

APPLICATION AND CERTIFICATE FOR PAYMENT AIA DOCUMENT G702 (Instructions on reverse side) PAGE ONE OF PAGES

TO OWNER: Hidalgo County
100 E Cano, 2nd Floor
Edinburg, TX 78539

PROJECT: Hidalgo Health Clinic
702 E Ramon Ayala Dr
Hidalgo, TX 78557

APPLICATION NO.: 10
PERIOD TO: 4/1/26-5/31/26
PROJECT NOS.: C24-0253-04-29
ARPA-22-340-088
CONTRACT DATE:

Distribution to:
 OWNER
 ARCHITECT
 CONTRACTOR

FROM CONTRACTOR: BM Benchmark Construction LLC
119 N 17th St
McAllen, TX 78501

VIA ARCHITECT:

CONTRACT FOR: Hidalgo Health Clinic

CONTRACTOR'S APPLICATION FOR PAYMENT

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

1. **ORIGINAL CONTRACT SUM** \$ 1,606,185.00
2. **Net change by Change Orders** \$
3. **CONTRACT SUM TO DATE** (Line 1 ± 2) \$ 1,606,185.00
4. **TOTAL COMPLETED & STORED TO DATE** \$ 1,292,661.66
(Column G on G703)
5. **RETAINAGE:**
 - a. _____% of Completed Work \$ 64,633.08
(Columns D + E on G703)
 - b. _____% of Stored Material \$
(Column F on G703)

Total Retainage (Line 5a + 5b or
Total in Column I of G703) \$ 64,633.08
6. **TOTAL EARNED LESS RETAINAGE** \$ 1,228,028.58
(Line 4 less Line 5 Total)
7. **LESS PREVIOUS CERTIFICATES FOR PAYMENT**
(Line 6 from prior Certificate) \$ 1,064,787.24
8. **CURRENT PAYMENT DUE** \$ 163,241.34
9. **BALANCE TO FINISH, INCLUDING RETAINAGE**
(Line 3 less Line 6) \$ 378,156.42

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

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

CONTRACTOR: BM Benchmark Construction LLC

By: _____ Date: 6/8/26

State of: TX
County of: Hidalgo
Subscribed and sworn to before
me this 8th day of June 2026

Notary Public: _____
My Commission expires: 1/7/2030



ARCHITECT'S CERTIFICATE FOR PAYMENT

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

AMOUNT CERTIFIED \$ 163,241.34

(Attach explanation if amount certified differs from the amount applied for. Initial all figures on this Application and on the Continuation Sheet that are changed to conform to the amount certified.)

ARCHITECT: _____ Date: 06/15/2026

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

Pay Application Form-Page 2

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

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

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

APPLICATION NO 10

PERIOD TO: 4/1/26-5/31/26

PROJECT NO:

A ITEM NO.	B DESCRIPTION OF WORK	C SCHEDULED VALUE	D WORK COMPLETED		F MATERIALS PRESENTLY STORED	G TOTAL COMPLETED TO DATE		H BALANCE TO FINISH	I RETAINAGE 5.0%
			PREVIOUS	THIS PERIOD		% COMPLETE			
1	Site Work & Utilities	125,100.00	114,200.00			114,200.00	91.287%	10,900.00	5,710.00
2	Foundation	70,880.00	70,880.00			70,880.00	100.00%	0.00	3,544.00
3	Structural Steel	31,970.00	31,970.00			31,970.00	100.00%	0.00	1,598.50
4	Frame Materials	5,130.00	5,130.00			5,130.00	100.00%	0.00	256.50
5	Wood Trusses	14,900.00	14,900.00			14,900.00	100.00%	0.00	745.00
6	Framing Labor	30,000.00	30,000.00			30,000.00	100.00%	0.00	1,500.00
7	Roofing	59,000.00	59,000.00			59,000.00	100.00%	0.00	2,950.00
8	Sheetrock Labor & Materials	38,400.00	38,400.00			38,400.00	100.00%	0.00	1,920.00
9	Suspended Acoustical Ceilings	28,700.00		22,960.00		22,960.00	80.00%	5,740.00	1,148.00
10	Doors Frames and Hardware	45,210.00	8,708.66	32,395.00		41,103.66	90.92%	4,106.34	2,055.18
11	Millwork	32,380.00	32,380.00			32,380.00	100.00%	0.00	1,619.00
12	Countertops	35,020.00		35,020.00		35,020.00	100.00%	0.00	1,751.00
13	Toilet Partitions	4,840.00				0.00	0.00%	4,840.00	0.00
14	Toilet Accessories	1,500.00				0.00	0.00%	1,500.00	0.00
15	Painting	25,830.00	2,000.00	17,000.00		19,000.00	73.56%	6,830.00	950.00
16	Flooring	37,200.00		30,735.00		30,735.00	82.62%	6,465.00	1,536.75
17	Brick Materials & Labor	61,340.00	61,340.00			61,340.00	100.00%	0.00	3,067.00
18	HVAC	148,700.00	123,230.00	14,595.00		137,825.00	92.69%	10,875.00	6,891.25
19	Plumbing	145,500.00	86,300.00			86,300.00	59.31%	59,200.00	4,315.00
20	Electrical	159,000.00	135,000.00			135,000.00	84.91%	24,000.00	6,750.00
21	Fire Alarm	6,800.00				0.00	0.00%	6,800.00	0.00
22	Fire Sprinkler	77,350.00	41,565.00			41,565.00	53.74%	35,785.00	2,078.25
23	Landscape Allowance	16,600.00				0.00	0.00%	16,600.00	0.00

24	Trash Cleaning	6,000.00	3,000.00	1,500.00		4,500.00	75.00%	1,500.00	225.00
25	Rental Equipment	10,000.00	8,737.26	1,262.74		10,000.00	100.00%	0.00	500.00
26	Contingency Allowance	72,982.32				0.00	0.00%	72,982.32	0.00
	AEA #1	13,865.25		13,865.25		13,865.25	100.00%	0.00	693.26
	AEA #3	13,152.43				0.00	0.00%	13,152.43	0.00
27	Project Manager Fee	25,000.00	22,500.00			22,500.00	90.00%	2,500.00	1,125.00
28	Project Superintendent on Site Fee	39,400.00	33,600.00			33,600.00	85.28%	5,800.00	1,680.00
29	Document Printing (Large Plans Printouts)	500.00	500.00			500.00	100.00%	0.00	25.00
30	Power Consumption	7,000.00	3,000.00	2,000.00		5,000.00	71.43%	2,000.00	250.00
31	Temp Sanitary Facilities	2,000.00	1,750.00			1,750.00	87.50%	250.00	87.50
32	Temp Fencing	1,500.00	1,500.00			1,500.00	100.00%	0.00	75.00
33	Erosion Control	3,250.00	3,250.00			3,250.00	100.00%	0.00	162.50
34	Equipment Rental/Scaffolding	30,000.00	30,000.00			30,000.00	100.00%	0.00	1,500.00
35	Construction Clean-Up(Daily/Weekly)	7,200.00	6,000.00	500.00		6,500.00	90.28%	700.00	325.00
36	Final Cleaning	2,000.00				0.00	0.00%	2,000.00	0.00
37	Dumpster	6,000.00	6,000.00			6,000.00	100.00%	0.00	300.00
38	Permit & Impact Fees	9,000.00	8,300.00			8,300.00	92.22%	700.00	415.00
39	Builders Risk Insurance	15,000.00	15,000.00			15,000.00	100.00%	0.00	750.00
40	General Commercial Liability	27,000.00	24,000.00			24,000.00	88.89%	3,000.00	1,200.00
41	Payment & Performance Bond	37,500.00	37,500.00			37,500.00	100.00%	0.00	1,875.00
42	CM Construction Fee	76,485.00	61,187.75			61,187.75	80.00%	15,297.25	3,059.39
						0.00	0.00%	0.00	0.00
SUBTOTAL COSTS:		1,606,185.00	1,120,828.67	171,832.99	0.00	1,292,661.66	33.70	313,523.34	64,633.00

