



DIVISION OF
LABOR

1900 Kanawha Boulevard East
State Capitol Complex – Building 3, Room 200 - Charleston, WV 25305
Telephone: (304)558-7890 labor.wv.gov Fax: (304)558-2273

MEMORANDUM

To: President Mitch Carmichael, Chair
Speaker Tim Armstead, Chair
Joint Committee on Government and Finance

cc: Mike Hall, Chief of Staff, Office of the Governor
Woody Thrasher, Cabinet Secretary, West Virginia Department of Commerce
Joshua Jarrell, Deputy Secretary/General Counsel, West Virginia Department of Commerce

From: Mitchell E. Woodrum, Acting Commissioner, West Virginia Division of Labor

Date: October 13, 2017

Re: Jobs Act Fiscal Year 2017 Annual Report

Pursuant to the provisions of W. Va. Code §21-1C-5 of the West Virginia Jobs Act, the Division of Labor shall compile the following information filed by public authorities or employers working on public improvement projects and submit it to the Joint Committee on Government and Finance by October 15, 2017:

- Copies of waiver certificates issued by WorkForce West Virginia to employers working on public improvement construction projects; and
- Copies of an employer's certified payroll records, or other comparable documents that include the number of employees, the county and state of the employees' residence, and the employees' occupations.

For Fiscal Year 2017, no waiver certificates were filed with the Division of Labor by any public authority or employer.

For Fiscal Year 2017, the West Virginia Parkways Authority filed certified payroll records with the Division of Labor for two bridge projects. Copies of the employers' certified payroll records and other pertinent documents are included with this report.

The West Virginia Parkways Authority "Bridge Spot Painting Contract," Contract Number BP-3-16, for Bridge 2144S (Southbound Yeager Bridge), Kanawha County, was executed on June 27, 2016. The International Rigging Group, LLC began work on this project on August 18, 2016 and completed work on or about October 28, 2016.

The West Virginia Parkways Authority "Bridge Retrofit and Painting Contract," Contract Number BRP-1-16, for Bridges 3030 N/S, 3034 N/S, and 3082 N/S, Raleigh and Kanawha Counties, was executed March 10, 2016. KMX Painting, Inc. began work on this project on August 1, 2016 and completed work on or about October 31, 2016.

If you have any questions or need additional information, please do not hesitate to contact me.

International Rigging Group, LLC



WEST VIRGINIA PARKWAYS AUTHORITY

P.O. BOX 1469

CHARLESTON, WEST VIRGINIA 25313-1469

TELEPHONE: 304-326-1900

FAX: 304-326-1909

Web: www.parkways.wv.gov

1-800-333-2262

September 7, 2016

International Rigging Group, LLC
Attn: Valadou Kaipakis, Secretary
728 Wesley Avenue, Suite A
Tarpon Springs, FL 34689

**RE: Contract BP-3-16 with West Virginia Parkways Authority
dated June 27, 2016**

Dear Valadou Kaipakis:

On this date, the Parkways Authority received what purports to be a certified payroll on a U.S. Department of Labor Wage and Hour Division Form OMB No: 1235-0008.

In accordance with the provisions of the Contract referred to above, and in accordance with the West Virginia Jobs Act, a special provision being made for that on page 36 of the Contract, "the certified payroll must contain the County and State of residence for each employee."

The executed payroll forms do not contain that information and, accordingly, are not considered by the Parkways Authority as appropriate certified payroll documents.

I urge you to read that special provision pertaining to the West Virginia Jobs Act and to comply with it fully.

You may also be advised that a copy of this deficient payroll form, this letter and page 36 from the Contract (*see attached*) are all being forwarded to the West Virginia Division of Labor and to Old Republic Surety Company, the surety on your Contract Bond.

I urge you to fully comply with the West Virginia Jobs Act and to provide the Parkways Authority with a compliant certified payroll.

Your failure to do so will be considered a serious breach of the Contract.

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

Individual Earnings Report (IER)

Form IER-1 (Rev. 10-2008)

Department of Labor

BL 5341

NAME OF EMPLOYER: [Redacted]

CLASSIFICATION: [Redacted]

DATE OF REPORT: [Redacted]

REPORTING PERIOD: [Redacted]

REPORTING PERIOD: [Redacted]

REPORTING PERIOD: [Redacted]

REPORTING PERIOD: [Redacted]

CLASSIFICATION	POSITION TITLE	EMPLOYEE'S NAME	EMPLOYEE'S ADDRESS	EMPLOYEE'S SOCIAL SECURITY NUMBER	MONTHS							TOTAL							
					1	2	3	4	5	6	7								
[Redacted]	[Redacted]	[Redacted]	[Redacted]	[Redacted]	[Redacted]	[Redacted]	[Redacted]	[Redacted]	[Redacted]	[Redacted]	[Redacted]	[Redacted]	[Redacted]	[Redacted]	[Redacted]	[Redacted]	[Redacted]	[Redacted]	[Redacted]
[Redacted]	[Redacted]	[Redacted]	[Redacted]	[Redacted]	[Redacted]	[Redacted]	[Redacted]	[Redacted]	[Redacted]	[Redacted]	[Redacted]	[Redacted]	[Redacted]	[Redacted]	[Redacted]	[Redacted]	[Redacted]	[Redacted]	[Redacted]
[Redacted]	[Redacted]	[Redacted]	[Redacted]	[Redacted]	[Redacted]	[Redacted]	[Redacted]	[Redacted]	[Redacted]	[Redacted]	[Redacted]	[Redacted]	[Redacted]	[Redacted]	[Redacted]	[Redacted]	[Redacted]	[Redacted]	[Redacted]
[Redacted]	[Redacted]	[Redacted]	[Redacted]	[Redacted]	[Redacted]	[Redacted]	[Redacted]	[Redacted]	[Redacted]	[Redacted]	[Redacted]	[Redacted]	[Redacted]	[Redacted]	[Redacted]	[Redacted]	[Redacted]	[Redacted]	[Redacted]
[Redacted]	[Redacted]	[Redacted]	[Redacted]	[Redacted]	[Redacted]	[Redacted]	[Redacted]	[Redacted]	[Redacted]	[Redacted]	[Redacted]	[Redacted]	[Redacted]	[Redacted]	[Redacted]	[Redacted]	[Redacted]	[Redacted]	[Redacted]

This report is to be filled out by the employer for each employee who worked for the employer during the reporting period. It should be filled out for each employee who worked for the employer during the reporting period, regardless of whether the employee is a full-time, part-time, or seasonal employee. It should be filled out for each employee who worked for the employer during the reporting period, regardless of whether the employee is a full-time, part-time, or seasonal employee.

