO WORKER FOR ALL WORK |
| | | | | | | | | 1 | 2 | 3 | 4 | 5 | 6 | 7 | | | | | | | 8 | 9 | TAX WITH-HOLDINGS | FICA | |
| | <i>Gonzalez</i> | <i>Carlos</i> | | <i>2081</i> | | | ST | <i>X</i> | <i>8</i> | <i>7</i> | <i>8</i> | <i>8</i> | <i>9</i> | <i>X</i> | <i>40</i> | <i>16</i> | | | | <i>640</i> | | | | | <i>640</i> |
| | <i>Mendez</i> | <i>Ruben</i> | | <i>4293</i> | | | ST | <i>X</i> | <i>8</i> | <i>7</i> | <i>8</i> | <i>8</i> | <i>9</i> | <i>X</i> | <i>40</i> | <i>16</i> | | | | <i>640</i> | | | | | <i>640</i> |
| | <i>Gonzalez</i> | <i>Humberto</i> | | <i>0850</i> | | | ST | <i>X</i> | <i>8</i> | <i>7</i> | <i>8</i> | <i>8</i> | <i>9</i> | <i>X</i> | <i>40</i> | <i>15</i> | | | | <i>600</i> | | | | | <i>600</i> |
| | <i>Marcida</i> | <i>Amador</i> | | <i>0518</i> | | | ST | <i>X</i> | <i>8</i> | <i>7</i> | <i>8</i> | <i>8</i> | <i>9</i> | <i>X</i> | <i>40</i> | <i>15</i> | | | | <i>600</i> | | | | | <i>600</i> |
| | <i>Sewilla</i> | <i>Miguel</i> | | <i>0734</i> | | | ST | <i>X</i> | <i>8</i> | <i>7</i> | <i>8</i> | <i>8</i> | <i>9</i> | <i>X</i> | <i>40</i> | <i>17</i> | | | | <i>680</i> | | | | | <i>680</i> |

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 payroll 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 appellant, 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.

PROJECT NAME: Archives Center Health Clinic
 PROJECT LOCATION: 509 W. Center Street
 PROJECT NO. OR CONTRACT NO.: _____
 PAYROLL NO.: _____
 PRIME CONTRACTOR'S/SUBCONTRACTOR'S BUSINESS NAME: Dr. Mc's Electric Inc
 WEEK ENDING DATE: 3/7/2026
 CERTIFYING OFFICIAL'S NAME AND TITLE: BILL B. BRYAN JR

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 stated time 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 | |
| | <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 (60) 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 | | TOTAL HOURLY CREDIT |
|----------------|---|---|---|---|---|---|---|---|---|---|---------------------|
| | FB TYPE | PLAN NO. | FB TYPE | PLAN NO. | FB TYPE | PLAN NO. | FB TYPE | PLAN NO. | FB TYPE | 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 | <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 | \$ | \$ |

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: [Signature]

DATE: 3/7/2026

TELEPHONE NUMBER: 856-583-7878

EMAIL ADDRESS: Archives1326@gmail.com

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

Davis-Bacon and Related Acts Weekly Certified Payroll Form



WAGE AND HOUR DIVISION
Rev. January 2025
OMB No.: 1235-0008
Expires: 01/31/2028

(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.

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 |
| Hidalgo County-McAllen Health Clinic | 1235-0008 | 1 | Lopez Nursery and Landscaping LLC |
| PROJECT LOCATION | WAGE DETERMINATION NO. | WEEK ENDING DATE | PRIME CONTRACTOR'S/SUBCONTRACTOR'S BUSINESS ADDRESS |
| 529 N. Cynthia St, McAllen, TX 78501 | 0 | 03/19/2026 | 8001 N. Ware Rd., McAllen, Texas 78504 |

| (1A) | (1B) | (1C) | (1D) | (1E) | (2) | (3) | (4) | | | | | | | (5) | (6A) | (6B) | (6C) | (7A) | (7B) | (8) | | | | (9) | | | | | | | |
|------|---------|----------|------|------|-----|-------------------------------------|-------------------------------------|-----------------------|---|---|------|------|------|------|-------|---------|--------|----------|-----------|-----------------------------|-------------------------------------|-----------------------------|------------------------------------|--------|------------------|-------------------------------|-------------------------|-------------------|------|-------------------------|------------------|
| | | | | | | | ST = STRAIGHT TIME OT = OVERTIME | HOURS WORKED EACH DAY | | | | | | | | | | | | 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 | | | | |
| | | | | | | | | S | M | T | W | T | F | | | | | | | | | | | | | | S | TAX WITH-HOLDINGS | FICA | OTHER (SPECIFIED BELOW) | TOTAL DEDUCTIONS |
| 1 | Lopez | Humberto | | 5550 | J | Assistant-Landscaper | ST | 8.00 | | | 8.00 | 8.00 | 8.00 | 8.00 | 40.00 | \$17.00 | \$0.00 | \$408.00 | \$680.00 | \$680.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$1088.00 | | | | | | |
| 2 | Alvarez | Eduardo | | 7411 | J | Irrigator-Assistant | ST | | | | 8.00 | 8.00 | 8.00 | 8.00 | 32.00 | \$24.00 | \$0.00 | \$0.00 | \$768.00 | \$768.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$768.00 | | | | | | |
| 3 | Lopez | Marcos | | 7308 | J | Licensed Irrigator | ST | 8.00 | | | 8.00 | 8.00 | | | 24.00 | \$45.00 | \$0.00 | \$0.00 | \$1080.00 | \$1440.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$1440.00 | | | | | | |
| 4 | Lopez | Linda | | 2694 | J | Field Supervisor | ST | 8.00 | | | 8.00 | 8.00 | 8.00 | 8.00 | 40.00 | \$35.00 | \$0.00 | \$0.00 | \$1400.00 | \$1400.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$1400.00 | | | | | | |
| 5 | Alvarez | Eduardo | | 5713 | J | Licensed Backflow Tester/Landscaper | ST | 8.00 | | | 8.00 | 8.00 | 8.00 | 8.00 | 40.00 | \$25.00 | \$0.00 | \$0.00 | \$1000.00 | \$1400.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$1400.00 | | | | | | |
| | | | | | | | 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." (See 29 C.F.R. § 5.5(a)(3)(ii)(A) for precise language). Contractors subject to submission requirements must maintain certified payrolls for a period of not less than three years after completion of the contract. Regulations at 29 C.F.R. § 5.5(a)(3)(i) require prime contractors to maintain records which show 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 this 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 S3502, 200 Constitution Avenue, N.W. Washington, D.C. 20210.

| | | | |
|--|--|--|---|
| PROJECT NAME Hidalgo County-McAllen Health Clinic | PROJECT NO. or CONTRACT NO. 1235-0008 | PAYROLL NO. 1 | PRIME CONTRACTOR'S/SUBCONTRACTOR'S BUSINESS NAME Lopez Nursery and Landscaping LLC |
| PROJECT LOCATION 529 N. Cynthia St, McAllen, TX 78501 | WEEK ENDING DATE 03/19/2026 | CERTIFYING OFFICIAL'S NAME AND TITLE Linda Lopez, Manager | |

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.
- 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.

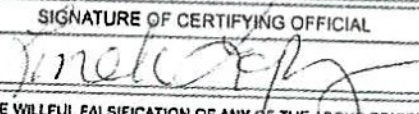
HOURLY CREDIT FOR FRINGE BENEFITS

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 | | TOTAL HOURLY CREDIT |
|-----------------|---------------------------------|--|---------------------------------|--|---------------------------------|--|---------------------------------|--|---------------------------------|--|---------------------|
| | FB TYPE | | FB TYPE | | FB TYPE | | FB TYPE | | FB TYPE | | |
| | PLAN NO. | | PLAN NO. | | PLAN NO. | | PLAN NO. | | PLAN NO. | | |
| | <input type="checkbox"/> Funded | <input checked="" type="checkbox"/> Unfunded | <input type="checkbox"/> Funded | <input checked="" type="checkbox"/> Unfunded | <input type="checkbox"/> Funded | <input checked="" type="checkbox"/> Unfunded | <input type="checkbox"/> Funded | <input checked="" type="checkbox"/> Unfunded | <input type="checkbox"/> Funded | <input checked="" type="checkbox"/> Unfunded | |
| Humberto Lopez | Hourly Credit: \$0.00 | | Hourly Credit: \$0.00 | | Hourly Credit: \$0.00 | | Hourly Credit: \$0.00 | | Hourly Credit: \$0.00 | | \$0.00 |
| Eduardo Alvarez | Hourly Credit: \$0.00 | | Hourly Credit: \$0.00 | | Hourly Credit: \$0.00 | | Hourly Credit: \$0.00 | | Hourly Credit: \$0.00 | | \$0.00 |
| Marcos Lopez | Hourly Credit: \$0.00 | | Hourly Credit: \$0.00 | | Hourly Credit: \$0.00 | | Hourly Credit: \$0.00 | | Hourly Credit: \$0.00 | | \$0.00 |
| Linda Lopez | Hourly Credit: \$0.00 | | Hourly Credit: \$0.00 | | Hourly Credit: \$0.00 | | Hourly Credit: \$0.00 | | Hourly Credit: \$0.00 | | \$0.00 |
| Eduardo Alvarez | Hourly Credit: \$0.00 | | Hourly Credit: \$0.00 | | Hourly Credit: \$0.00 | | Hourly Credit: \$0.00 | | Hourly Credit: \$0.00 | | \$0.00 |
| | 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 03/23/2026 | TELEPHONE NUMBER (956) 310-9110 | EMAIL ADDRESS lopeznursery35@aol.com |
|---|--------------------|------------------------------------|---|

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.