Prevailing Wage Rates
Certification Statement

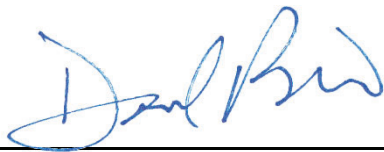
Date June 11, 2026

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

Contractor BM Benchmark Construction, LLC. Application# 10

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

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



Signature

CONTRACTOR TIME STATEMENT

PAY APP NO. 10 CONTRACTOR BM Benchmark Construction, LLC.
 PROJECT NAME Hidalgo Health Clinic - CMAR
 CONTRACT NO. ARPA 22-340-088 OWNER Hidalgo County - Pct. #2 NOTICE-TO-PROCEED 6/4/2025
 TIME COMPUTED FROM 4/1/2026 DATE WORK COMPLETED 4/30/2026

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

NO. OF CONTRACT WORKING DAYS 375 NO. WORKING DAYS CHARGED TO DATE 311
 NO. CREDITED DAYS TO DATE 10
 ASSESSED LIQUIDATED DAMAGES: 0 PER DAY \$ 500.00 TOTAL \$ 0
 CERTIFIED AS CORRECT



 ENGINEER/CONSTRUCTION MANAGER

CONTRACTOR TIME STATEMENT

PAY APP NO. 10 CONTRACTOR BM Benchmark Construction, LLC.
 PROJECT NAME Hidalgo Health Clinic - CMAR
 CONTRACT NO. ARPA 22-340-088 OWNER Hidalgo County - Pct. #2 NOTICE-TO-PROCEED 6/4/2025
 TIME COMPUTED FROM 5/1/2026 DATE WORK COMPLETED 5/31/2026

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

NO. OF CONTRACT WORKING DAYS 375 NO. WORKING DAYS CHARGED TO DATE 342
 NO. CREDITED DAYS TO DATE 10
 ASSESSED LIQUIDATED DAMAGES: 0 PER DAY \$ 500.00 TOTAL \$ 0
 CERTIFIED AS CORRECT



 ENGINEER/CONSTRUCTION MANAGER



Prevailing Wage Rates
Certification Statement

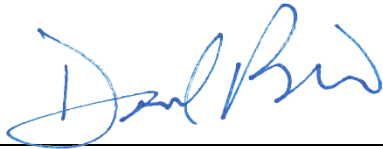
Date June 11, 2026

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

Contractor BM Benchmark Construction, LLC. Application# 10

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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

JD Commercial Framing

PO BOX 1623, Pharr, TX 78577

Phone: (956)739-5331

Email: jdgarcia262@gmail.com

INVOICE NO. 266

05/29/2026

BILL TO

SHIP TO

PO#

BM Benchmark Construction
119 N. 17TH St.
McAllen, TX 78501

Liborio Garza JR

DESCRIPTION

TOTAL

HIDALGO CONTRY HEALTH CLINIC 702 E. Ramon Ayala Dr. Hidalgo, TX 78557

- Furnish & Install Suspended Ceiling 2"x4" with Standard Grid
- Draw #1

TOTAL AMOUNT \$ 22,960.00

Payment due at 15th day

Thank you for your business!

DOL WH-347 | Payroll Form

U.S. Department of Labor
Wage and Hour Division

PAYROLL

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

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



WAGE AND HOUR DIVISION
Revised December 2008

NAME OF CONTRACTOR <input type="checkbox"/> OR SUBCONTRACTOR <input checked="" type="checkbox"/> JD Commercial Framing	ADDRESS PO Box 1623 Pharr, TX 78577	OMB No. 1235-0008 Expires 09/30/2026
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PAYROLL NO. 1	FOR WEEK ENDING 04/11/2026	PROJECT AND LOCATION Hidalgo Health Clinic 702 E Ramon Ayala Dr Hidalgo, TX 78557	PROJECT OR CONTRACT NO. C 24 0253 04 29
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(1) NAME AND INDIVIDUAL IDENTIFYING NUMBER (e.g., LAST FOUR DIGITS OF SOCIAL SECURITY NUMBER) OF WORKER	(2) NO. OF WITHHOLDING EXEMPTIONS	(3) WORK CLASSIFICATION	OT OR ST.	(4) DAY AND DATE							(5) TOTAL HOURS	(6) RATE OF PAY	(7) GROSS AMOUNT EARNED	(8) DEDUCTIONS					(9) NET WAGES PAID FOR WEEK	
				S	M	T	W	T	F	S				FICA	WITH- HOLDING TAX	OTHER	TOTAL DEDUCTIONS			
				05	06	07	08	09	10	11										
				HOURS WORKED EACH DAY																
Jose Garcia 9124		Ceiling Installer	o									40.00	25.00	\$1,000.00						\$1,000.00
			s		8.00	8.00	8.00	8.00	8.00	8.00										
Cesar Rojas 3684		Ceiling Installer	o									40.00	20.00	\$800.00						\$800.00
			s		8.00	8.00	8.00	8.00	8.00	8.00										
Jose Amaya 4913		Ceiling Installer	o									40.00	20.00	\$800.00						\$800.00
			s		8.00	8.00	8.00	8.00	8.00	8.00										
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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)(i) require contractors to submit weekly a copy of all payrolls to the Federal agency contracting for or financing the construction project, accompanied by a signed "Statement of Compliance" indicating that the payrolls are correct and complete and that each laborer or mechanic has been paid not less than the proper Davis-Bacon prevailing wage rate for the work performed. DOL and federal contracting agencies receiving this information review the information to determine that employees have received legally required wages and fringe benefits.

Public Burden Statement

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

DOL WH-348 | Statement of Compliance

Date April 13, 2026

I, Jose Garcia Owner
 (Name of Signatory Party) (Title)

do hereby state:

(1) That I pay or supervise the payment of the persons employed by
JD Commercial Framing on the
 (Contractor or Subcontractor)
Hidalgo Health Clinic; that during the payroll period commencing on the
 (Building or Work)
5th day of April, 2026, and ending the 11th day of April, 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

JD Commercial Framing from the full
 (Contractor or Subcontractor)

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

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

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

(4) That:

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

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


(b) WHERE FRINGE BENEFITS ARE PAID IN CASH

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

(c) EXCEPTIONS

EXCEPTION (CRAFT)	EXPLANATION

REMARKS:

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

DOL WH-347 | Payroll Form

U.S. Department of Labor
Wage and Hour Division

PAYROLL

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



WAGE AND HOUR DIVISION

Revised December 2008

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

NAME OF CONTRACTOR OR SUBCONTRACTOR **JD Commercial Framing** ADDRESS **PO Box 1623 Pharr, TX 78577** OMB No. 1235-0008 Expires 09/30/2026