Employer Instructions: This report should be filled out for each employee who worked for the employer during the reporting period. It should be filled out for each employee who worked for the employer during the reporting period, regardless of whether the employee is a full-time, part-time, or seasonal employee.

I hereby certify that the above information is true and correct to the best of my knowledge and belief.

Signature: _____
 Title: _____

Approved: _____
 Title: _____

No.	DESCRIPTION OF THE PROPERTY	AMOUNT
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Total: _____

Date: _____

I hereby certify that the above information is true and correct to the best of my knowledge and belief.

Signature: _____
 Title: _____

Approved: _____
 Title: _____

No.	DESCRIPTION OF THE PROPERTY	AMOUNT
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Total: _____

Date: _____

SPECIAL PROVISIONS FOR
WEST VIRGINIA JOBS ACT

This special provision shall not apply to any project in which federal funds are used for its construction.

West Virginia Jobs Act (Chapter 21, Article 1C of the West Virginia Code) and the following shall apply.

The Prime Contractor and all Subcontractors who work onsite are required to provide at least 75% of the workers from the local labor market as defined by the Act. The local labor market as defined by the Act includes all counties in West Virginia and any county that is within seventy-five miles of the West Virginia border. Each employer is permitted to have two workers from outside the local labor market. If workers are not available from inside the local labor market, the contractor shall obtain an employment waiver certificate from the local office of the West Virginia Job Service.

The Prime Contractor and all Subcontractors who work onsite shall provide to the WVPA a certified payroll and all employment waiver certificates for each week worked. The certified payroll must contain the County and State of residence for each employee. These shall be sent to Margaret Vickers, Acting Director of Logistics & Procurement at the West Virginia Parkways Authority, 3310 Piedmont Road, Charleston, WV 25306.

The West Virginia Division of Labor is responsible for interpreting and enforcing the provisions of the West Virginia Jobs Act. The information in this provision is being provided, as guidance to Contractors and is not meant to be all-inclusive. Not all information relating to the West Virginia Jobs Act is included in this provision.

U.S. Department of Labor
Wage and Hour Division

PAYROLL

(For Contractor's Optional Use: See instructions at www.dol.gov/esa/whd/forms/wht347instr.htm)
Persons are not required to respond to the collection of information unless it displays a currently valid OMB control number.



U.S. Wage and Hour Division
Rev. Dec. 2008
OMB No.: 1235-0008
Expires: 02/28/2018

NAME OF CONTRACTOR OR SUBCONTRACTOR

International Rigging Group, LLC

ADDRESS
728 Wasky

PAYROLL NO. 1

FOR WEEK ENDING
8/21/2016

PROJECT AND LOCATION
Kanawha County

PROJECT OR CONTRACT NO.
BP-3-16

(1) NAME AND INDIVIDUAL IDENTIFYING NUMBER (e.g., LAST FOUR DIGITS OF SOCIAL SECURITY NUMBER) OF WORKER	(2) OF WITHHOLDING EXEMPTIONS	(3) WORK CLASSIFICATION	(4) DAY AND DATE							(5) TOTAL HOURS	(6) RATE OF PAY	(7) GROSS AMOUNT EARNED	(8) DEDUCTIONS					(9) NET WAGES PAID FOR WEEK				
			OT	OR	ST	M	T	W	T				F	S	FICA	WITH- HOLDING TAX	Meigs		Fed WH	OTHER	TOTAL DEDUCTIONS	
						15	16	17	18				19	20								21
Dallas, TX 75287		Painter					8	8	8.5	5.5	26	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Laconia, NH 03246		Q.C. (Salary)									0	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Charlotte, NC 28273		Laborer					6	6	8	5.5	25.5	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Bridge City, LA 70084		Painter					6	6	8	5.5	25.5	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Tempo, PA 19560		Laborer						4	8	5.5	17.5	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Tarpon Springs, FL 34689		Foreman (Salary)									0	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -

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 "turnish 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, gathering existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. If you have any comments regarding these estimates or any other aspect of this collection, including suggestions for reducing this burden, send them to the Administrator, Wage and Hour Division, U.S. Department of Labor, Room S3502, 200 Constitution Avenue, N.W., Washington, D.C. 20210

(over)

U.S. Department of Labor
Wage and Hour Division

PAYROLL

(For Contractor's Optional Use; See Instructions at www.dol.gov/eisawhd/forms/wh3471nstr.htm)
Persons are not required to respond to the collection of information unless it displays a currently valid OMB control number

NAME OF CONTRACTOR: International Rigging Group, LLC
ON SUBCONTRACTOR: 728 WEEKLY
ADDRESS: Karamba County
PROJECT AND LOCATION: PROJECT OR CONTRACT NO: BP-3-16
FOR WEEK ENDING: 8/28/2016
Rev. Dec 2008
OMB No. 1235-0006
Expires: 02/28/2018