Border Air Conditioning, Inc

Invoice

507 S Hutto Road
 Donna, Texas 78537
 TACLA# 85411E

| | |
|------------|-----------|
| Date | Invoice # |
| 03/29/2026 | 39312 |

| |
|--|
| Bill To |
| RGV CONSTRUCTION LLC PO BOX 720137 McAllen, TX 78504 |

| | | |
|-----------------------|----------------|---------|
| P.O. No. | Terms | Project |
| McAllen Clinic Hid... | Due on receipt | |

| Item | Description | Est Amt | Prior Amt | Prior % | Qty | Rate | Curr % | Total % | Amount | |
|---------|--|---------|-----------|---------|-----|------|--------|---------|--------|----------|
| 15 HVAC | Option #1 Install (2) 5 ton Trane 208-230-3ph (2) 4 ton Trane 208-230-3ph (1) 9000 BTU Ductless Split 208-230-1ph Complete Central air and heat with all duct work, fiberglass with high velocity grills and balancing dampers, T-stat with zoning area a.CO2 duct mounted b. Single zone variable air volume with single motor Warranty 5 year Compressor 5 year parts 1 year labor Warranty: 5 years Compressor,5 year parts, 1 year labor | | | | | | | | | 8,228.60 |

| | | | | | | | | | |
|--------------------------|--|--|--|--|--|------------|--|--|--|
| Subtotal | | | | | | \$8,228.60 | | | |
| Sales Tax (8.25%) | | | | | | \$0.00 | | | |
| Total | | | | | | \$8,228.60 | | | |
| Payments/Credits | | | | | | \$0.00 | | | |
| Balance Due | | | | | | \$8,228.60 | | | |

Submission of Final DBRA Certified Payroll Form

Prime Contractor

Sub Contractor

| | | | | | |
|------------------|--|--------------------------------|-----------------------------------|-----------------------|----------|
| Project Name | RGV Construction, L.L.C.:Hidalgo County McAllen Clinic | Project No. or Contract No. | | Certified Payroll No. | 8 |
| Project Location | RGV CONSTRUCTION, McAllen, TX 78599 | Sub Contractor's Business Name | Border Air Conditioning, Inc | Week Ending Date | 03/28/26 |
| | | Sub Contractor Address | 507 S Hutto Road, Donna, TX 78537 | | |

| Worker Entry No. | Worker Name | SSN | (J) Journeyworker/ (RA) Registered Apprentice | Labor Classification | Pay Type | Hours Worked by Day | | | | | | | Total Hours Worked for the Week | Paid Hours on Check | Hourly Wage Rate Paid for ST, OT and DT | Gross Amt Earned | Total Fringe Benefit Credit | Payment in Lieu of Fringe Benefits | Check Number | Gross Amt Earned for All Work | Deduction for All Work | | | | | Net Payment to Worker for All Work |
|------------------|-------------------|-------|--|----------------------|----------------|---------------------|--------|--------|--------|--------|--------|--------|---------------------------------|---------------------|---|------------------|-----------------------------|------------------------------------|--------------|-------------------------------|------------------------|----------|-------------|-----------|---|------------------------------------|
| | | | | | | Fri 20 | Sat 21 | Sun 22 | Mon 23 | Tue 24 | Wed 25 | Thu 26 | | | | | | | | | Social Security | Medicare | Federal Tax | State Tax | Other (Must Specify and see Instructions) | |
| 1 | Brandon Hernandez | *1632 | HVAC Helper | Reg | ST OT DT | | | | | 8.25 | 7.25 | | 15.50 | 14.00 | 217.00 | 0.00 | 0.00 | 7729 | 754.25 | 46.76 | 10.94 | 68.00 | 0.00 | 11.32 | 137.02 | 617.23 |
| 2 | Roy Almaguer | *0715 | Hvac Service Technician | Reg | ST OT DT | | | | | 7.25 | 7.25 | | 14.50 | 22.00 | 319.00 | 0.00 | 0.00 | 7753 | 643.50 | 39.89 | 9.33 | 45.00 | 0.00 | 0.00 | 94.22 | 549.28 |
| 3 | William J. Weber | *0117 | HVAC Helper | Reg | ST OT DT | | | | | 6.75 | 7.25 | | 14.00 | 12.00 | 168.00 | 0.00 | 0.00 | 7754 | 345.00 | 21.39 | 5.01 | 4.00 | 0.00 | 0.00 | 30.40 | 314.60 |

| | | | | | |
|------------------|--|-----------------------------|---|--------------------------------------|------------------------------|
| Project Name | RGV Construction, L.L.C. Hidalgo County McAllen Clinic | Project No. or Contract No. | | Sub Contractor's Business Name | Border Air Conditioning, Inc |
| Project Location | RGV CONSTRUCTION, McAllen, TX 78599 | Certified Payroll No. | 8 | Certifying Official's Name and Title | Eddie Villarreal, Owner |
| Week Ending Date | 03/25/26 | | | | |

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 |
| | | |

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 (8B) on the first page of the 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 Type Plan No | <input type="checkbox"/> Funded <input type="checkbox"/> Unfunded | TOTAL HOURLY CREDIT |
|-------------------|-------------------------------|---|---------------------------|
| Brandon Hernandez | | | |
| Roy Almaguer | | | |
| William J. Weber | | | |

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: *Eddie Villarreal* Date: 06/15/26 Telephone Number: 956-464-8535 Email Address: yvonne.borderair@gmail.com

THE WILLFUL FALSIFICATION OF ANY OF THE ABOVE STATEMENTS MAY SUBJECT THE CONTRACTOR OR SUBCONTRACTOR TO CIVIL OR CRIMINAL PROSECUTION (BEE 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.

FireDefense Pros LLC

SCR-G-2617820
 1709 Dulcinea Ave
 Edinburg, TX 78539
 Phone 956-457-5743

Invoice

| | |
|-----------|-----------------|
| Date | Pay Application |
| 3/31/2026 | 3 |

| |
|------------------|
| Bill To |
| |
| RGV Construction |

| |
|--------------------------------------|
| Project |
| McAllen Health Clinic McAllen, TX |



FireDefense Pros LLC
 TRUST THE PROFESSIONALS

| Item Description | Contract Amount | Prior % | Current % | Total % to Date | Prior Amount | Current Amount | Total to Date |
|-----------------------------|--------------------|---------|-----------|-----------------|---------------------------------|----------------|--------------------|
| Fire Flow & Design Plans | \$2,500.00 | 100% | 0.00% | 100% | \$2,500.00 | \$0.00 | \$2,500.00 |
| Underground Fire & FDC Line | \$12,500.00 | 100% | 0.00% | 100% | \$12,500.00 | \$0.00 | \$12,500.00 |
| Above Ground Fire Sprinkler | \$43,000.00 | 70% | 30.00% | 100% | \$30,100.00 | \$12,900.00 | \$43,000.00 |
| Total | \$58,000.00 | | | | | | |
| Contract Total | \$58,000.00 | | | | | | |
| RETAINGE TO DATE | \$2,900.00 | | | | | | |
| | | | | | TOTAL THIS PERIOD | | \$12,900.00 |
| | | | | | PREVIOUS PAYMENTS | | \$45,100.00 |
| | | | | | TOTAL TO DATE | | \$58,000.00 |
| | | | | | RETAINAGE (5%) | | \$645.00 |
| | | | | | BALANCE DUE THIS INVOICE | | \$12,255.00 |

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 ADDRESS 1709 Dulcinea Ave
FireDefense Pros, LLC Edinburg, TX 78539 OMB No. 1235-0008
Expires 09/30/2026