PAYROLL NO. **2** FOR WEEK ENDING **04/18/2026** PROJECT AND LOCATION **Hidalgo Health Clinic 702 E Ramon Ayala Dr Hidalgo, TX 78557** PROJECT OR CONTRACT NO. **C 24 0253 04 29**

(1) NAME AND INDIVIDUAL IDENTIFYING NUMBER (e.g., LAST FOUR DIGITS OF SOCIAL SECURITY NUMBER) OF WORKER	(2) NO. OF WITHHOLDING EXEMPTIONS	(3) WORK CLASSIFICATION	OT. OR ST.	(4) DAY AND DATE							(5) TOTAL HOURS	(6) RATE OF PAY	(7) GROSS AMOUNT EARNED	(8) DEDUCTIONS					(9) NET WAGES PAID FOR WEEK
				S	M	T	W	T	F	S				FICA	WITH-HOLDING TAX	OTHER	TOTAL DEDUCTIONS		
				12	13	14	15	16	17	18									
Jose Garcia 9124		Ceiling Installer	o										/						\$1,000.00
			s		8.00	8.00	8.00	8.00	8.00	8.00	40.00	25.00							
Cesar Rojas 3684		Ceiling Installer	o									/							\$800.00
			s		8.00	8.00	8.00	8.00	8.00	8.00	40.00								
Jose Amaya 4913		Ceiling Installer	o									/							\$800.00
			s		8.00	8.00	8.00	8.00	8.00	8.00	40.00								
			o									/							
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While completion of Form WH-347 is optional, it is mandatory for covered contractors and subcontractors performing work on Federally financed or assisted construction contracts to respond to the information collection contained in 29 C.F.R. §§ 3.3, 5.5(a). The Copeland Act (40 U.S.C. § 3145) contractors and subcontractors performing work on Federally financed or assisted construction contracts to "furnish weekly a statement with respect to the wages paid each employee during the preceding week." U.S. Department of Labor (DOL) regulations at 29 C.F.R. § 5.5(a)(3)(ii) require contractors to submit weekly a copy of all payrolls to the Federal agency contracting for or financing the construction project, accompanied by a signed "Statement of Compliance" indicating that the payrolls are correct and complete and that each laborer or mechanic has been paid not less than the proper Davis-Bacon prevailing wage rate for the work performed. DOL and federal contracting agencies receiving this information review the information to determine that employees have received legally required wages and fringe benefits.

Public Burden Statement

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

DOL WH-348 | Statement of Compliance

Date April 20, 2026

I, Jose Garcia Owner
 (Name of Signatory Party) (Title)

do hereby state:

(1) That I pay or supervise the payment of the persons employed by
JD Commercial Framing on the
 (Contractor or Subcontractor)
Hidalgo Health Clinic; that during the payroll period commencing on the
 (Building or Work)
12th day of April, 2026, and ending the 18th day of April, 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

JD Commercial Framing from the full
 (Contractor or Subcontractor)

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

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

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

(4) That:

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

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


(b) WHERE FRINGE BENEFITS ARE PAID IN CASH

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

(c) EXCEPTIONS

EXCEPTION (CRAFT)	EXPLANATION

REMARKS:

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

DOL WH-347 | Payroll Form

U.S. Department of Labor
Wage and Hour Division

PAYROLL

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



WAGE AND HOUR DIVISION
Revised December 2008

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

NAME OF CONTRACTOR <input type="checkbox"/> OR SUBCONTRACTOR <input checked="" type="checkbox"/>		ADDRESS		OMB No. 1235-0008 Expires 09/30/2026	
JD Commercial Framing		PO Box 1623 Pharr, TX 78577			
PAYROLL NO. 3		FOR WEEK ENDING 05/23/2026		PROJECT AND LOCATION Hidalgo Health Clinic 702 E Ramon Ayala Dr Hidalgo, TX 78557	
				PROJECT OR CONTRACT NO. C 24 0253 04 29	

(1) NAME AND INDIVIDUAL IDENTIFYING NUMBER (e.g., LAST FOUR DIGITS OF SOCIAL SECURITY NUMBER) OF WORKER	(2) NO. OF WITHHOLDING EXEMPTIONS	(3) WORK CLASSIFICATION	OT OR ST	(4) DAY AND DATE							(5) TOTAL HOURS	(6) RATE OF PAY	(7) GROSS AMOUNT EARNED	(8) DEDUCTIONS					(9) NET WAGES PAID FOR WEEK	
				S	M	T	W	T	F	S				FICA	WITH- HOLDING TAX	OTHER	TOTAL DEDUCTIONS			
				17	18	19	20	21	22	23										
HOURS WORKED EACH DAY																				
Jose Garcia 9124		Ceiling Installer	o									40.00	25.00	/						\$1,000.00
			s		8.00	8.00	8.00	8.00	8.00	8.00										
Cesar Rojas 3684		Ceiling Installer	o									40.00	20.00	/						\$800.00
			s		8.00	8.00	8.00	8.00	8.00	8.00										
Jose Amaya 4913		Ceiling Installer	o									40.00	20.00	/						\$800.00
			s		8.00	8.00	8.00	8.00	8.00	8.00										
			o											/						
			s																	
			o											/						
			s																	
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			s																	

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

Public Burden Statement

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

DOL WH-348 | Statement of Compliance

Date May 25, 2026

I, Jose Garcia Owner
 (Name of Signatory Party) (Title)

do hereby state:

(1) That I pay or supervise the payment of the persons employed by
JD Commercial Framing on the
 (Contractor or Subcontractor)
Hidalgo Health Clinic; that during the payroll period commencing on the
 (Building or Work)
17th day of May, 2026, and ending the 23rd day of May, 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

JD Commercial Framing from the full
 (Contractor or Subcontractor)

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

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

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

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

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


(b) WHERE FRINGE BENEFITS ARE PAID IN CASH

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

(c) EXCEPTIONS

EXCEPTION (CRAFT)	EXPLANATION

REMARKS:

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

DOL WH-347 | Payroll Form

U.S. Department of Labor
Wage and Hour Division

PAYROLL

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



WAGE AND HOUR DIVISION
Revised December 2008

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

NAME OF CONTRACTOR <input type="checkbox"/> OR SUBCONTRACTOR <input checked="" type="checkbox"/> JD Commercial Framing	ADDRESS PO Box 1623 Pharr, TX 78577	OMB No. 1235-0008 Expires 09/30/2026
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PAYROLL NO. 4	FOR WEEK ENDING 05/30/2026	PROJECT AND LOCATION Hidalgo Health Clinic 702 E Ramon Ayala Dr Hidalgo, TX 78557	PROJECT OR CONTRACT NO. C 24 0253 04 29
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(1) NAME AND INDIVIDUAL IDENTIFYING NUMBER (e.g., LAST FOUR DIGITS OF SOCIAL SECURITY NUMBER) OF WORKER	(2) NO. OF MULTIPLING EXEMPTIONS	(3) WORK CLASSIFICATION	OT OR ST.	(4) DAY AND DATE							(5) TOTAL HOURS	(6) RATE OF PAY	(7) GROSS AMOUNT EARNED	(8) DEDUCTIONS					(9) NET WAGES PAID FOR WEEK
				S	M	T	W	T	F	S				FICA	WITH- HOLDING TAX		OTHER	TOTAL DEDUCTIONS	
				24	25	26	27	28	29	30				HOURS WORKED EACH DAY					
Jose Garcia 9124		Ceiling Installer	o										/						
			s		8.00	8.00	8.00	8.00	8.00	8.00	40.00	25.00							
Cesar Rojas 3684		Ceiling Installer	o										/						
			s		8.00	8.00	8.00	8.00	8.00	8.00	40.00	20.00							\$800.00
Jose Amaya 4913		Ceiling Installer	o										/						
			s		8.00	8.00	8.00	8.00	8.00	8.00	40.00	20.00							\$800.00
			o										/						
			s																
			o										/						
			s																
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While completion of Form WH-347 is optional, it is mandatory for covered contractors and subcontractors performing work on Federally financed or assisted construction contracts to respond to the information collection contained in 29 C.F.R. §§ 3.3, 5.5(a). The Copeland Act (40 U.S.C. § 3145) contractors and subcontractors performing work on Federally financed or assisted construction contracts to "furnish weekly a statement with respect to the wages paid each employee during the preceding week." U.S. Department of Labor (DOL) regulations at 29 C.F.R. § 5.5(a)(3)(ii) require contractors to submit weekly a copy of all payrolls to the Federal agency contracting for or financing the construction project, accompanied by a signed "Statement of Compliance" indicating that the payrolls are correct and complete and that each laborer or mechanic has been paid not less than the proper Davis-Bacon prevailing wage rate for the work performed. DOL and federal contracting agencies receiving this information review the information to determine that employees have received legally required wages and fringe benefits.