(1) NAME AND INDIVIDUAL IDENTIFYING NUMBER (9) LAST FOUR DIGITS OF SOCIAL SECURITY NUMBER OF WORKER	(2) WITHHOLDING EXEMPTIONS	(3) WORK CLASSIFICATION	(4) DAY AND DATE							(5) TOTAL HOURS	(6) RATE OF PAY	(7) GROSS AMOUNT EARNED	FICA	WITH-HOLDING TAX	(8) DEDUCTIONS			(9) NET WAGES PAID FOR WEEK	
			M	T	W	T	F	S	S						Meat	Fed W/H	OTHER		TOTAL DEDUCTIONS
			22	23	24	25	26	27	28										
Dallas, TX 75287		Painter	0	10	10	5	10	4			40	\$	\$	\$	\$	\$	\$	\$	\$
Tel. WV 25201		Operator	0	3	10	5.5	10	9.5			40	\$	\$	\$	\$	\$	\$	\$	\$
Lebanon, NH 03246		Q.C. (Salary)	0	0	0	0	0	0	0	0	0	\$	\$	\$	\$	\$	\$	\$	\$
Gretna, LA 70053		Painter	0	0	0	10.5	10.5	9.5			30.5	\$	\$	\$	\$	\$	\$	\$	\$
Charlotte, NC 28273		Laborer	0	10	10	6	10	4			40	\$	\$	\$	\$	\$	\$	\$	\$
Bridge City, LA 70304		Painter	0	10	10	6	10	4			40	\$	\$	\$	\$	\$	\$	\$	\$
Tempo, PA 19560		Laborer	0	10	10	5	10	5			40	\$	\$	\$	\$	\$	\$	\$	\$
Tarpon Springs, FL 34689		Foreman (Salary)	0	0	0	1	5.5	10			15.5	\$	\$	\$	\$	\$	\$	\$	\$

While compliance of Form WH-347 is stated, it is mandatory for certain employers and subcontractors performing work on Federally funded or assisted construction contracts to respond to the information collection contained in 29 C.F.R. § 5.9(a). The Occupational Safety and Health Act (OSHA) requires contractors and subcontractors performing work on Federally funded 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. § 5.9(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. OCA and related 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 Administration, Wage and Hour Division, U.S. Department of Labor, Room S5302, 200 Constitution Avenue, N.W., Washington, D.C. 20210.

(over)

U.S. Department of Labor
Wage and Hour Division

PAYROLL

(For Contractor's Optional Use; See Instructions at www.dol.gov/esa/whd/forms/wln347instr.htm)
Persons are not required to respond to the collection of information unless it displays a currently valid OMB control number.



NAME OF CONTRACTOR: International Rigging Group, LLC
 PAYROLL NO: [redacted]
 OR SUBCONTRACTOR: [redacted]
 FOR WEEK ENDING: 8/28/2018
 ADDRESS: 718 West Kanawha County
 PROJECT AND LOCATION: Kanawha County
 PROJECT OR CONTRACT NO: BP-3-16
 REV. DATE: 2008
 OMB NO: 1228-0008
 EXPIRES: 02/28/2018

(1) NAME AND INDIVIDUAL IDENTIFYING NUMBER (e.g. LAST FOUR DIGITS OF SOCIAL SECURITY NUMBER), OF WORKER	(2) NO OF WITHHOLDING EXEMPTIONS	(3) WORK CLASSIFICATION	OT OR ST	(4) DAY AND DATE							(5) TOTAL HOURS	(6) RATE OF PAY	(7) GROSS AMOUNT EARNED	(8) DEDUCTIONS				(9) NET WAGES PAID FOR WEEK			
				M	T	W	T	F	S	S				TICA	WITH-HOLDING TAX	Medicare	Fed WH		OTHER	TOTAL DEDUCTIONS	
				22	23	24	25	26	27	28											
ELAWIN, WV 25071		Security Guard	S			4	10	10	10	8	40	\$	\$								

While completion of Form WH-347 is optional, it is mandatory for certain contractors and subcontractors performing work on Federal, State, or assisted construction contracts to respond to the information collection contained in 29 C.F.R. §§ 3.3, 5.6(a). The Capital and Job U.S.C. § 3145 contractors and subcontractors performing work on Federal, State, 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. § 5.6(a)(3)(ii) less than the proper Fair Labor Standards 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.

We estimate that it will take an average of 20 minutes to complete this collection, including suggestions for reducing this burden, send them to the Administrator, Wage and Hour Division, U.S. Department of Labor, Room 83002, 200 Constitution Avenue, N.W., Washington, DC 20210.

Public Burden Statement

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U.S. Department of Labor
Wage and Hour Division

PAYROLL

(For Contractor's Optional Use: See instructions at www.dol.gov/eisawhd/forms/wh347instr.htm)

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

NAME OF CONTRACTOR
International Rigging Group, LLC
TAYLOR, TN

PROJECT NUMBER
3142016

ADDRESS
1234 Main
PROJECT AND LOCATION
Kalamita County

DATE DEC 2008
OMB No. 1235-0008
Expires 02/29/2016

NAME AND INDIVIDUAL IDENTIFYING NUMBER (e.g. LAST FOUR DIGITS OF SOCIAL SECURITY NUMBER) OF WORKER	SCHEDULED WORK OR WEEK ENDING	WORK CLASSIFICATION	LS	ST	40 DAY AND DATE							TOTAL HOURS	RAIL OF PAY	GROSS AMOUNT EARNED	DEDUCTIONS					NET WAGES PAID FOR WEEK				
					M	T	W	T	F	S	S				FICA	WITH-HOLDING TAX	Medicare	Fed WH	OTHER		TOTAL DEDUCTIONS			
					28	29	30	31	1	2	3				4									
Tempo, IA 19560		Laborer											40	\$	\$									
Tarpon Springs, FL 34689		Foreman (Salary)												\$	\$									
Elkhart, WV 25071		Security Guard												\$	\$									

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 report to the information collection contained in 29 CFR 1.510 The Complete Aid (40 USC 5145) contractors and subcontractors performing work on Federally financed or assisted construction contracts to furnish weekly a statement with respect to the wages paid and time worked on the project. Statements of Compliance indicating that the payrolls are correct and complete and that each laborer or mechanic has been paid at least 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 employers have received equally required wages and fringe benefits.