PAYROLL NO. 2 FOR WEEK ENDING 03/06/2026 PROJECT AND LOCATION PROJECT OR CONTRACT NO.
McAllen Health Clinci

| (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 |
|--|--|-------------------------------|------------------|------|------|------|------|---|---|-----------------------|-----------------------|----------------------------------|--------------------|-------------------------|-------|---------------------|---|
| | | | M | T | W | T | F | S | S | | | | FICA | WITH- HOLDING TAX | OTHER | TOTAL DEDUCTIONS | |
| | | | | | | | | | | | | | | | | | |
| Gabriel Zammaron 2520 | | Laborer | o | | | | | | | | | \$504.00 | 1099 Subcontractor | | | | \$504.00 |
| | | | s | 8.00 | 8.00 | 8.00 | 8.00 | | | | 32.00 | 15.75 | | | | | |
| Felipe R. Pedraza 5882 | | Laborer | o | | | | | | | | | \$504.00 | 1099 Subcontractor | | | | \$504.00 |
| | | | s | 8.00 | 8.00 | 8.00 | 8.00 | | | | 32.00 | 15.75 | | | | | |
| Pedro Pedraza 1340 | | Laborer | o | | | | | | | | | \$480.00 | 1099 Subcontractor | | | | \$480.00 |
| | | | s | 8.00 | 8.00 | 8.00 | 8.00 | | | | 32.00 | 15.00 | | | | | |
| Joel Vargas Hernandez 2210 | | Laborer | o | | | | | | | | | \$560.00 | 1099 Subcontractor | | | | \$560.00 |
| | | | s | 8.00 | 8.00 | 8.00 | 8.00 | | | | 32.00 | 17.50 | | | | | |
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While completion of Form WH-347 is optional, it is mandatory for covered contractors and subcontractors performing work on Federally financed or assisted construction contracts to respond to the information collection contained in 29 C.F.R. §§ 3.3, 5.5(a). The Copeland Act (40 U.S.C. § 3145) contractors and subcontractors performing work on Federally financed or assisted construction contracts to "furnish weekly a statement with respect to the wages paid each employee during the preceding week." U.S. Department of Labor (DOL) regulations at 29 C.F.R. § 5.5(a)(3)(ii) require contractors to submit weekly a copy of all payrolls to the Federal agency contracting for or financing the construction project, accompanied by a signed "Statement of Compliance" indicating that the payrolls are correct and complete and that each laborer or mechanic has been paid not less than the proper Davis-Bacon prevailing wage rate for the work performed. DOL and federal contracting agencies receiving this information review the information to determine that employees have received legally required wages and fringe benefits.

Public Burden Statement

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

T.C.R. - The Best Alarm Inc.

1416 Houston St
Laredo, TX 78040-4934 USA
tcrcomm@sbcglobal.net

Item 21

INVOICE

BILL TO
RGV CONSTRUCTION
2723 CORNERSTONE BLVD.
TEXAS
EDINBRUG, TX 78539

SHIP TO
RGV CONSTRUCTION
2723 CORNERSTONE BLVD.
TEXAS
EDINBRUG, TX 78539

INVOICE 32609
DATE 04/01/2026
TERMS Net 30
DUE DATE 05/01/2026

| DATE | SERVICE | DESCRIPTION | QTY | RATE | AMOUNT |
|------|--------------------|---|-----|----------|----------|
| | FIRE ALARM INSTALL | FIRE ALARM SYSTEM Site: McAllen Clinic McAllen, Texas | 1 | 9,200.00 | 9,200.00 |
| | Late fee | Flat fee -Applied on May 2, 2026 | | | 0.00 |

SUBTOTAL 9,200.00

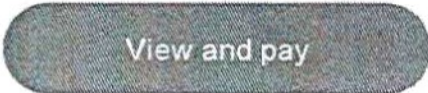
TAX 0.00

TOTAL 9,200.00

BALANCE DUE **\$9,200.00**

Ways to pay

BANK



PAYROLL

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



Rev. Dec. 2008

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

| | | |
|---|---|--|
| NAME OF CONTRACTOR <input type="checkbox"/> OR SUBCONTRACTOR <input type="checkbox"/> <p style="text-align: center;">TCR - THE BEST ALARM, INC.</p> | ADDRESS 1416 Houston st. Laredo, Texas 78040 | OMB No.:1235-0008 Expires: 07/31/2024 |
|---|---|--|

| | | | |
|-------------------------|--------------------------------------|--|-------------------------|
| PAYROLL NO. 1 | FOR WEEK ENDING 03/15/2026 | PROJECT AND LOCATION McAllen Clinic McAllen, Texas | 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 |
|--|--|-------------------------------|-----------|------------------|------|-----|------|-----|-----|-----|-----------------------|-----------------------|----------------------------------|-------------------|-------------------------|-------|---------------------|----------|---|
| | | | | 9 | 10 | 11 | 12 | 13 | 14 | 15 | | | | FICA | WITH- HOLDING TAX | OTHER | TOTAL DEDUCTIONS | | |
| | | | | Mon | Tue | Wed | Thur | Fri | Sat | Sun | | | | | | | | | |
| Arath Ramirez 9588 | | Low Voltage Technician | o | | | | | | | | | | 148 | | | | | \$148.00 | |
| | | | | s | 8.00 | | | | | | 8.00 | 18.50 | \$148.00 | | | | | | |
| Luis Carlos 6121 | | Low Voltage Technician | o | | | | | | | | | | \$148.00 | | | | | \$148.00 | |
| | | | | s | 8.00 | | | | | | 8.00 | 18.50 | \$148.00 | | | | | | |
| Dustin V. Resendez 7501 | | Low Voltage Technician | o | | | | | | | | | | \$200.00 | | | | | \$200.00 | |
| | | | | s | 8.00 | | | | | | 8.00 | 25.00 | \$200.00 | | | | | | |
| Alexzi Gaona 0061 | | Low Voltage Technician | o | | | | | | | | | | \$148.00 | | | | | \$148.00 | |
| | | | | s | 8.00 | | | | | | 8.00 | 18.50 | \$148.00 | | | | | | |
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While completion of Form WH-347 is optional, it is mandatory for covered contractors and subcontractors performing work on Federally financed or assisted construction contracts to respond to the information collection contained in 29 C.F.R. §§ 3.3, 5.5(a). The Copeland Act (40 U.S.C. § 3145) contractors and subcontractors performing work on Federally financed or assisted construction contracts to "furnish weekly a statement with respect to the wages paid each employee during the preceding week." U.S. Department of Labor (DOL) regulations at 29 C.F.R. § 5.5(a)(3)(ii) require contractors to submit weekly a copy of all payrolls to the Federal agency contracting for or financing the construction project, accompanied by a signed "Statement of Compliance" indicating that the payrolls are correct and complete and that each laborer or mechanic has been paid not less than the proper Davis-Bacon prevailing wage rate for the work performed. DOL and federal contracting agencies receiving this information review the information to determine that employees have received legally required wages and fringe benefits.

Public Burden Statement

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

Date 04/01/2026

I, Edith Trevino Bookkeeper
(Name of Signatory Party) (Title)

do hereby state:

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

TCR - THE BEST ALARM, INC.

(Contractor or Subcontractor) on the

Hidalgo County Portable Building; that during the payroll period commencing on the

(Building or Work)

9th day of March, 2026, and ending the 15th day of March, 2026,

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

TCR - THE BEST ALARM, INC.

(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 |
|-------------------|-------------|
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REMARKS:

| | |
|--|--|
| NAME AND TITLE Dustin V Resendez RGV Manager | 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.

Item NO. 19

INVOICE
C23-99935
03/05/2026



Cantu's Plumbing Inc.