Public Burden Statement

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DOL WH-348 | Statement of Compliance

Date May 30, 2026

I, Jose Garcia Owner
 (Name of Signatory Party) (Title)

do hereby state:

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

JD Commercial Framing

(Contractor or Subcontractor) on the

Hidalgo Health Clinic;

(Building or Work)

24th day of May, 2026, and ending the 30th day of May, 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

JD Commercial Framing

(Contractor or Subcontractor) from the full

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

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

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

(4) That:

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

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


(b) WHERE FRINGE BENEFITS ARE PAID IN CASH

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

(c) EXCEPTIONS

EXCEPTION (CRAFT)	EXPLANATION

REMARKS:

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



Alamo Door Systems, Inc.

16417 Alamo Drive
Harlingen, TX 78552

Invoice

Date	Invoice #
5/6/2026	185832

Bill To

BM Benchmark Construction, LLC
P O Box 720083
McAllen, TX 78504

Please Mail Payment To:

Alamo Door Systems
16358 Nacogdoches Road
San Antonio, TX 78247

WE OFFER 24 HOUR EMERGENCY SERVICE

P.O. No.	Terms	Project	Customer Fax
		Hidalgo Co HC	956-627-3163

Item	Qty	Description	Rate	Amount
APC-1 3070...	1	(4) 3070 Complete Blank Birch Doors (Restrooms) (13) 3070 CY Birch Doors Left Hand (15) 3070 CY Brick Doors Right Hand (1) Flushbolt Door Right Hand Marks: 2 Electrical/IT Room A100, 3 Breakroom A101, 4 Women's Staff RR A101, 5 Men's Staff RR A103, 7 Lab 1 A104, 8 Lab RR A105, 9 Lab 2 A106, 10 & 11 Exam Room 1 A107, 12 & 13 Clinician Office A108, 14 Exam Room A109, 15 Office 1 A110, 16 Janitors A111, 18 Office 2 A112, 19 Office 3 A113, 20 Office 4 A114, 21 Women's Public RR A115, 22 Men's Public RR A116, 23 Autoclave A117, 24 Pharmacy A118, 25 Office 5 A119, 26 Office 6 A120, 27 Patient Education A124, 28 Pair Patient Education A124, 29 Biohazard A121, 30 Storage A122, 31 Immunizations A123, 32 Hall A130, 33 Office 7 A125, 34 Records Room A126, 35 Hall A129	32,395.00	32,395.00

For Questions Regarding this Invoice:

Harlingen Phone # 956-365-3667

Subtotal \$32,395.00

Sales Tax (0.0%) \$0.00

Total \$32,395.00

Invoice 745

Item No. 12



DATE 04/30/2026

Bench Mark Construction

David Karam

119 n. 17st Mcallen,Tx,78502

956-627-3121

Hidalgo Health Clinic

Hidalgo,Tx.

Details

AMOUNT

Description	Amount
lab-1 Cabinets & Plastic laminate Countertops	
Lab-2 Cabinets & PL CT	
Exam Room 1,& 2 Cabinets & PL CT	
Immunization Cabinets & PL CT	
Patient Edu Cabinets & PL CT	Amount
Reception Cabinets & PL CT	
Break R. Cabinets & PL CT	
Autoclave Cabinets & PL CT	Amount
Clinical Office Cabinets & PL CT	
Birch Cabinets, flat panel doors (Stain Grade)	\$32,680.00
Solid surface CT. Labs 1&2 2- Exams R. 1- immunization	\$6,075.00
Plasic laminate countertops (wilsonart)	\$3,385.00
Materials,Labor,Installation	Amount

SUBTOTAL \$42,140.00

DOL WH-347 | Payroll Form

U.S. Department of Labor
Wage and Hour Division

PAYROLL

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

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WAGE AND HOUR DIVISION
Revised December 2008

NAME OF CONTRACTOR <input type="checkbox"/> OR SUBCONTRACTOR <input checked="" type="checkbox"/> Herrera's Counterops & Cabinets	ADDRESS 3109 Isabel Dr Donna, TX 78537	OMB No. 1235-0008 Expires 09/30/2026
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PAYROLL NO. 1	FOR WEEK ENDING 04/11/2026	PROJECT AND LOCATION Hidalgo Health Clinic 702 E Ramon Ayala Dr Hidalgo, TX 78557	PROJECT OR CONTRACT NO. C 24 0253 04 29
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(1) NAME AND INDIVIDUAL IDENTIFYING NUMBER (e.g., LAST FOUR DIGITS OF SOCIAL SECURITY NUMBER) OF WORKER	(2) NO. OF WITHHOLDING EXEMPTIONS	(3) WORK CLASSIFICATION	OT OR ST.	(4) DAY AND DATE							(5) TOTAL HOURS	(6) RATE OF PAY	(7) GROSS AMOUNT EARNED	(8) DEDUCTIONS					(9) NET WAGES PAID FOR WEEK	
				S	M	T	W	T	F	S				FICA	WITH- HOLDING TAX	OTHER	TOTAL DEDUCTIONS			
				05	06	07	08	09	10	11										
				HOURS WORKED EACH DAY																
Ruben Castro 4496		Carpenter	O									40.00	30.00	\$1,200.00						\$1,200.00
			S	8.00	8.00	8.00	8.00	8.00	8.00											
Juan Herrera 9385		Carpenter	O									40.00	27.50	\$1,100.00						\$1,100.00
			S	8.00	8.00	8.00	8.00	8.00	8.00											
Adolfo Garza 1126		Carpenter	O									40.00	27.50	\$1,100.00						\$1,100.00
			S	8.00	8.00	8.00	8.00	8.00	8.00											
			O											/						/
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			S																	

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

Public Burden Statement

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

DOL WH-348 | Statement of Compliance

Date April 13, 2026

I, Silvano Herrera Owner
 (Name of Signatory Party) (Title)

do hereby state:

(1) That I pay or supervise the payment of the persons employed by
Herrera Countertop & Cabinets on the
 (Contractor or Subcontractor)

Hidalgo Health Clinic; that during the payroll period commencing on the
 (Building or Work)
5th day of April, 2026, and ending the 11th day of April, 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