Public Burden Statement

We estimate that it will take an average of 45 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 the burden, send them to the Administrator, Wage and Hour Division, U.S. Department of Labor, Room 55302, 200 Constitution Avenue, NW, Washington, DC 20210.

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U.S. Department of Labor
Wage and Hour Division

PAYROLL

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

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U.S. Wage and Hour Division

OMB No. 1295-0008

Rev. Dec. 2008

Expires: 02/28/2018

NAME OF CONTRACTOR OR SUBCONTRACTOR **International Rigging Group, LLC**

FOR WEEK ENDING **8/18/2018**

PROJECT AND LOCATION **728 Wesley Kanawha County**

PROJECT OR CONTRACT NO. **BP-3-16**

(1) NAME AND INDIVIDUAL IDENTIFYING NUMBER (e.g., LAST FOUR DIGITS OF SOCIAL SECURITY NUMBER) OF WORKER	(2) TYPE OF HOLDING OR EMPLOYMENT	(3) WORK CLASSIFICATION	(4) DAY AND DATE							(5) TOTAL HOURS	(6) RATE OF PAY	(7) GROSS AMOUNT EARNED	(8) DEDUCTIONS					(9) NET WAGES PAID FOR WEEK			
			OT		ST								FICA	WITH- HOLDING TAX	Mcare	Fed WH	OTHER		TOTAL DEDUCTIONS		
			M	T	W	T	F	S	S												
[REDACTED]		Painter																			
Dallas, TX 75287		Painter																			
[REDACTED]		Operator																			
Tad, WV 25201		Operator																			
[REDACTED]		Painter																			
Gretna, LA 70053		Painter																			
[REDACTED]		Painter																			
Tampa Springs, FL 34689		Painter																			
[REDACTED]		Laborer																			
Charlotte, NC 28273		Laborer																			
[REDACTED]		Painter																			
Bridge City, LA 70094		Painter																			
[REDACTED]		Q.C. Supervisor																			
Holiday, FL 34680		Q.C. Supervisor																			
[REDACTED]		Laborer																			
Tampa, PA 19560		Laborer																			

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 report to the information collection contained in 29 C.F.R. §§ 1.5 (f)(8). The Copeland Act (40 U.S.C. § 3145) contractors and subcontractors performing work on Federally financed or assisted construction contracts 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. OCL and Federal contracting agencies receiving this information review the information to determine that employers have received legally required wages and fringe benefits.

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U.S. Department of Labor
Wage and Hour Division

PAYROLL

(For Contractor's Optional Use: See Instructions at www.dol.gov/esa/whd/forms/wh347instr.htm)
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NAME OF CONTRACTOR OR SUBCONTRACTOR **International Rigging Group, LLC**
 PAYROLLING 8 FOR WEEK ENDING 9/25/2016
 ADDRESS 718 Maple
 PROJECT AND LOCATION Kanawha County
 PROJECT OR CONTRACT NO. BP-3-16

(1) NAME AND INDIVIDUAL IDENTIFYING NUMBER (e.g. LAST FOUR DIGITS OF SOCIAL SECURITY NUMBER) OF WORKER	(2) NO. OF WITHHOLDING EXEMPTIONS	(3) WORK CLASSIFICATION	(4) DAY AND DATE							(5) TOTAL HOURS	(6) RATE OF PAY	(7) GROSS AMOUNT EARNED	(8) DEDUCTIONS						(9) NET WAGES PAID FOR WEEK							
			M	T	W	T	F	S	S				FICA	WITH-HOLDING TAX	Medicare	Fed WH	OTHER	TOTAL DEDUCTIONS								
			19	20	21	22	23	24	25																	
[REDACTED]		Painter	0	2.5	2	2	2	1.5	9	9	40	\$	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]
Dallas, TX 75287		Painter	0	2.5	2	2	2	1.5	9	9	28	\$	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]
Tad, WV 25201		Operator	0	5	2	1	2	1.5	10	10	29.5	\$	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]
[REDACTED]		Painter	0	2.5	2	2	2	1.5	9	9	28	\$	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]
Gretna, LA 70053		Painter	0	2.5	2	2	2	1.5	9	9	28	\$	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]
Tarpon Springs, FL 34689		Painter	0	2.5	2	2	2	2	9.5	9	29	\$	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]
[REDACTED]		Painter	0	2.5	2	2	2	1.5	9	9.5	28.5	\$	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]
Charlotte, NC 28273		Laborer	0	2.5	2	2	2	1.5	9	9.5	28.5	\$	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]
[REDACTED]		Painter	0	10.5	10				9	9	38.5	\$	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]
Bridge City, LA 70094		Painter	0								0	\$	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]
[REDACTED]		O.C. Supervisor	0	2.5	2	2	2	1.5	9	9	28	\$	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]
Holiday, FL 34950		Laborer	0	2.5	2	2	2	1.5	9	9.5	28.5	\$	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]
[REDACTED]		Laborer	0	2.5	2	2	2	1.5	9	9.5	28.5	\$	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]
Tempo PA 19360			0	2.5	2	2	2	1.5	9	9.5	28.5	\$	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]

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 solicitation contained in 29 C.F.R. 53.3-5(a). The Contractor and Subcontractor are required 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. OCL and federal contracting agencies receiving this information review the information to determine that employees have received legally required wages and fringe benefits.