2710 N. Conway Ave., Mission, TX 78574
O: (956) 581-6937 F: (956) 519-3488
admin@cpitexas.net

Name / Address

RGV Construction, LLC
PO Box 720137
McAllen, TX 78504
O:956-972-1921 / C:956-212-4114
rgvconstructionllc@gmail.com

Ship To

HIDALGO COUNTY
MCALLEN HEALTH CLINIC
529 N CYNTHIA ST
MCALLEN, TX 78501

| | | | |
|-----------------|--------------|-------------------------------|---|
| P.O. No. | Terms | Due Date 03/20/2026 | Project / Job McAllen Health Clinic |
|-----------------|--------------|-------------------------------|---|

| Qty | Description | Cost | Total |
|-----|-------------|------|-------|
|-----|-------------|------|-------|

DRAW REQUEST FOR:

FURNISH AND INSTALL PLUMBING FIXTURES PER PLANS OR
APPROVAL EQUAL - PER ENGINEER

LABOR AND MATERIAL

21,760.00 21,760.00

| | | |
|-------------------------------------|--------------|---------------------|
| <i>Thank you for your business.</i> | Total | \$ 21,760.00 |
|-------------------------------------|--------------|---------------------|

Texas State Board of Plumbing Examiners
7915 Cameron Road, Austin, Texas 78754
Phone (512)936-5200

U.S. Department of Labor
Wage and Hour Division

Davis-Bacon and Related Acts Weekly Certified Payroll Form
(For Contractor's Optional Use; See Instructions at www.dol.gov/whd/forms/wh347instr.htm)



U.S. Wage and Hour Division

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 | | | | | | | | | | | | | | | | | | | | | | |
|--|------------------|-----------------------------|-----------------------|------------------------|--|---|-------------------------------------|---|-----|-----|-----|-----|-----|-----|-----------------------------|-------------------------------------|-----------------------------|------------------------------------|------------------|-------------------------------|-------------------------|---------|--------|--------------------------------|--------|--------|---------|-----|
| HidalgoCounty-McAllenHealthClinic | | | | 39 | | Cantu's Plumbing Inc | | | | | | | | | | | | | | | | | | | | | | |
| PROJECT LOCATION | | WAGE DETERMINATION NO. | | WEEK ENDING DATE | | PRIME CONTRACTOR'S/SUBCONTRACTOR'S BUSINESS ADDRESS | | | | | | | | | | | | | | | | | | | | | | |
| 529 N Cynthia Street McAllen, TX 78501 | | | | 03/18/2026 | | 2710 N Conway Ave Mission, Texas 78574 | | | | | | | | | | | | | | | | | | | | | | |
| (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. | (J) 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 | | | | |
| | | | | | | | | Tue | Fri | Sat | Sun | Mon | Tue | Wed | | | | | | | Thu | Fri | Sat | | Sun | Tue | Fri | Sat |
| | | | | | | | HOURS WORKED EACH DAY | | | | | | | | | | | | | | | | | | | | | |
| 1 | Olguin | Luis | Enrique | 988-98-0704 | | PLUMBER | ST | | | | | | | | | | 5 | 25.00 | 0.00 | 0.00 | 308.00 | 1680.76 | 142.88 | 125.44 | 113.85 | 352.06 | 1307.67 | |
| | | | | | | | OT | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 37.50 | 0.00 | 0.00 | 309.00 | 1535.00 | 110.28 | 117.43 | 100.00 | 327.71 | 1207.29 | |
| 2 | Torres | Juan | | 988-98-0704 | | PLUMBER | ST | 1 | 6 | 0 | 0 | 7 | 0 | 0 | | | 20 | 25.00 | 0.00 | 0.00 | 309.00 | 1535.00 | 110.28 | 117.43 | 100.00 | 327.71 | 1207.29 | |
| | | | | | | | OT | | | | | | | | | | 0 | | | | | | | | | | | |
| 3 | Vargas | Cuahtemoc | | 988-98-1610 | | ASSISTANT PLUMBER | ST | 1 | 6 | 0 | 0 | 7 | 0 | 0 | | | 20 | 17.00 | 0.00 | 0.00 | 305.00 | 924.50 | 39.53 | 73.73 | 0.00 | 191.26 | 423.24 | |
| | | | | | | | OT | | | | | | | | | | 0 | | | | | | | | | | | |
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| | | | | | | | ST | | | | | | | | | | 0 | | | | | | | | | | | |
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| | | | | | | | OT | | | | | | | | | | 0 | | | | | | | | | | | |

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 S3502, 200 Constitution Avenue, N.W. Washington, D.C. 20210 (over)

| | | | |
|--|--------------------------------|--------------------------------------|--|
| PROJECT NAME HidalgoCounty-McAllenHealthClinic | PROJECT NO. or CONTRACT NO. | PAYROLL NO. 39 | PRIME CONTRACTOR'S/SUBCONTRACTOR'S BUSINESS NAME Cantu's Plumbing Inc |
| PROJECT LOCATION 529 N Cynthia Street McAllen, TX 78501 | WEEK ENDING DATE 03/18/2026 | 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 | \$ | \$ |
| | 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 <i>Saul Mont</i> | DATE 3/19/26 | TELEPHONE NUMBER (936) 581-6937 | EMAIL ADDRESS accounting@cgitech.net |
|--|-----------------|------------------------------------|---|

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.

Allowance Expenditure Authorization

Project: Hidalgo County Health Clinic McAllen **Authorization No.** 3

Contract No.: C-24-0312-09-27 **Date:** 11/18/2025
To: RGV Construction, LLC.

Attention: Tony Flores

You are authorized to perform the following items(s) of work and to adjust the allowance sum accordingly, as indicated below. This is not a change order and does not increase nor decrease the contract amount.

Description of Work: Installation of sink in immunization room #25/Installation of 2 Parking Lot Poles
Change Request #003

| Item # | | \$ | |
|--------|--|----|-------------|
| 1 | Installation of Sink (Labor & Material) | \$ | 10,762.50 ✓ |
| 2 | Installation of 2 Parking Lot Light Poles (Labor & Material) | \$ | 10,972.50 ✓ |
| | | \$ | 21,735.00 |

| | | |
|---|-----------|------------------|
| Original Owner Allowance Sum | \$ | 125,000.00 |
| Allowance Expenditures Prior to this Authorization | \$ | 19,000.00 |
| Allowance Balance Prior to this Authorization | \$ | 106,000.00 |
| Allowance Sum will be decreased by this Authorization | \$ | 21,735.00 |
| New Owner Allowance Sum | \$ | 84,265.00 |

This Allowance Expenditure represents adjustments to the Allowance Balance as noted above and described herein.

Accepted and agreed to by:

RGV Construction, LLC.


Signature

12/2/25
Date

Hidalgo County Health Dept.

Signature

Date

B2Z Engineering, LLC.

Signature

Date

Accepted and agreed to on behalf of Hidalgo County:

Hidalgo County

Signature

Date



Proposed - Change Order #6

Date: November 5, 2025

SUBMITTED TO:

The County of Hidalgo
2812 S. Bus. Hwy. 281
Edinburg, TX 78239

Attn: B2Z Engineering, LLC

PROJECT:

McAllen Health Clinic
529 N. Cynthia St,
McAllen, TX 78501

Proposed Changes (Labor & Material)

Install sink to immunization room #25

Cost Increase: \$ 10,250.00

5% P&O: \$512.50

Total Cost Increase: \$ 10,762.50 ✓

Submitted By: Tony Flores - Owner

Proposal Approved By: _____ Date: _____

Print Name: _____



Proposed - Change Order #4

Date: October 8, 2025

SUBMITTED TO:

The County of Hidalgo
2812 S. Bus. Hwy. 281
Edinburg, TX 78239

Attn: B2Z Engineering, LLC

PROJECT:

McAllen Health Clinic
529 N. Cynthia St,
McAllen, TX 78501

Proposed Changes (Labor & Material)

Install of (2) Parking Lot Poles
Trenching and conduit – includes concrete and pier

Cost Increase: \$ 10,450.00

5% P&O: \$522.50

Total Cost Increase: \$ 10,972.50

Submitted By: Tony Flores - Owner

Proposal Approved By: _____ Date: _____

Print Name: _____



**Allowance Expenditure
 Authorization**

Project: Hidalgo County Health Clinic **Authorization No.** 4
 McAllen

Contract No.: C-24-0312-09-27 **Date:** 02/03/26

To : RGV Construction, LLC.

Attention: Tony Flores

You are authorized to perform the following items(s) of work and to adjust the allowance sum accordingly, as indicated below. This is not a change order and does not increase nor decrease the contract amount.

Description of Work: Furnish & install Dreamweaver Grace Bay 4027
Change Request #004

| | | | | |
|---------------|--------------------------------|----|-------------------|---|
| Item # | | | | |
| 1 | 20mil LVT in lieu of 12mil LVT | \$ | 2,047.50 | ✓ |
| | | | <u>\$2,047.50</u> | |

| | | |
|---|----|------------|
| Original Owner Allowance Sum | \$ | 125,000.00 |
| Allowance Expenditures Prior to this Authorization | \$ | 40,735.00 |
| Allowance Balance Prior to this Authorization | \$ | 84,265.00 |
| Allowance Sum will be decreased by this Authorization | \$ | 2,047.50 |
| New Owner Allowance Sum | \$ | 82,217.50 |

This Allowance Expenditure represents adjustments to the Allowance Balance as noted above and described herein.

Accepted and agreed to by:

RGV Construction, LLC. 3/10/26
 Signature Date

Hidalgo County Health Dept.
 Signature Date

B2Z Engineering, LLC. 02/03/26
 Signature Date

Accepted and agreed to on behalf of Hidalgo County:

Hidalgo County
 Signature Date

EXECUTED as of the day and year first written above.