Herrera's Counterops & Cabinets from the full
 (Contractor or Subcontractor)

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

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

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

(4) That:

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

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


(b) WHERE FRINGE BENEFITS ARE PAID IN CASH

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

(c) EXCEPTIONS

EXCEPTION (CRAFT)	EXPLANATION

REMARKS:

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

DOL WH-347 | Payroll Form

U.S. Department of Labor
Wage and Hour Division

PAYROLL

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WAGE AND HOUR DIVISION
Revised December 2008

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 checked="" type="checkbox"/> Herrera's Counterops & Cabinets	ADDRESS 3109 Isabel Dr Donna, TX 78537	OMB No. 1235-0008 Expires 09/30/2026
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PAYROLL NO. 2	FOR WEEK ENDING 04/18/2026	PROJECT AND LOCATION Hidalgo Health Clinic 702 E Ramon Ayala Dr Hidalgo, TX 78557	PROJECT OR CONTRACT NO. C 24 0253 04 29
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(1) NAME AND INDIVIDUAL IDENTIFYING NUMBER (e.g., LAST FOUR DIGITS OF SOCIAL SECURITY NUMBER) OF WORKER	(2) NO. OF WITHHOLDING EXEMPTIONS	(3) WORK CLASSIFICATION	OT OR ST.	(4) DAY AND DATE							(5) TOTAL HOURS	(6) RATE OF PAY	(7) GROSS AMOUNT EARNED	(8) DEDUCTIONS					(9) NET WAGES PAID FOR WEEK		
				S	M	T	W	T	F	S				FICA	WITH- HOLDING TAX	OTHER	TOTAL DEDUCTIONS				
				12	13	14	15	16	17	18											
				HOURS WORKED EACH DAY																	
Ruben Castro 4496		Carpenter	o										40.00	30.00	\$1,200.00						\$1,200.00
			s	8.00	8.00	8.00	8.00	8.00	8.00												
Juan Herrera 9385		Carpenter	o										40.00	27.50	\$1,100.00						\$1,100.00
			s	8.00	8.00	8.00	8.00	8.00													
Adolfo Garza 1126		Carpenter	o										40.00	27.50	\$1,100.00						\$1,100.00
			s	8.00	8.00	8.00	8.00	8.00													
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While completion of Form WH-347 is optional, it is mandatory for covered contractors and subcontractors performing work on Federally financed or assisted construction contracts to respond to the information collection contained in 29 C.F.R. §§ 3.3, 5.5(a). The Copeland Act (40 U.S.C. § 3145) contractors and subcontractors performing work on Federally financed or assisted construction contracts to "furnish weekly a statement with respect to the wages paid each employee during the preceding week." U.S. Department of Labor (DOL) regulations at 29 C.F.R. § 5.5(a)(3)(ii) require contractors to submit weekly a copy of all payrolls to the Federal agency contracting for or financing the construction project, accompanied by a signed "Statement of Compliance" indicating that the payrolls are correct and complete and that each laborer or mechanic has been paid not less than the proper Davis-Bacon prevailing wage rate for the work performed. DOL and federal contracting agencies receiving this information review the information to determine that employees have received legally required wages and fringe benefits.

Public Burden Statement

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DOL WH-348 | Statement of Compliance

Date April 20, 2026

I, Silvano Herrera Owner
 (Name of Signatory Party) (Title)

do hereby state:

(1) That I pay or supervise the payment of the persons employed by
Herrera Countertop & Cabinets on the
 (Contractor or Subcontractor)
Hidalgo Health Clinic; that during the payroll period commencing on the
 (Building or Work)
12th day of April, 2026, and ending the 18th day of April, 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
Herrera's Counterops & Cabinets from the full
 (Contractor or Subcontractor)

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

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

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

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

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


(b) WHERE FRINGE BENEFITS ARE PAID IN CASH

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

(c) EXCEPTIONS

EXCEPTION (CRAFT)	EXPLANATION

REMARKS:

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

DOL WH-347 | Payroll Form

U.S. Department of Labor
Wage and Hour Division

PAYROLL

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

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



WAGE AND HOUR DIVISION
Revised December 2008

NAME OF CONTRACTOR <input type="checkbox"/> OR SUBCONTRACTOR <input checked="" type="checkbox"/> Herrera's Counterops & Cabinets	ADDRESS 3109 Isabel Dr Donna, TX 78537	OMB No. 1235-0008 Expires 09/30/2026
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PAYROLL NO. 3	FOR WEEK ENDING 04/25/2026	PROJECT AND LOCATION Hidalgo Health Clinic 702 E Ramon Ayala Dr Hidalgo, TX 78557	PROJECT OR CONTRACT NO. C 24 0253 04 29
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(1) NAME AND INDIVIDUAL IDENTIFYING NUMBER (e.g., LAST FOUR DIGITS OF SOCIAL SECURITY NUMBER) OF WORKER	(2) NO. OF WITH-HOLDING EXEMPTIONS	(3) WORK CLASSIFICATION	OT. OR ST.	(4) DAY AND DATE							(5) TOTAL HOURS	(6) RATE OF PAY	(7) GROSS AMOUNT EARNED	(8) DEDUCTIONS					(9) NET WAGES PAID FOR WEEK	
				S	M	T	W	T	F	S				FICA	WITH- HOLDING TAX	OTHER	TOTAL DEDUCTIONS			
				19	20	21	22	23	24	25				HOURS WORKED EACH DAY						
Ruben Castro 4496		Carpenter	o									40.00	30.00	\$1,200.00						\$1,200.00
				s	8.00	8.00	8.00	8.00	8.00	8.00										
Juan Herrera 9385		Carpenter	o									40.00	27.50	\$1,100.00						\$1,100.00
				s	8.00	8.00	8.00	8.00	8.00	8.00										
Adolfo Garza 1126		Carpenter	o									40.00	27.50	\$1,100.00						\$1,100.00
				s	8.00	8.00	8.00	8.00	8.00	8.00										
			o											/						/
				s																
			o											/						/
				s																
			o											/						/
				s																
			o											/						/
				s																
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				s																

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

Public Burden Statement

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

DOL WH-348 | Statement of Compliance

Date April 27, 2026

I, Silvano Herrera Owner
 (Name of Signatory Party) (Title)

do hereby state:

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

Herrera Countertop & Cabinets on the
 (Contractor or Subcontractor)

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

19th day of April, 2026, and ending the 25th day of April, 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

Herrera's Counterops & Cabinets from the full
 (Contractor or Subcontractor)

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

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

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

(4) That:

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

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


(b) WHERE FRINGE BENEFITS ARE PAID IN CASH

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

(c) EXCEPTIONS

EXCEPTION (CRAFT)	EXPLANATION

REMARKS:

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

Item No. 15

May 30, 2026

Benchmark Construction, Inc.
McAllen, TX 78501

Invoice
125

Ref: Hidalgo Health Clinic

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

Prime & Paint Interior Building
Includes labor & materials

Draw #2 \$17,000.00

Checks are to be made payable to: Suarez Painting LLC

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

DOL WH-347 | Payroll Form

U.S. Department of Labor
Wage and Hour Division

PAYROLL

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

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WAGE AND HOUR DIVISION
Revised December 2008