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 3350Z, 200 Constitution Avenue, NW, Washington, DC 20210.

Public Burden Statement

(over)

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Date 9/25/2016

Name of Signatory: Varadou Kalpakis
Title: Secretary

Name of Employer: International Rigging Group, LLC
on the

BP-3-16 (Building or Work) that during the payroll period commencing on the

19th day of September 2016 and ending the 25th day of September 2016 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

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. 957, 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

None above or mechanic listed on the above attached payroll has been paid or indicated on the payroll a amount less than the sum of the applicable basic hourly wage and the amount of the equivalent fringe benefits as stated in the contract or other specification below.

(c) EXCEPTIONS

EXCEPTION (CRAFT)	EXPLANATION

REMARKS:

Fringe Benefits are on Check Register Attached

NAME AND TITLE: Varadou Kalpakis, Secretary

SIGNATURE: 

THE SIGNATURE OF THE EMPLOYEE SHALL BE VALID ONLY IF THE EMPLOYEE IS AN ACTIVE MEMBER IN GOOD STANDING OF THE LOCAL UNION OR THE NATIONAL ORGANIZATION TO WHICH THE EMPLOYEE BELONGS. THE SIGNATURE OF THE EMPLOYEE SHALL BE VALID ONLY IF THE EMPLOYEE IS AN ACTIVE MEMBER IN GOOD STANDING OF THE LOCAL UNION OR THE NATIONAL ORGANIZATION TO WHICH THE EMPLOYEE BELONGS.

U.S. Department of Labor
Wage and Hour Division

PAYROLL

(For Contractor's Optional Use; See Instructions at www.dol.gov/esa/whd/forms/wh347instr.htm)
Persons are not required to respond to the collection of information unless it displays a currently valid OMB control number.



OMB No.: 1235-0008
Expires: 02/28/2018

NAME OF CONTRACTOR OR SUBCONTRACTOR
International Rigging Group, LLC
PAYROLL NO. 7
FOR WEEK ENDING 10/22/2016
ADDRESS 728 Wesley
PROJECT AND LOCATION Kansas County
PROJECT OR CONTRACT NO. BP-3-16

(1) NAME AND INDIVIDUAL IDENTIFYING NUMBER (e.g. LAST FOUR DIGITS OF SOCIAL SECURITY NUMBER) OF WORKER	(2) NO. OF WITHHOLDING EXEMPTIONS	(3) WORK CLASSIFICATION	(4) DAY AND DATE							(5) TOTAL HOURS	(6) RATE OF PAY	(7) GROSS AMOUNT EARNED	(8) DEDUCTIONS					(9) NET WAGES PAID FOR WEEK							
			OT	ST	M	T	W	T	F				S	S	FICA	WITH- HOLDING TAX	Mearn		Fed WH	OTHER	TOTAL DEDUCTIONS				
																						26	27	28	29
Dallas, TX 75287		Painter	S	9	8	8.5		5	9	0.5	40	\$													
Tad, WV 26201		Operator	S	8				5	9	7	28	\$													
Gretna, LA 70053		Painter	S	9	8	8.5		5	9	0.5	40	\$													
Tarpon Springs, FL 34689		Painter	S	9	8			6	9	8	40	\$													
Charlotte, NC 28273		Laborer	S	8	8	8.5		5	9	0.5	40	\$													
Bridge City, LA 70094		Painter	S	9	7	8.5		6	8.5	40	\$														
Holiday, FL 34690		Q.C. Supervisor	S	9	7	8		4	5	7	40	\$													
Tempo, PA 19560		Laborer	S	9	8	8.5		5	9	0.5	40	\$													

White completion of Form WH-347 is optional. It is mandatory for covered contractors and subcontractors performing work on Federal, financial or separate destination contract to respond to the information collection contained in 28 C.F.R. §§ 31.1, 5.5(a). The Operator and (4) 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. § 53(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 S3302, 200 Constitution Avenue, N.W., Washington, D.C. 20210.

U.S. Department of Labor
Wage and Hour Division

PAYROLL

(For Contractor's Optional Use. See instructions at www.dol.gov/esa/whd/forms/wh347instr.htm)
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 128 Wesley
International Riding Group, LLC PROJECT AND LOCATION Kanawha County
PAYROLL NO. 7 FOR WEEK ENDING 10/22/2016 PROJECT OR CONTRACT NO. BP-3-18
Rev. Dec. 2008
OMB NO.: 1235-0008
Expires: 02/29/2018

(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	LS OR TO	(4) DAY AND DATE							(5) TOTAL HOURS	(6) RATE OF PAY	(7) GROSS AMOUNT EARNED	(8) DEDUCTIONS					(9) NET WAGES PAID FOR WEEK				
				M	T	W	T	F	S	S				FICA	WITHHOLDING TAX	Meat	Fed WH	OTHER		TOTAL DEDUCTIONS			
Tarpon Springs, FL 34489 [REDACTED]		Foreman (Salary)									0	\$	\$	[REDACTED]									
											0	\$	\$										
											0	\$	\$										
											0	\$	\$										
											0	\$	\$										
											0	\$	\$										
											0	\$	\$										

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, 5.4(d), The Copeland Act (49 U.S.C. § 3143) 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. § 5.10(a)(3)(b) require contractors to submit weekly a copy of all payrolls to the Federal agency conducting or financing the construction project, accompanied by a signed "Statement of Compliance" indicating that the payrolls are correct and complete and that each laborer or mechanic has been paid not less than the proper Davis-Bacon prevailing wage rate for the work performed. DOL and Federal contracting agencies receiving this information review the information to determine that employees have received legally required wages and fringe benefits.