APPROVED BY COMMISSIONERS' COURT ON MARCH 31, 2026

Agenda Item No. 102885

Executive Office: *MS*
MS

CONTRACTOR:
RGV Construction, LLC

COUNTY:
COUNTY OF HIDALGO

Tony Flores
Tony Flores (Mar 31, 2026 16:56:41 CDT)
Tony Flores, President

Richard F Cortez
Hon. Richard F. Cortez, County Judge

ATTEST:



Arturo Guajardo Jr
Arturo Guajardo, Jr., County Clerk

SUPPLEMENTAL SIGNATURES
B2Z Engineering, LLC

Aisha Gonzalez
Aisha Gonzalez (Apr 2, 2026 13:04:52 CDT)
Aisha Gonzalez, President



Proposed - Change Order #10

Date: January 6, 2026

SUBMITTED TO:

The County of Hidalgo
2812 S. Bus. Hwy. 281
Edinburg, TX 78239

Attn: B2Z Engineering, LLC

PROJECT:

McAllen Health Clinic
529 N. Cynthia St,
McAllen, TX 78501

Proposed Changes (Labor & Material)

Furnish and install Dreamweaver Grace Bay 4027
(20mil LVT in lieu of 12mil LVT)

Cost : \$1,950.00

5% P&O: \$97.50

Total Cost: \$2,047.50

Submitted By: Tony Flores - Owner

Proposal Approved By: _____

Date: 02/03/26

Print Name: David Rivera

P.O. BOX 720137 * McALLEN, TEXAS 78504
2723 CORNERSTONE BLVD. * EDINBURG, TEXAS 78539
OFFICE (956)972-1921 * CELL (956)212-4114 * FAX (956)972-1924
RGVCONSTRUCTIONLLC@GMAIL.COM












CAEA No. 4 C-24-0312-09-27

Final Audit Report

2026-04-08

| | |
|-----------------|--|
| Created: | 2026-03-31 |
| By: | Juan Herrera (juan.herrera@co.hidalgo.tx.us) |
| Status: | Signed |
| Transaction ID: | CBJCHBCAABAAAsMIEQIFd8qn20Izmi0NhdTihX5NUc-0 |


"CAEA No. 4 C-24-0312-09-27" History

-  Document created by Juan Herrera (juan.herrera@co.hidalgo.tx.us)
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-  Document emailed to Tony Flores (rgvconstructionllc@gmail.com) for signature
2026-03-31 - 9:38:49 PM GMT
-  Email viewed by Tony Flores (rgvconstructionllc@gmail.com)
2026-03-31 - 9:56:02 PM GMT
-  Document e-signed by Tony Flores (rgvconstructionllc@gmail.com)
Signature Date: 2026-03-31 - 9:56:41 PM GMT - Time Source: server
-  Document emailed to Aisha Gonzalez (aisha@b2zeng.com) for signature
2026-03-31 - 9:56:44 PM GMT
-  Email viewed by Aisha Gonzalez (aisha@b2zeng.com)
2026-04-01 - 5:45:26 AM GMT
-  Document e-signed by Aisha Gonzalez (aisha@b2zeng.com)
Signature Date: 2026-04-02 - 6:04:52 PM GMT - Time Source: server
-  Document emailed to Monica Salinas (monica.salinas@co.hidalgo.tx.us) for approval
2026-04-02 - 6:05:02 PM GMT
-  Email viewed by Monica Salinas (monica.salinas@co.hidalgo.tx.us)
2026-04-07 - 1:54:41 PM GMT
-  Document approved by Monica Salinas (monica.salinas@co.hidalgo.tx.us)
Approval Date: 2026-04-07 - 1:54:53 PM GMT - Time Source: server
-  Document emailed to countyjudge.contracts@co.hidalgo.tx.us for signature
2026-04-07 - 1:54:57 PM GMT




 Email viewed by countyjudge.contracts@co.hidalgo.tx.us


2026-04-08 - 2:58:32 PM GMT

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2026-04-08 - 3:00:10 PM GMT

 Document e-signed by Richard F. Cortez (countyjudge.contracts@co.hidalgo.tx.us)

Signature Date: 2026-04-08 - 3:00:12 PM GMT - Time Source: server

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2026-04-08 - 3:00:19 PM GMT

 Email viewed by sandra garcia (sandra.solis@co.hidalgo.tx.us)


2026-04-08 - 3:09:08 PM GMT

 Email viewed by daniela.zhinojosa@co.hidalgo.tx.us

2026-04-08 - 3:17:42 PM GMT

 Signer daniela.zhinojosa@co.hidalgo.tx.us entered name at signing as Daniela Zedillo-Hinojosa

2026-04-08 - 3:21:15 PM GMT

 Document approved by Daniela Zedillo-Hinojosa (daniela.zhinojosa@co.hidalgo.tx.us)


Approval Date: 2026-04-08 - 3:21:17 PM GMT - Time Source: server

 Document emailed to arturo.guajardo@co.hidalgo.tx.us for signature

2026-04-08 - 3:21:21 PM GMT

 Email viewed by arturo.guajardo@co.hidalgo.tx.us


2026-04-08 - 4:19:18 PM GMT

 Signer arturo.guajardo@co.hidalgo.tx.us entered name at signing as Arturo Guajardo Jr.

2026-04-08 - 7:25:59 PM GMT

 Document e-signed by Arturo Guajardo Jr. (arturo.guajardo@co.hidalgo.tx.us)

Signature Date: 2026-04-08 - 7:26:01 PM GMT - Time Source: server

 Document sent to Daniela Zedillo-Hinojosa (daniela.zhinojosa@co.hidalgo.tx.us) and sandra.solis@co.hidalgo.tx.us for approval. One of them to approve

2026-04-08 - 7:26:04 PM GMT

 Email viewed by sandra.solis@co.hidalgo.tx.us

2026-04-08 - 7:26:12 PM GMT

 Email viewed by Daniela Zedillo-Hinojosa (daniela.zhinojosa@co.hidalgo.tx.us)

2026-04-08 - 9:04:24 PM GMT



 Document approved by Daniela Zedillo-Hinojosa (daniela.zhinojosa@co.hidalgo.tx.us)

Approval Date: 2026-04-08 - 9:05:10 PM GMT - Time Source: server

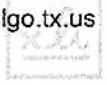
 Agreement completed.

2026-04-08 - 9:05:10 PM GMT



Document G701

Daniela Zedillo-Hinojosa
E-signed 2026-04-08 10:17AM CDT
daniela.zhinojosa@co.hidalgo.tx.us



Change Order

| | | |
|---|---|--|
| PROJECT: (Name and Address) McAllen Health Center Improvement Project 529 N Cynthia St. McAllen, TX 78501 | CHANGE ORDER NUMBER: 3 DATE: 3/17/2026 ARCHITECT'S PROJECT NO: | OWNER <input checked="" type="checkbox"/> ARCHITECT <input checked="" type="checkbox"/> CONTRACTOR <input checked="" type="checkbox"/> FIELD <input type="checkbox"/> OTHER <input checked="" type="checkbox"/> |
| CONTRACTOR: (Name and Address) RGV Construction LLC 2723 Cornerstone Blvd. Edinburg, TX 78539 | CONTRACT DATE: 3/18/2025 CONTRACT FOR: HCHC McAllen | |

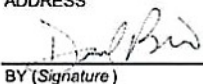
The Contract is changed as follows:
(Include, where applicable, any undisputed amount attributable to previously executed Construction Change Directives)
Please see attached change proposals:

1. Add an additional One Hundred Twenty (120) working days to the contract. This is due to additional scope of work added to the original design.
2. Reallocate the savings from the Landscape (\$6,614) to the Contingency balance. The original balance was \$125,000 and will now reflect \$131,614. After AEA 06 is processed, the remaining Contingency balance will reflect \$13,284.40.

| | | |
|--|----|-----------------------|
| The original <u>Guaranteed Maximum Price</u> was | \$ | <u>\$1,936,193.62</u> |
| The net change by previously authorized Change Orders | \$ | <u>\$0.00</u> |
| The <u>Guaranteed Maximum Price</u> prior to this Change Order was | \$ | <u>\$1,936,193.62</u> |
| The <u>Guaranteed Maximum Price</u> will be <u>unchanged</u> by this Change Order in the amount of | \$ | <u>\$0.00</u> |
| The new <u>Guaranteed Maximum Price</u> including this Change Order will be | \$ | <u>\$1,936,193.62</u> |
| The Contract Time will be <u>increased</u> by <u>One Hundred-Twenty (120)</u> days | | |
| The date of Substantial Completion as of the date of this Change Order therefore is July 20th , 2026 | | |

(Note: This Change Order does not include changes in the Contract Sum, Contract Time or Guaranteed Maximum Price which have been authorized by Construction Change Directive until the cost and time have been agreed upon by both the Owner and Contractor, in which case a Change Order is executed to supersede the Construction Change Directive.)