NAME OF CONTRACTOR <input type="checkbox"/> OR SUBCONTRACTOR <input checked="" type="checkbox"/> Suarez Painting LLC	ADDRESS 1311 Hampton St San Juan, TX 78589	OMB No. 1235-0008 Expires 09/30/2026
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PAYROLL NO. 2	FOR WEEK ENDING 05/09/2026	PROJECT AND LOCATION Hidalgo Health Clinic 702 E Ramon Ayala Dr Hidalgo, TX 78557	PROJECT OR CONTRACT NO. C 24 0253 04 29
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(1) NAME AND INDIVIDUAL IDENTIFYING NUMBER (e.g., LAST FOUR DIGITS OF SOCIAL SECURITY NUMBER) OF WORKER	(2) NO. OF WITHHOLDING EXEMPTIONS	(3) WORK CLASSIFICATION	OT OR ST.	(4) DAY AND DATE							(5) TOTAL HOURS	(6) RATE OF PAY	(7) GROSS AMOUNT EARNED	(8) DEDUCTIONS					(9) NET WAGES PAID FOR WEEK	
				S	M	T	W	T	F	S				FICA	WITH- HOLDING TAX		OTHER	TOTAL DEDUCTIONS		
				3	4	5	6	7	8	9				HOURS WORKED EACH DAY						
H Suarez 5496		Painter	O										\$1,000.00							\$1,000.00
			S	8.00	8.00	8.00	8.00	8.00	8.00	40.00	25.00									
A Alvarado 1438		Painter	O										\$800.00							\$800.00
			S	8.00	8.00	8.00	8.00	8.00	8.00	40.00	20.00									
J Gomez 5147		Painter	O										\$800.00							\$800.00
			S	8.00	8.00	8.00	8.00	8.00	8.00	40.00	20.00									
M Garcia 7721		Painter	O										\$800.00							\$800.00
			S	8.00	8.00	8.00	8.00	8.00	8.00	40.00	20.00									
			O										/							
			S																	
			O										/							
			S																	
			O										/							
			S																	
			O										/							
			S																	

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

Public Burden Statement

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

DOL WH-348 | Statement of Compliance

Date May 11, 2026

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

do hereby state:

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

Hidalgo Health Clinic; that during the payroll period commencing on the
 (Building or Work)
3rd day of May, 2026, and ending the 9th day of May, 2026,

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

Suarez Painting LLC from the full
 (Contractor or Subcontractor)

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

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

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

(4) That:

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

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

(b) WHERE FRINGE BENEFITS ARE PAID IN CASH

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

(c) EXCEPTIONS

EXCEPTION (CRAFT)	EXPLANATION

REMARKS:

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

DOL WH-348 | Statement of Compliance

Date May 18, 2026

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

do hereby state:

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

Hidalgo Health Clinic; that during the payroll period commencing on the
 (Building or Work)
10th day of May, 2026, and ending the 16th day of May, 2026,

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

Suarez Painting LLC from the full
 (Contractor or Subcontractor)

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

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

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

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

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

(b) WHERE FRINGE BENEFITS ARE PAID IN CASH

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

(c) EXCEPTIONS

EXCEPTION (CRAFT)	EXPLANATION

REMARKS:

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

DOL WH-347 | Payroll Form

U.S. Department of Labor
Wage and Hour Division

PAYROLL

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



WAGE AND HOUR DIVISION
Revised December 2008

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

NAME OF CONTRACTOR OR SUBCONTRACTOR ADDRESS 1311 Hampton St
San Juan, TX 78589 OMB No. 1235-0008
Expires 09/30/2026

PAYROLL NO. 4 FOR WEEK ENDING 05/23/2026 PROJECT AND LOCATION Hidalgo Health Clinic
702 E Ramon Ayala Dr Hidalgo, TX 78557 PROJECT OR CONTRACT NO. C 24 0253 04 29

(1) NAME AND INDIVIDUAL IDENTIFYING NUMBER (e.g., LAST FOUR DIGITS OF SOCIAL SECURITY NUMBER) OF WORKER	(2) NO. OF WITHHOLDING EXEMPTIONS	(3) WORK CLASSIFICATION	OT. OR ST.	(4) DAY AND DATE							(5) TOTAL HOURS	(6) RATE OF PAY	(7) GROSS AMOUNT EARNED	(8) DEDUCTIONS					(9) NET WAGES PAID FOR WEEK
				S	M	T	W	T	F	S				FICA	WITH- HOLDING TAX	OTHER	TOTAL DEDUCTIONS		
				17	18	19	20	21	22	23									
H Suarez 5496		Painter	O									/							
			S	8.00	8.00	8.00	8.00	8.00	8.00	40.00	25.00								\$1,000.00
A Alvarado 1438		Painter	O									/							
			S	8.00	8.00	8.00	8.00	8.00	8.00	40.00	20.00								\$800.00
J Gomez 5147		Painter	O									/							
			S	8.00	8.00	8.00	8.00	8.00	8.00	40.00	20.00								\$800.00
M Garcia 7721		Painter	O									/							
			S	8.00	8.00	8.00	8.00	8.00	8.00	40.00	20.00								\$800.00
			O									/							
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			S																

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

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

DOL WH-348 | Statement of Compliance

Date May 25, 2026

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

do hereby state:

(1) That I pay or supervise the payment of the persons employed by Suarez Painting LLC on the (Contractor or Subcontractor) Hidalgo Health Clinic; that during the payroll period commencing on the (Building or Work) 17th day of May, 2026, and ending the 23rd day of May, 2026, all persons employed on said project have been paid the full weekly wages earned, that no rebates have been or will be made either directly or indirectly to or on behalf of said Suarez Painting LLC from the full (Contractor or Subcontractor)

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

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

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

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

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

(b) WHERE FRINGE BENEFITS ARE PAID IN CASH

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

(c) EXCEPTIONS

EXCEPTION (CRAFT)	EXPLANATION

REMARKS:

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

DOL WH-347 | Payroll Form

U.S. Department of Labor
Wage and Hour Division

PAYROLL

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WAGE AND HOUR DIVISION
Revised December 2008

NAME OF CONTRACTOR <input type="checkbox"/> OR SUBCONTRACTOR <input checked="" type="checkbox"/> <p style="text-align: center;">Suarez Painting LLC</p>	ADDRESS 1311 Hampton St San Juan, TX 78589	OMB No. 1235-0008 Expires 09/30/2026
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PAYROLL NO. 5	FOR WEEK ENDING 05/30/2026	PROJECT AND LOCATION Hidalgo Health Clinic 702 E Ramon Ayala Dr Hidalgo, TX 78557	PROJECT OR CONTRACT NO. C 24 0253 04 29
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(1) NAME AND INDIVIDUAL IDENTIFYING NUMBER (e.g., LAST FOUR DIGITS OF SOCIAL SECURITY NUMBER) OF WORKER	(2) NO. OF WITHHOLDING EXEMPTIONS	(3) WORK CLASSIFICATION	OT OR ST.	(4) DAY AND DATE							(5) TOTAL HOURS	(6) RATE OF PAY	(7) GROSS AMOUNT EARNED	(8) DEDUCTIONS					(9) NET WAGES PAID FOR WEEK	
				S	M	T	W	T	F	S				FICA	WITH- HOLDING TAX	OTHER	TOTAL DEDUCTIONS			
				24	25	26	27	28	29	30										
HOURS WORKED EACH DAY																				
H Suarez 5496		Painter	O									40.00	25.00	/						\$1,000.00
			S		8.00	8.00	8.00	8.00	8.00	8.00										
A Alvarado 1438		Painter	O									40.00	20.00	/						\$800.00
			S		8.00	8.00	8.00	8.00	8.00	8.00										
J Gomez 5147		Painter	O									40.00	20.00	/						\$800.00
			S		8.00	8.00	8.00	8.00	8.00	8.00										
M Garcia 7721		Painter	O									40.00	20.00	/						\$800.00
			S		8.00	8.00	8.00	8.00	8.00	8.00										
			O											/						
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While completion of Form WH-347 is optional, it is mandatory for covered contractors and subcontractors performing work on Federally financed or assisted construction contracts to respond to the information collection contained in 29 C.F.R. §§ 3.3, 5.5(a). The Copeland Act (40 U.S.C. § 3145) contractors and subcontractors performing work on Federally financed or assisted construction contracts to "furnish weekly a statement with respect to the wages paid each employee during the preceding week." U.S. Department of Labor (DOL) regulations at 29 C.F.R. § 5.5(a)(3)(ii) require contractors to submit weekly a copy of all payrolls to the Federal agency contracting for or financing the construction project, accompanied by a signed "Statement of Compliance" indicating that the payrolls are correct and complete and that each laborer or mechanic has been paid not less than the proper Davis-Bacon prevailing wage rate for the work performed. DOL and federal contracting agencies receiving this information review the information to determine that employees have received legally required wages and fringe benefits.