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

Date 10/22/2016

Valadou Kalbakis Secretary
(Name of Signatory Party)
Secretary Title

International Rigging Group, LLC on the
(Contractor or Subcontractor)

BP-3-16 (Building or Work) that during the payroll period commencing on the
(Contractor or Subcontractor)

26th day of September 2016, and ending the 2nd day of October 2016
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

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. 957, 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 agreed fringe
benefits as listed in the contract, except as noted in Section 4(c) below

(c) EXCEPTIONS

EXCEPTION (CRAFT)	EXPLANATION

REMARKS

Fringe Benefits are on Check Register Attached

NAME AND TITLE Valadou Kalbakis SECRETARY
Valadou Kalbakis Secretary
 SIGNATURE
 THE WILLFUL FALSIFICATION OF ANY OF THE ABOVE STATEMENTS MAY SUBJECT THE CONTRACTOR TO
 SUBSTITUTION TO CIVIL OR CRIMINAL PROSECUTION SEE SECTION 107 OF TITLE 18
 AND SECTION 231 OF TITLE 31 OF THE UNITED STATES CODE

U.S. Department of Labor
Wage and Hour Division

PAYROLL

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

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



Rev. Dec. 2008

OMB No. 1235-008
Expires 02/28/2018

NAME OF CONTRACTOR: International Rigging Group, LLC
 OR SUBCONTRACTOR: [Redacted]
 ADDRESS: 728 W. WALKER
 PROJECT AND LOCATION: Kanawha County
 PAYROLL NO: B
 FOUR WEEK ENDING: 10/29/2016
 PROJECT OR CONTRACT NO: BP-3-16

(1) NAME AND INDIVIDUAL IDENTIFYING NUMBER (e.g. LAST FOUR DIGITS OF SOCIAL SECURITY NUMBER) OF WORKER	(2) NO. OF WITHHOLDING EXEMPTIONS	(3) WORK CLASSIFICATION	(4) DAY AND DATE							(5) TOTAL HOURS	(6) RATE OF PAY	(7) GROSS AMOUNT EARNED	(8) DEDUCTIONS					(9) NET WAGES PAID FOR WEEK							
			M	T	W	T	F	S	S				FICA	WITH- HOLDING TAX	Medicare	Fed WH	OTHER		TOTAL DEDUCTIONS						
																				3	4	5	6	7	8
[Redacted]		Painter								13	40	\$	[Redacted]	[Redacted]	[Redacted]	[Redacted]	[Redacted]	[Redacted]	[Redacted]	[Redacted]	[Redacted]	[Redacted]	[Redacted]		
[Redacted]		Operator								14	18.5	\$	[Redacted]	[Redacted]	[Redacted]	[Redacted]	[Redacted]	[Redacted]	[Redacted]	[Redacted]	[Redacted]	[Redacted]	[Redacted]	[Redacted]	
[Redacted]		Painter								13	40	\$	[Redacted]	[Redacted]	[Redacted]	[Redacted]	[Redacted]	[Redacted]	[Redacted]	[Redacted]	[Redacted]	[Redacted]	[Redacted]	[Redacted]	[Redacted]
[Redacted]		Painter								13	16	\$	[Redacted]	[Redacted]	[Redacted]	[Redacted]	[Redacted]	[Redacted]	[Redacted]	[Redacted]	[Redacted]	[Redacted]	[Redacted]	[Redacted]	[Redacted]
[Redacted]		Painter								22	40	\$	[Redacted]	[Redacted]	[Redacted]	[Redacted]	[Redacted]	[Redacted]	[Redacted]	[Redacted]	[Redacted]	[Redacted]	[Redacted]	[Redacted]	[Redacted]
[Redacted]		Laborer								9	40	\$	[Redacted]	[Redacted]	[Redacted]	[Redacted]	[Redacted]	[Redacted]	[Redacted]	[Redacted]	[Redacted]	[Redacted]	[Redacted]	[Redacted]	[Redacted]
[Redacted]		Laborer								2	11	\$	[Redacted]	[Redacted]	[Redacted]	[Redacted]	[Redacted]	[Redacted]	[Redacted]	[Redacted]	[Redacted]	[Redacted]	[Redacted]	[Redacted]	[Redacted]
[Redacted]		Painter								13	40	\$	[Redacted]	[Redacted]	[Redacted]	[Redacted]	[Redacted]	[Redacted]	[Redacted]	[Redacted]	[Redacted]	[Redacted]	[Redacted]	[Redacted]	[Redacted]
[Redacted]		Painter								3	16	\$	[Redacted]	[Redacted]	[Redacted]	[Redacted]	[Redacted]	[Redacted]	[Redacted]	[Redacted]	[Redacted]	[Redacted]	[Redacted]	[Redacted]	[Redacted]
[Redacted]		Q.C. Supervisor								13	40	\$	[Redacted]	[Redacted]	[Redacted]	[Redacted]	[Redacted]	[Redacted]	[Redacted]	[Redacted]	[Redacted]	[Redacted]	[Redacted]	[Redacted]	[Redacted]
[Redacted]		Laborer								14	40	\$	[Redacted]	[Redacted]	[Redacted]	[Redacted]	[Redacted]	[Redacted]	[Redacted]	[Redacted]	[Redacted]	[Redacted]	[Redacted]	[Redacted]	[Redacted]

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. §§ 5.5(a) and 5.5(b). The Contractor Act, 40 U.S.C. § 3145 requires contractors and subcontractors performing work on Federally financed or assisted construction contracts to "submit 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, including 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 employers have received legally required wages and fringe benefits.

Public Burden Statement

We estimate that it will take an average of 55 minutes to complete this collection, including time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. If you have any comments regarding these estimates or any other aspect of this collection, including suggestions for reducing this burden, send them to the Administrator, Wage and Hour Division, U.S. Department of Labor, Room 33502, 200 Constitution Avenue, N.W., Washington, D.C. 20210.