NOT VALID UNTIL SIGNED BY THE ARCHITECT, CONTRACTOR AND OWNER.

| | | |
|---|---|--|
| <u>B2Z Engineering</u> ENGINEER (Firm name) | <u>RGV CONSTRUCTION</u> CONTRACTOR (Firm name) | <u>The County of Hidalgo</u> OWNER (Firm name) |
| <u>900 S. Stewart Rd Mission TX. 78572</u> ADDRESS | <u>PO Box 720137 McAllen, TX 78504</u> ADDRESS | <u>2821 S. Bus Hwy 281 Edinburg, TX 78539</u> ADDRESS |
|  BY (Signature) |  BY (Signature) |  BY (Signature) |
| <u>David Rivera</u> Typed name | <u>Tony Flores</u> Typed name | <u>Richard F. Cortez</u> Accepted and agreed to on behalf of Hidalgo County |
| <u>03/17/26</u> DATE | <u>3/18/26</u> DATE | <u>04/08/2026</u> DATE |

EXECUTED as of the day and year first written above.

APPROVED BY COMMISSIONERS' COURT ON MARCH 31, 2026

Agenda Item No. 102885

Executive Office: *me*
MS

CONTRACTOR:
RGV Construction, LLC

COUNTY:
COUNTY OF HIDALGO

TFF
Tony Flores (Mar 31, 2026 16:31:43 CDT)
Tony Flores, President

Richard F Cortez
Hon. Richard F. Cortez, County Judge

ATTEST:



Arturo Guajardo Jr
Arturo Guajardo, Jr., County Clerk

SUPPLEMENTAL SIGNATURES
B2Z Engineering, LLC

AGG
Aisha Gonzalez (Apr 2, 2026 13:06:26 CDT)
Aisha Gonzalez, President


Start Date

Month: Day: Year: Date:

3 / 22 / 2026 

Today

Add/Subtract:

(+) Add 

Years:

Months:

Weeks:

Days:

Include the time

Include only certain weekdays

Repeat

Calculate New Date

From Sunday, March 22, 2026
Added 120 days

Result: Monday, July 20, 2026

◀ Make adjustment and calculate again

Start Again ▶

Calendar showing period from March 22, 2026 to July 20, 2026

March 2026
9 days added

| Sun | Mon | Tue | Wed | Thu | Fri | Sat |
|-----------|-----|-----|-----|-----|-----|-----|
| 1 | 2 | 3 | 4 | 5 | 6 | 7 |
| 8 | 9 | 10 | 11 | 12 | 13 | 14 |
| 15 | 16 | 17 | 18 | 19 | 20 | 21 |
| 22 | 23 | 24 | 25 | 26 | 27 | 28 |
| 29 | 30 | 31 | | | | |

April 2026
30 days added

| Sun | Mon | Tue | Wed | Thu | Fri | Sat |
|-----|-----|-----|-----|-----|-----|-----|
| | | | 1 | 2 | 3 | 4 |
| 5 | 6 | 7 | 8 | 9 | 10 | 11 |
| 12 | 13 | 14 | 15 | 16 | 17 | 18 |
| 19 | 20 | 21 | 22 | 23 | 24 | 25 |
| 26 | 27 | 28 | 29 | 30 | | |

May 2026–June 2026
May 2026: 31 days added
June 2026: 30 days added

July 2026
20 days added

| Sun | Mon | Tue | Wed | Thu | Fri | Sat |
|-----|-----------|-----|-----|-----|-----|-----|
| | | | 1 | 2 | 3 | 4 |
| 5 | 6 | 7 | 8 | 9 | 10 | 11 |
| 12 | 13 | 14 | 15 | 16 | 17 | 18 |
| 19 | 20 | 21 | 22 | 23 | 24 | 25 |
| 26 | 27 | 28 | 29 | 30 | 31 | |

= Start date (Mar 22, 2026) = Final result date (Jul 20, 2026)

Make a New Calculation

Change Order No. 3 to C-24-0312-09-27
HC & RGV Construction, LLC

3 of 4 New calculation with Monday, July 20, 2026 as starting point

Lopez Nursery

Landscaping, Maintenance, Irrigation System, Hydro Mulch
8001 N. Ware Rd., McAllen, Tx. 78504
(956) 821-9477 or (956) 310-9110
E-Mail:lopeznursery35@aol.com

January 5,2026

Tony Flores
RGV Construction
Hidalgo County Clinic
McAllen,Tx 78501

Landscaping

| | | |
|---|----------------------|-------------|
| 3 | Montezuma Cypress 4" | |
| 4 | Crape Myrtle | |
| 1 | Sod | |
| 1 | Misc Material | |
| 1 | Sprinkler System | |
| | | \$30,311.00 |

This proposal may be withdrawn by us if not accepted within 30 days. The proposal as per plan. Method of payment is to be payable in advance of 50% upon acceptance of contract and balance is due upon completion of job. We will not be responsible for any underground cable, phone lines, water pipes and/or sewer etc. There is no warranty or guarantee on any plants or grass.












Change Order No. 3 to C-24-0312-09-27

Final Audit Report


2026-04-08

| | |
|-----------------|--|
| Created: | 2026-03-31 |
| By: | Juan Herrera (juan.herrera@co.hidalgo.tx.us) |
| Status: | Signed |
| Transaction ID: | CBJCHBCAABAAX_S36RkhciCLteR6VryO29L0MqMcZGuu |

"Change Order No. 3 to C-24-0312-09-27" History

-  Document created by Juan Herrera (juan.herrera@co.hidalgo.tx.us)
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-  Document emailed to Tony Flores (rgvconstructionllc@gmail.com) for signature
2026-03-31 - 9:28:53 PM GMT
-  Email viewed by Tony Flores (rgvconstructionllc@gmail.com)
2026-03-31 - 9:31:25 PM GMT
-  Document e-signed by Tony Flores (rgvconstructionllc@gmail.com)
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-  Document emailed to Aisha Gonzalez (aisha@b2zeng.com) for signature
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2026-04-01 - 5:45:25 AM GMT
-  Document e-signed by Aisha Gonzalez (aisha@b2zeng.com)
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-  Document emailed to Monica Salinas (monica.salinas@co.hidalgo.tx.us) for approval
2026-04-02 - 6:06:35 PM GMT
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2026-04-07 - 1:53:11 PM GMT
-  Document approved by Monica Salinas (monica.salinas@co.hidalgo.tx.us)
Approval Date: 2026-04-07 - 1:54:24 PM GMT - Time Source: server
-  Document emailed to countyjudge.contracts@co.hidalgo.tx.us for signature
2026-04-07 - 1:54:28 PM GMT




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2026-04-08 - 2:55:42 PM GMT

 Signer countyjudge.contracts@co.hidalgo.tx.us entered name at signing as Richard F. Cortez

2026-04-08 - 2:57:26 PM GMT

 Document e-signed by Richard F. Cortez (countyjudge.contracts@co.hidalgo.tx.us)

Signature Date: 2026-04-08 - 2:57:28 PM GMT - Time Source: server

 Document sent to daniela.zhinojosa@co.hidalgo.tx.us and sandra garcia (sandra.solis@co.hidalgo.tx.us) for approval. One of them to approve

2026-04-08 - 2:57:31 PM GMT

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2026-04-08 - 2:57:39 PM GMT

 Email viewed by daniela.zhinojosa@co.hidalgo.tx.us


2026-04-08 - 3:10:39 PM GMT

 Signer daniela.zhinojosa@co.hidalgo.tx.us entered name at signing as Daniela Zedillo-Hinojosa

2026-04-08 - 3:17:27 PM GMT

 Document approved by Daniela Zedillo-Hinojosa (daniela.zhinojosa@co.hidalgo.tx.us)


Approval Date: 2026-04-08 - 3:17:29 PM GMT - Time Source: server

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2026-04-08 - 3:17:32 PM GMT

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2026-04-08 - 4:19:18 PM GMT

 Signer arturo.guajardo@co.hidalgo.tx.us entered name at signing as Arturo Guajardo Jr.