Public Burden Statement

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DOL WH-348 | Statement of Compliance

Date May 30, 2026

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

do hereby state:

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

Hidalgo Health Clinic; that during the payroll period commencing on the
 (Building or Work)
24th day of May, 2026, and ending the 30th day of May, 2026,

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

Suarez Painting LLC from the full
 (Contractor or Subcontractor)

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

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

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

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

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

(b) WHERE FRINGE BENEFITS ARE PAID IN CASH

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

(c) EXCEPTIONS

EXCEPTION (CRAFT)	EXPLANATION

REMARKS:

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

INVOICE

THE CARPET HOUSE
1303 E Rogers Rd
Edinburg, TX 78542

Item No. 16

staff@thecarpethouse.us
+1 (956) 383-8889
www.thecarpethouse.us



Bill to

Benchmark Const
Benchmark Const

Ship to

Hidalgo County Health Clinic
City of Hidalgo

Invoice details

Invoice no.: 20070
Invoice date: 03/25/2026
Due date: 04/25/2026

#	Product or service	Description	Qty	Rate	Amount
1.	VCT	Armstrong VCT	5715	\$5.00	\$28,575.00
2.	LVT	LVT Dreamweaver 4027 20. mills Installed adhesive	300	\$7.20	\$2,160.00
3.	Cove Base	Roppe cove base install	1	\$6,465.00	\$6,465.00
4.		Floor prep allowance included 1 bag every 500 sq ft.			
5.		Please note that the ceramic tile pricing for the restrooms has not been included.			

Ways to pay

BANK

Note to customer

CUSTOMER READ BEFORE SIGNING: Buyer understands that there may be a dye-lot variation from sample. Seller is not responsible for chips, dents, or conditions of existing moldings, doors, jambs, or fixtures. Room must be clear of obstacles at time of installation. Seller is not responsible for customer measurements. Seller is not responsible for manufacturer or shipping delays. Unforeseen structural problems upon installation may change the amount due on this invoice. A FINANCE CHARGE OF 10% will be charged to accounts past 10 days. In the event buyer defaults under the terms of this agreement, Buyer agrees to pay reasonable attorneys fees, if the sums due are collected by or through attorney. PAYMENT IN FULL TO BE MADE UPON COMPLETION OF INSTALLATION, UNLESS OTHERWISE NOTED I/WE THE BUYER(S) HERE BY ACCEPT THE ABOVE TERMS AND CONDITIONS:
Signature: _____

Total \$37,200.00

Payment

Balance due \$30,735.00

Overdue 05/25/2026

DOL WH-347 | Payroll Form

U.S. Department of Labor
Wage and Hour Division

PAYROLL

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

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



WAGE AND HOUR DIVISION
Revised December 2008

NAME OF CONTRACTOR <input type="checkbox"/> OR SUBCONTRACTOR <input checked="" type="checkbox"/>		ADDRESS		OMB No. 1235-0008 Expires 09/30/2026	
The Carpet House		1303 E Rogers Rd Edinburg, TX 78542			
PAYROLL NO. 1	FOR WEEK ENDING 05/16/2026	PROJECT AND LOCATION Hidalgo Health Clinic 702 E Ramon Ayala Hidalgo, TX 78557		PROJECT OR CONTRACT NO. C-24-0253-04-29	

(1) NAME AND INDIVIDUAL IDENTIFYING NUMBER (e.g., LAST FOUR DIGITS OF SOCIAL SECURITY NUMBER) OF WORKER	(2) NO. OF WITHHOLDING EXEMPTIONS	(3) WORK CLASSIFICATION	OT OR ST.	(4) DAY AND DATE							(5) TOTAL HOURS	(6) RATE OF PAY	(7) GROSS AMOUNT EARNED	(8) DEDUCTIONS					(9) NET WAGES PAID FOR WEEK
				S	M	T	W	T	F	S				FICA	WITH- HOLDING TAX	OTHER	TOTAL DEDUCTIONS		
				10	11	12	13	14	15	16									
HOURS WORKED EACH DAY																			
Adam Lopez 1001		Tile Setter	o										/						
			s		8.00	8.00	8.00	8.00	8.00	8.00	40.00	27.50							
Victor Torres 1002		Tile Setter	o									/							
			s		8.00	8.00	8.00	8.00	8.00	40.00	21.50								
Juan Salinas 1003		Tile Setter	o									/							
			s		8.00	8.00	8.00	8.00	8.00	40.00	21.50								
Aaron Gomez 1004		Tile Setter	o									/							
			s		8.00	8.00	8.00	8.00	8.00	40.00	21.50								
			o									/							
			s																
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While completion of Form WH-347 is optional, it is mandatory for covered contractors and subcontractors performing work on Federally financed or assisted construction contracts to respond to the information collection contained in 29 C.F.R. §§ 3.3, 5.5(a). The Copeland Act (40 U.S.C. § 3145) contractors and subcontractors performing work on Federally financed or assisted construction contracts to "furnish weekly a statement with respect to the wages paid each employee during the preceding week." U.S. Department of Labor (DOL) regulations at 29 C.F.R. § 5.5(a)(3)(ii) require contractors to submit weekly a copy of all payrolls to the Federal agency contracting for or financing the construction project, accompanied by a signed "Statement of Compliance" indicating that the payrolls are correct and complete and that each laborer or mechanic has been paid not less than the proper Davis-Bacon prevailing wage rate for the work performed. DOL and federal contracting agencies receiving this information review the information to determine that employees have received legally required wages and fringe benefits.