(over)

U.S. Department of Labor
Wage and Hour Division

PAYROLL

(For Contractor's Optional Use. See Instructions at www.dol.gov/esa/whd/forms/wh347instr.htm)
Persons are not required to respond to the collection of information unless it displays a currently valid OMB control number.



Rev. Dec. 2008
OMB No. 1235-0168
Expires 02/29/2018

NAME OF CONTRACTOR: International Rigging Group, LLC OR SUBCONTRACTOR:

PAYROLL NO: 8 FOR WEEK ENDING: 10/9/2016 PROJECT AND LOCATION: 728 Wacker, Kanawha County

PROJECT OR CONTRACT NO: BP-3-16

(1) NAME AND INDIVIDUAL IDENTIFYING NUMBER (e.g., LAST FOUR DIGITS OF SOCIAL SECURITY NUMBER) OF WORKER	(2) NO. OF WITHHOLDING EXEMPTIONS	(3) WORK CLASSIFICATION	OT OR ST	(4) DAY AND DATE									(5) TOTAL HOURS	(6) RATE OF PAY	(7) GROSS AMOUNT EARNED	(8) DEDUCTIONS					(9) NET WAGES PAID FOR WEEK				
				M	T	W	T	F	S	S	FICA	WITH- HOLDING TAX				Meatr	Fed WH	OTHER	TOTAL DEDUCTIONS						
				1	2	3	4	5	6	7										8		9			
[REDACTED] Tarpun Springs, FL 34689		Foreman (Salary)	S										0	\$	\$										
			S											\$	\$										
			O											\$	\$										

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. §§ 3.5, 5.5(a), 7. The General Act (40 U.S.C. 2314) requires 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) 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 S3302, 200 Constitution Avenue, NW, Washington, D.C. 20210

(over)

Date 10/9/2016

Varadon Kalpakis Secretary
Name of Signatory Party
to hereby state that pay or supervise the payment of no persons employed in International Rigging Group, LLC Contractor or Subcontractor on the

BP-3-16 (Building or Work) that during the payroll period commencing on the 3rd day of October 2016 and ending the 9th day of October 2016 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

(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. 957, 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:

Fringe Benefits are on Check Register Attached

NAME AND TITLE Valadon Kalpakis-Secretary SIGNATURE [Handwritten Signature] THE WILFUL FALSIFICATION OF ANY OF THE ABOVE STATEMENTS SUBJECT THE CONTRACTOR OR SUBCONTRACTOR TO CIVIL OR CRIMINAL PROSECUTION. SEE SECTION 8(B) OF TITLE 18 AND SECTION 231 OF TITLE 31 OF THE UNITED STATES CODE.

U.S. Department of Labor
Wage and Hour Division

PAYROLL

(For Contractor's Optional Use: See instructions at www.dol.gov/esa/whd/forms/wh347instr.htm)
Persons are not required to respond to the collection of information unless it displays a currently valid OMB control number.



Rev. Dec. 2008
OMB No. 1135-0008
Expires: 07/28/2016

NAME OF CONTRACTOR: **International Rigging Group, LLC** OR SUBCONTRACTOR: ADDRESS: **718 W. 6th St.**
PAYROLL NO: **8** FOR WEEK ENDING: **10/16/2016** PROJECT AND LOCATION: **Kanawha County** PROJECT OR CONTRACT NO: **BP-3-16**

(1) NAME AND INDIVIDUAL IDENTIFYING NUMBER (e.g., LAST FOUR DIGITS OF SOCIAL SECURITY NUMBER) OF WORKER	(2) WITHHOLDING OR EXEMPTIONS	(3) WORK CLASSIFICATION	OT OR ST	(4) DAY AND DATE							(5) TOTAL HOURS	(6) RATE OF PAY	(7) GROSS AMOUNT EARNED	(8) DEDUCTIONS							(9) NET WAGES PAID FOR WEEK			
				M	T	W	T	F	S	S				FICA	WITH-HOLDING TAX	Meare	Fed WH	OTHER	TOTAL DEDUCTIONS					
				10	11	12	13	14	15	16														
[REDACTED]		Painter	S	8	8	8	7	8	3		40	\$	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]
Dallas, TX 75287		Painter	O						6		12	\$	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]
[REDACTED]		Operator	S	9	11	7	7.5	1	4.5		40	\$	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]
Tad, WV 26201		Operator	O						5.5	10	18.5	\$	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]
[REDACTED]		Painter	S	8	8	8	7	6	3		40	\$	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]
Gretna, LA 70053		Painter	O						6	6	12	\$	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]
[REDACTED]		Painter	S	8	8	8	7	6	3		40	\$	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]
Tarpon Springs, FL 34889		Painter	O						6	6	12	\$	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]
[REDACTED]		Laborer	S	8	8	8	7	6	3		40	\$	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]
Charlotte, NC 28273		Laborer	O						6	6	12	\$	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]
[REDACTED]		Painter	S	8	8	8	7	6	3		40	\$	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]
Bridge City, LA 70094		Painter	O						6	6	12	\$	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]
[REDACTED]		Q.C. Supervisor	S	8	8	8	7	6	1		40	\$	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]
Holiday, FL 34890		Q.C. Supervisor	O						6	6	14	\$	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]
[REDACTED]		Laborer	S	8	8	8	7	8	1		40	\$	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]
Tempo, PA 19580		Laborer	O						6	6	14	\$	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]

When 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, 5.9(a), The Operating and Maintenance of the Collection of Information. If you have any comments regarding these estimates or any other aspect of this collection, including suggestions for reducing the 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.

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 the 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.

U.S. Department of Labor

Wage and Hour Division

(For Contractor's Optional User. See instructions at www.dol.gov/esa/whd/forms/wh347instr.htm)
Persons are not required to respond to the collection of information unless it displays a currently valid OMB control number.