2026-04-08 - 7:24:57 PM GMT

 Document e-signed by Arturo Guajardo Jr. (arturo.guajardo@co.hidalgo.tx.us)

Signature Date: 2026-04-08 - 7:24:59 PM GMT - Time Source: server

 Document sent to Daniela Zedillo-Hinojosa (daniela.zhinojosa@co.hidalgo.tx.us) and sandra.solis@co.hidalgo.tx.us for approval. One of them to approve

2026-04-08 - 7:25:03 PM GMT


 Email viewed by sandra.solis@co.hidalgo.tx.us

2026-04-08 - 7:25:10 PM GMT

 Email viewed by Daniela Zedillo-Hinojosa (daniela.zhinojosa@co.hidalgo.tx.us)

2026-04-08 - 9:02:19 PM GMT



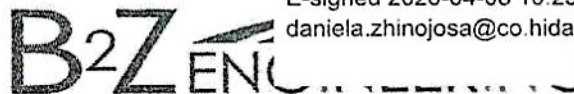
 Document approved by Daniela Zedillo-Hinojosa (daniela.zhinojosa@co.hidalgo.tx.us)

Approval Date: 2026-04-08 - 9:03:50 PM GMT - Time Source: server

 Agreement completed.

2026-04-08 - 9:03:50 PM GMT





**Allowance Expenditure
 Authorization**

Project: Hidalgo County Health Clinic **Authorization No.** 5
 McAllen

Contract No.: C-24-0312-09-27 **Date:** 2/6/2026
To: RGV Construction, LLC.

Attention: Tony Flores

You are authorized to perform the following items(s) of work and to adjust the allowance sum accordingly, as indicated below. This is not a change order and does not increase nor decrease the contract amount.

Description of Work: Installation of Down Spouts / Installation of Insulation in Ceiling
Change Request #005

| Item # | | | |
|--------|--|----|------------|
| 1 | Install (6) downspouts from roof drain to sidewalk | \$ | 3,675.00 ✓ |
| 2 | Add R-19 Insulation to Ceiling | \$ | 4,725.00 ✓ |
| | | | \$8,400.00 |

| | | |
|---|-----------|------------------|
| Original Owner Allowance Sum | \$ | 125,000.00 |
| Allowance Expenditures Prior to this Authorization | \$ | 42,782.50 |
| Allowance Balance Prior to this Authorization | \$ | 82,217.50 |
| Allowance Sum will be decreased by this Authorization | \$ | 8,400.00 |
| New Owner Allowance Sum | \$ | 73,817.50 |

This Allowance Expenditure represents adjustments to the Allowance Balance as noted above and described herein.

Accepted and agreed to by:

RGV Construction, LLC. 2/6/26
 Signature Date

Hidalgo County Health Dept. _____
 Signature Date

B2Z Engineering, LLC. 02/06/26
 Signature Date

Accepted and agreed to on behalf of Hidalgo County:

Hidalgo County _____
 Signature Date

EXECUTED as of the day and year first written above.

APPROVED BY COMMISSIONERS' COURT ON MARCH 31, 2026

Agenda Item No. 102885

Executive Office: *MS*

CONTRACTOR:
RGV Construction, LLC

COUNTY:
COUNTY OF HIDALGO

TF
Tony Flores (Mar 31, 2026 16:57:23 CDT)
Tony Flores, President

Richard F Cortez
Hon. Richard F. Cortez, County Judge

ATTEST:



Arturo Guajardo Jr
Arturo Guajardo, Jr., County Clerk

SUPPLEMENTAL SIGNATURES
B2Z Engineering, LLC

AGG
Aisha Gonzalez (Apr 2, 2026 13:04:26 CDT)
Aisha Gonzalez, President



Proposed - Change Order #15

Date: January 26, 2026

SUBMITTED TO:

The County of Hidalgo
2812 S. Bus. Hwy. 281
Edinburg, TX 78239

Attn: BZZ Engineering, LLC

PROJECT:

McAllen Health Clinic
529 N. Cynthia St,
McAllen, TX 78501

Proposed Changes (Labor & Material)

Installing (6) downspouts from roof drain to sidewalk.

Cost : \$3,500.00

5% P&O: \$175.00

Total Additional Cost: \$3,675.00

Submitted By: Tony Flores - Owner

Proposal Approved By: _____

A handwritten signature in black ink, appearing to read "David Rivera", is written over the signature line.

Date: 02/06/26

Print Name: David Rivera

P.O. BOX 720137 * McALLEN, TEXAS 78504
2723 CORNERSTONE BLVD. * EDINBURG, TEXAS 78539
OFFICE (956)972-1921 * CELL (956)212-4114 * FAX (956)972-1924
RGVCONSTRUCTIONLLC@GMAIL.COM



Proposed - Change Order #16

Date: January 26, 2026

SUBMITTED TO:

The County of Hidalgo
2812 S. Bus. Hwy. 281
Edinburg, TX 78239

Attn: B2Z Engineering, LLC

PROJECT:

McAllen Health Clinic
529 N. Cynthia St,
McAllen, TX 78501

Proposed Changes (Labor & Material)

Add R-19 Insulation to Ceiling.

Cost : \$4,500.00

5% P&O: \$225.00

Total Additional Cost: \$4,725.00

Submitted By: Tony Flores - Owner

Proposal Approved By: _____

Date: 02/06/26

Print Name: David Rivera

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2723 CORNERSTONE BLVD. * EDINBURG, TEXAS 78539
OFFICE (956)972-1921 * CELL (956)212-4114 * FAX (956)972-1924
RGVCONSTRUCTIONLLC@GMAIL.COM












CAEA No. 5 to C-24-0312-09-27

Final Audit Report

2026-04-08


| | |
|-----------------|--|
| Created: | 2026-03-31 |
| By: | Juan Herrera (juan.herrera@co.hidalgo.tx.us) |
| Status: | Signed |
| Transaction ID: | CBJCHBCAABAAEMf0Xmaz1D6f3FkJÖqkZlgG5wQ5SNbZR |


"CAEA No. 5 to C-24-0312-09-27" History


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-  Document emailed to Tony Flores (rgvconstructionllc@gmail.com) for signature
2026-03-31 - 9:42:25 PM GMT
-  Email viewed by Tony Flores (rgvconstructionllc@gmail.com)
2026-03-31 - 9:56:51 PM GMT
-  Document e-signed by Tony Flores (rgvconstructionllc@gmail.com)
Signature Date: 2026-03-31 - 9:57:23 PM GMT - Time Source: server
-  Document emailed to Aisha Gonzalez (aisha@b2zeng.com) for signature
2026-03-31 - 9:57:26 PM GMT
-  Email viewed by Aisha Gonzalez (aisha@b2zeng.com)
2026-04-01 - 5:45:26 AM GMT
-  Document e-signed by Aisha Gonzalez (aisha@b2zeng.com)
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-  Document emailed to Monica Salinas (monica.salinas@co.hidalgo.tx.us) for approval
2026-04-02 - 6:04:31 PM GMT
-  Email viewed by Monica Salinas (monica.salinas@co.hidalgo.tx.us)
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-  Document approved by Monica Salinas (monica.salinas@co.hidalgo.tx.us)
Approval Date: 2026-04-07 - 1:55:18 PM GMT - Time Source: server
-  Document emailed to countyjudge.contracts@co.hidalgo.tx.us for signature
2026-04-07 - 1:55:22 PM GMT





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-  Email viewed by countyjudge.contracts@co.hidalgo.tx.us
2026-04-08 - 3:02:21 PM GMT


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2026-04-08 - 3:04:01 PM GMT


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
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2026-04-08 - 3:21:36 PM GMT


-  Signer daniela.zhinojosa@co.hidalgo.tx.us entered name at signing as Daniela Zedillo-Hinojosa
2026-04-08 - 3:25:18 PM GMT


-  Document approved by Daniela Zedillo-Hinojosa (daniela.zhinojosa@co.hidalgo.tx.us)
Approval Date: 2026-04-08 - 3:25:20 PM GMT - Time Source: server


-  Document emailed to arturo.guajardo@co.hidalgo.tx.us for signature
2026-04-08 - 3:25:23 PM GMT


-  Email viewed by arturo.guajardo@co.hidalgo.tx.us
2026-04-08 - 4:19:18 PM GMT


-  Signer arturo.guajardo@co.hidalgo.tx.us entered name at signing as Arturo Guajardo Jr.
2026-04-08 - 9:26:43 PM GMT

-  Document e-signed by Arturo Guajardo Jr. (arturo.guajardo@co.hidalgo.tx.us)
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-  Document emailed to Daniela Zedillo-Hinojosa (daniela.zhinojosa@co.hidalgo.tx.us) for approval
2026-04-08 - 9:26:49 PM GMT

-  Email viewed by Daniela Zedillo-Hinojosa (daniela.zhinojosa@co.hidalgo.tx.us)
2026-04-08 - 9:31:47 PM GMT

-  Document approved by Daniela Zedillo-Hinojosa (daniela.zhinojosa@co.hidalgo.tx.us)
Approval Date: 2026-04-08 - 9:32:18 PM GMT - Time Source: server

-  Agreement completed.
2026-04-08 - 9:32:18 PM GMT



Allowance Expenditure Authorization

Project: Hidalgo County Health Clinic McAllen **Authorization No.** 6

Contract No.: C-24-0312-09-27 **Date:** 3/17/2026

To: RGV Construction, LLC.