Public Burden Statement

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

DOL WH-348 | Statement of Compliance

Date May 18, 2026

I, Daniel Lopez Office Manager
 (Name of Signatory Party) (Title)

do hereby state:

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

The Carpet House on the
 (Contractor or Subcontractor)
Hidalgo Health Clinic ; that during the payroll period commencing on the
 (Building or Work)
10th day of May, 2026, and ending the 16th day of May, 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

The Carpet House from the full
 (Contractor or Subcontractor)

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

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

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

(4) That:

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

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


(b) WHERE FRINGE BENEFITS ARE PAID IN CASH

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

(c) EXCEPTIONS

EXCEPTION (CRAFT)	EXPLANATION

REMARKS:

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



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

Invoice 74840473
 Invoice Date 5/28/2026
 Payment Term NET 30
 Due Date 6/27/2026

Item No. 18

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

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

Description of Work

Hidalgo Health Clinic Draw #4

Task #	Description	Quantity	Your Price	Your Total
H-CUS-100-I	Custom Commercial Installation: Hidalgo Health Clinic Draw #4. \$4000 left on contract to draw in May.	1.00	\$14,595.00	\$14,595.00

Sub-Total \$14,595.00
Tax 0% \$0.00
Total Due \$14,595.00
Balance Due \$14,595.00

"SERVING THE RIO GRANDE VALLEY SINCE 1991"
 Regulated by Texas Department of Licensing & Regulation
 P O Box 12157 Austin Tx 78711
 (800) 803-9202 or (512) 463-6599
 Lic.# TACLA0029045C TECL40888

The customer is responsible for all legal and collection fees deemed necessary to collect amount of this invoice. Service charge of 1.5 % per month will be added on all past due accounts over 30 days. LIMITED WARRANTY: All materials, parts and equipment are warranted by the manufacturer's or suppliers' written warranty only. All labor performed by Cytech is warranted for 30 days or as otherwise indicated in writing. Cytech makes no other warranties, express or implied, and its agents or technicians are not authorized to make any such warranties on behalf of Cytech.

I find and agree that all work performed by Cytech Heating and Cooling has been completed in a satisfactory and workmanlike manner. I have been given the opportunity to address concerns and/or discrepancies in the work provided, and I either have no such concerns or have found no discrepancies or they have been addressed to my satisfaction. My signature here signifies my full and final acceptance of all work performed by the contractor.

DOL WH-347 | Payroll Form

U.S. Department of Labor
Wage and Hour Division

PAYROLL

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



WAGE AND HOUR DIVISION
Revised December 2008

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

NAME OF CONTRACTOR <input type="checkbox"/> OR SUBCONTRACTOR <input checked="" type="checkbox"/>		ADDRESS		OMB No. 1235-0008 Expires 09/30/2026	
Cytech Heating & Cooling		6840 N Interstate 69C Edinburg, TX 78542			
PAYROLL NO. 15	FOR WEEK ENDING 05/16/2026	PROJECT AND LOCATION Hidalgo Health Clinic 702 E Ramon Ayala Hidalgo, TX 78557		PROJECT OR CONTRACT NO. C-24-0253-04-29	

(1) NAME AND INDIVIDUAL IDENTIFYING NUMBER (e.g., LAST FOUR DIGITS OF SOCIAL SECURITY NUMBER) OF WORKER	(2) NO. OF WITHHOLDING EXEMPTIONS	(3) WORK CLASSIFICATION	OT. OR ST.	(4) DAY AND DATE							(5) TOTAL HOURS	(6) RATE OF PAY	(7) GROSS AMOUNT EARNED	(8) DEDUCTIONS					(9) NET WAGES PAID FOR WEEK	
				S	M	T	W	T	F	S				FICA	WITH- HOLDING TAX		OTHER	TOTAL DEDUCTIONS		
				10	11	12	13	14	15	16				HOURS WORKED EACH DAY						
Abel Quijada 4181		HVAC Mechanic	O																	
			S		8.00	8.00	8.00	8.00	8.00	8.00		40.00	40.00	\$1,600.00						
Cesar Hernandez 5511		HVAC Mechanic	O																	
			S		8.00	8.00	8.00	8.00	8.00	8.00		40.00	30.00	\$1,200.00						
			O																	
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While completion of Form WH-347 is optional, it is mandatory for covered contractors and subcontractors performing work on Federally financed or assisted construction contracts to respond to the information collection contained in 29 C.F.R. §§ 3.3, 5.5(a). The Copeland Act (40 U.S.C. § 3145) contractors and subcontractors performing work on Federally financed or assisted construction contracts to "furnish weekly a statement with respect to the wages paid each employee during the preceding week." U.S. Department of Labor (DOL) regulations at 29 C.F.R. § 5.5(a)(3)(ii) require contractors to submit weekly a copy of all payrolls to the Federal agency contracting for or financing the construction project, accompanied by a signed "Statement of Compliance" indicating that the payrolls are correct and complete and that each laborer or mechanic has been paid not less than the proper Davis-Bacon prevailing wage rate for the work performed. DOL and federal contracting agencies receiving this information review the information to determine that employees have received legally required wages and fringe benefits.

Public Burden Statement

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

DOL WH-348 | Statement of Compliance

Date May 18, 2026

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

do hereby state:

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

Cytech Heating & Cooling on the
 (Contractor or Subcontractor)

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

10th day of May, 2026, and ending the 16th day of May, 2026,

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

Cytech Heating & Cooling from the full
 (Contractor or Subcontractor)

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

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

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

(4) That:

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

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


(b) WHERE FRINGE BENEFITS ARE PAID IN CASH

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

(c) EXCEPTIONS

EXCEPTION (CRAFT)	EXPLANATION

REMARKS:

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

DOL WH-347 | Payroll Form

U.S. Department of Labor
Wage and Hour Division

PAYROLL

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NAME OF CONTRACTOR <input type="checkbox"/>	OR SUBCONTRACTOR <input checked="" type="checkbox"/>	ADDRESS 6840 N Interstate 69C Edinburg, TX 78542	OMB No. 1235-0008 Expires 09/30/2026
Cytech Heating & Cooling			
PAYROLL NO. 16	FOR WEEK ENDING 05/23/2026	PROJECT AND LOCATION Hidalgo Health Clinic 702 E Ramon Ayala Hidalgo, TX 78557	PROJECT OR CONTRACT NO. C-24-0253-04-29

(1) NAME AND INDIVIDUAL IDENTIFYING NUMBER (e.g., LAST FOUR DIGITS OF SOCIAL SECURITY NUMBER) OF WORKER	(2) NO. OF WITHHOLDING EXEMPTIONS	(3) WORK CLASSIFICATION	OT. OR ST.	(4) DAY AND DATE							(5) TOTAL HOURS	(6) RATE OF PAY	(7) GROSS AMOUNT EARNED	(8) DEDUCTIONS					(9) NET WAGES PAID FOR WEEK
				S	M	T	W	T	F	S				FICA	WITH- HOLDING TAX		OTHER	TOTAL DEDUCTIONS	
				17	18	19	20	21	22	23				HOURS WORKED EACH DAY					
Abel Quijada 4181		HVAC Mechanic	O																
			S	8.00	8.00	8.00	8.00	8.00	8.00		40.00	40.00	\$1,600.00						
Cesar Hernandez 5511		HVAC Mechanic	O																
			S	8.00	8.00	8.00	8.00	8.00	8.00		40.00	30.00	\$1,200.00						
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DOL WH-348 | Statement of Compliance

Date May 25, 2026

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

do hereby state:

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

Hidalgo Health Clinic; that during the payroll period commencing on the
 (Building or Work)
17th day of May, 2026, and ending the 23rd day of May, 2026,

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

Cytech Heating & Cooling from the full
 (Contractor or Subcontractor)

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

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

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

(4) That:

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

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

(b) WHERE FRINGE BENEFITS ARE PAID IN CASH

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

(c) EXCEPTIONS

EXCEPTION (CRAFT)	EXPLANATION

REMARKS:

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