Attention: Tony Flores

You are authorized to perform the following items(s) of work and to adjust the allowance sum accordingly, as indicated below. This is not a change order and does not increase nor decrease the contract amount.

Description of Work: Additional 18" Curb & Gutter/Dumpster Enclosure/Fencing
Change Request #006

RES

| Item # | Description | Amount |
|-------------------|---|--------------------|
| 1 | Branko → Installation of Dumpster Enclosure (City of McAllen Specs) | \$ 21,417.90 ✓ |
| -X American Fence | Installation of 4' high ornamental fence | \$ 14,973.00 ✓ |
| | Install 4' high black PVC coated chain-link fence around rear detention | |
| | Install 8' high black PVC coated chain-link fence around generator | |
| 3 | Heavenly Millwork & Solid Surface | \$ 20,097.00 X |
| 4 | Additional 18" Curb & Gutter | \$ 10,659.20 ✓ |
| | | \$67,147.10 |

| | | | |
|---|-----------|-----------------|-----------|
| Original Owner Allowance Sum | \$ | 125,000.00 | |
| Allowance Expenditures Prior to this Authorization | \$ | 51,182.50 | |
| Allowance Balance Prior to this Authorization | \$ | 73,817.50 | |
| Allowance Sum will be decreased by this Authorization | \$ | 67,147.10 | 47,050.10 |
| New Owner Allowance Sum | \$ | 6,670.40 | |

This Allowance Expenditure represents adjustments to the Allowance Balance as noted above and described herein.

Accepted and agreed to by:

RGV Construction, LLC. *[Signature]* 3/18/26
 Signature Date

Hidalgo County Health Dept. *[Signature]* _____
 Signature Date

B2Z Engineering, LLC. *[Signature]* 3/17/2026
 Signature Date

Accepted and agreed to on behalf of Hidalgo County:

Hidalgo County *[Signature]* _____
 Signature Date

EXECUTED as of the day and year first written above.

APPROVED BY COMMISSIONERS' COURT ON MARCH 31, 2026

Agenda Item No. 102885

Executive Office: *MS*

CONTRACTOR:
RGV Construction, LLC

COUNTY:
COUNTY OF HIDALGO

Tony Flores
Tony Flores (Mar 31, 2026 16:58:06 CDT)
Tony Flores, President

Richard F Cortez
Hon. Richard F. Cortez, County Judge

ATTEST:



Arturo Guajardo, Jr.
Arturo Guajardo, Jr., County Clerk

SUPPLEMENTAL SIGNATURES
B2Z Engineering, LLC

Aisha Gonzalez
Aisha Gonzalez (Apr 2, 2026 13:04:02 CDT)
Aisha Gonzalez, President



Proposed - Change Order #8 Re-Revised

Date: March 3, 2026

SUBMITTED TO:

The County of Hidalgo
2812 S. Bus. Hwy. 281
Edinburg, TX 78239

Attn: B2Z Engineering, LLC

PROJECT:

McAllen Health Clinic
529 N. Cynthia St,
McAllen, TX 78501

Proposed Changes:**Item #1:**

Install 400 feet of ornamental fence 4'high – Labor Only.

(Owner will provide material)

Cost: \$5,390.00

Item # 2:

Install 4' high chain-link fence around rear detention pond.

Install 8' high chain-link fence around generator.

Cost: \$8,870.00

5% P&O: \$713.00

Total Cost: \$14,973.00

Submitted By: Tony Flores - Owner

Proposal Approved By: _____

Date: 03/17/26

Print Name: David Rivera

P.O. BOX 720137 * McALLEN, TEXAS 78504
2723 CORNERSTONE BLVD. * EDINBURG, TEXAS 78539
OFFICE (956)972-1921 * CELL (956)212-4114 * FAX (956)972-1924
RGVCONSTRUCTIONLLC@GMAIL.COM



Proposed - Change Order #9

Date: December 11, 2025

SUBMITTED TO:

The County of Hidalgo
2812 S. Bus. Hwy. 281
Edinburg, TX 78239

Attn: B2Z Engineering, LLC

PROJECT:

McAllen Health Clinic
529 N. Cynthia St,
McAllen, TX 78501

Proposed Changes (Labor & Material)

Additional 18" Curb & Gutter
(North, South, & West Side of Parking Lot)

Cost : \$10,152.00
5% P&O: \$507.60

Total Cost: \$10,659.20

Submitted By: Tony Flores - Owner

Proposal Approved By: _____

Date: 03/17/26

Print Name: David Rivera

P.O. BOX 720137 * McALLEN, TEXAS 78504
2723 CORNERSTONE BLVD. * EDINBURG, TEXAS 78539
OFFICE (956)972-1921 * CELL (956)212-4114 * FAX (956)972-1924
RGVCONSTRUCTIONLLC@GMAIL.COM



Proposed - Change Order #14

Date: January 26, 2026

SUBMITTED TO:

The County of Hidalgo
2812 S. Bus. Hwy. 281
Edinburg, TX 78239

Attn: B2Z Engineering, LLC

PROJECT:

McAllen Health Clinic
529 N. Cynthia St,
McAllen, TX 78501

Proposed Changes (Labor & Material)

Install Dumpster Enclosure – Includes Gates, Block, & Paint

Cost : \$20,398.00

5% P&O: \$1,019.90

Total Additional Cost: \$21,417.90

Submitted By: Tony Flores - Owner

Proposal Approved By: _____

Date: 03/17/26

Print Name: David Rivera

P.O. BOX 720137 * McALLEN, TEXAS 78504
2723 CORNERSTONE BLVD. * EDINBURG, TEXAS 78539
OFFICE (956)972-1921 * CELL (956)212-4114 * FAX (956)972-1924
RGVCONSTRUCTIONLLC@GMAIL.COM



Proposed - Change Order #19 Revised

Date: March 12, 2026

SUBMITTED TO:

The County of Hidalgo
2812 S. Bus. Hwy. 281
Edinburg, TX 78239

Attn: B2Z Engineering, LLC

PROJECT:

McAllen Health Clinic
529 N. Cynthia St,
McAllen, TX 78501

Proposed Changes (Labor & Material)

Provide and install extra cabinets with formica - \$ 14,330.00

Formica Credit - <\$ 2,000.00>

Solid Surface - \$ 6,810.00

Cost : \$19,140.00

5% P&O: \$957.00

Total Additional Cost: \$20,097.00

Submitted By: Tony Flores - Owner

Proposal Approved By: _____

Date: 03/17/26

Print Name: David Rivera

P.O. BOX 720137 * McALLEN, TEXAS 78504
2723 CORNERSTONE BLVD. * EDINBURG, TEXAS 78539
OFFICE (956)972-1921 * CELL (956)212-4114 * FAX (956)972-1924
RGVCONSTRUCTIONLLC@GMAIL.COM












CAEA No. 6 to C-24-0312-09-27

Final Audit Report

2026-04-08

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| By: | Juan Herrera (juan.herrera@co.hidalgo.tx.us) |
| Status: | Signed |
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"CAEA No. 6 to C-24-0312-09-27" History

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2026-04-08 - 3:06:27 PM GMT

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Signature Date: 2026-04-08 - 3:06:29 PM GMT - Time Source: server

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2026-04-08 - 3:26:23 PM GMT

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Approval Date: 2026-04-08 - 3:26:25 PM GMT - Time Source: server

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2026-04-08 - 3:26:29 PM GMT

 Email viewed by arturo.guajardo@co.hidalgo.tx.us


2026-04-08 - 4:19:18 PM GMT

 Signer arturo.guajardo@co.hidalgo.tx.us entered name at signing as Arturo Guajardo Jr.

2026-04-08 - 7:27:47 PM GMT

 Document e-signed by Arturo Guajardo Jr. (arturo.guajardo@co.hidalgo.tx.us)


Signature Date: 2026-04-08 - 7:27:49 PM GMT - Time Source: server

 Document emailed to Daniela Zedillo-Hinojosa (daniela.zhinojosa@co.hidalgo.tx.us) for approval

2026-04-08 - 7:27:53 PM GMT

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2026-04-08 - 9:05:39 PM GMT

 Document approved by Daniela Zedillo-Hinojosa (daniela.zhinojosa@co.hidalgo.tx.us)

Approval Date: 2026-04-08 - 9:06:00 PM GMT - Time Source: server

 Agreement completed.

2026-04-08 - 9:06:00 PM GMT