Rev Date: 2008
OMB No: 1235-0008
Expires: 02/28/2016

NAME OF CONTRACTOR: International Rigging Group LLC
JOB NUMBER: 9
JOB WEIR ENDING: 10/16/2016
ADDRESS: 728 W. SHILOH
PROJECT AND LOCATION: Kanawha CountyPROJECT OR DONOR FACT NO: BP-3-16

(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	ST OR LO	(4) DAY AND DATE							(5) TOTAL HOURS	(6) RATE OF PAY	(7) GROSS AMOUNT EARNED	(8) DEDUCTIONS				(9) NET WAGES PAID FOR WEEK						
				M	T	W	T	F	S	S				FICA	WITH- HOLDING TAX	Medicare	Fed. Unl.		OTHER	TOTAL DEDUCTIONS				
				10	11	12	13	14	15	16														
██████████ Tarpon Springs, FL 34689		Foreman (Salary)	O									\$	\$											

Notice: employers of Form WH-347 is optional. This mandatory for covered contractor's and subcontractors performing work on Federally financed or assisted construction contracts to respond to the information collection contained in 29 C.F.R. §§ 3.5-5.1(a). The Captain Act (20 U.S.C. 5345) 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. § 5.9(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 employers 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 5330Z, 200 Constitution Avenue, N.W., Washington, D.C. 20210.

(over)

Date 07/16/2016

Valadou Kaipakis Secretary
 (Name of Signatory Party) (Title)
 who hereby state

that pay or supervise the payment on the persons employed by

International Rigging Group, LLC on the
 (Contractor or Subcontractor)

BP-3-16 that during the payroll period commencing on the
 (Building or Work)

10th day of October, 2016, and ending the 16th day of October, 2016,
 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

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. 567, 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 wages 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

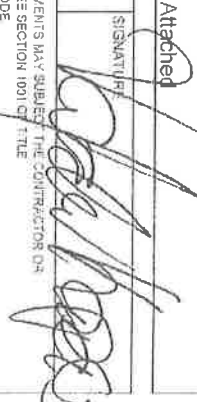
Each laborer or mechanic listed in the above referenced payroll has been
 paid, as indicated on the payroll an amount not less than the sum of the
 applicable basic hourly wage rate plus the amount of the required fringe
 benefits as listed in the contract except as noted in Section 4(c) below

(c) EXCEPTIONS

EXCEPTION (GRAFT)	EXPLANATION

REMARKS:

Fringe Benefits are on Check Register Attached

NAME AND TITLE	SIGNATURE
<u>Valadou Kaipakis, Secretary</u>	

THE FULL 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 231 OF TITLE 31 OF THE UNITED STATES CODE

U.S. Department of Labor
Wage and Hour Division

PAYROLL

(For Contractor's Optional Use; See Instructions at www.dol.gov/esaf/hd/forms/w347Instr.htm)

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



Rev. Dec. 2008

OMB No. 1235-0028
 Expires: 02/28/2018

(1) NAME AND INDIVIDUAL IDENTIFYING NUMBER (e.g., LAST FOUR DIGITS OF SOCIAL SECURITY NUMBER) OF WORKER	(2) HOLDING OR EXEMPTIONS	(3) WORK CLASSIFICATION	(4) DAY AND DATE							(5) TOTAL HOURS	(6) RATE OF PAY	(7) GROSS AMOUNT EARNED	(8) DEDUCTIONS					(9) NET WAGES PAID FOR WEEK		
			M	T	W	T	F	S	S				FICA	WITH-HOLDING TAX	Mcare	Fed WH	OTHER		TOTAL DEDUCTIONS	
																				17
[REDACTED]		Painter								34	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$
[REDACTED]		Painter								0	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$
[REDACTED]		Operator								13	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$
[REDACTED]		Operator								0	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$
[REDACTED]		Painter								24	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$
[REDACTED]		Painter								0	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$
[REDACTED]		Painter								37	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$
[REDACTED]		Painter								0	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$
[REDACTED]		Laborer								39	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$
[REDACTED]		Laborer								0	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$
[REDACTED]		Painter								34	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$
[REDACTED]		Painter								0	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$
[REDACTED]		Q.C. Supervisor								18	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$
[REDACTED]		Q.C. Supervisor								0	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$
[REDACTED]		Laborer								36	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$

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 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. § 594.13(a) 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 employers have received legally required wages and fringe benefits.

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 6350Z, 200 Constitution Avenue, N.W., Washington, D.C. 20210.

Public Burden Statement

U.S. Department of Labor
Wage and Hour Division

PAYROLL



(For Contractor's Optional Use; See Instructions at www.dol.gov/eis/whd/forms/w347instr.htm)
Persons are not required to respond to the collection of information unless it displays a currently valid OMB control number.

Rev. Dec. 2008

OMB No. 1293-0008
Expires 02/28/2016

NAME OF CONTRACTOR: International Rigging Group LLC
ADDRESS: 728 W. 15th St., Kanawha County, West Virginia
FOR WEEK ENDING: 12/23/2016
PROJECT AND LOCATION: PROJECT AND LOCATION: Kanawha County
PROJECT OR CONTRACT NO: BP-3-16

(1) NAME AND INDIVIDUAL IDENTIFYING NUMBER (e.g., LAST FOUR DIGITS OF SOCIAL SECURITY NUMBER) OF WORKER	(2) WITHHOLDING OF EXEMPTIONS	(3) WORK CLASSIFICATION	OT OR ST	(4) DAY AND DATE							(5) TOTAL HOURS	(6) RATE OF PAY	(7) GROSS AMOUNT EARNED	(8) DEDUCTIONS					(9) NET WAGES PAID FOR WEEK		
				M	T	W	T	F	S	S				FICA	WITH- HOLDING TAX	Medicare	Fed. Un-	OTHER		TOTAL DEDUCTIONS	
																					17
[REDACTED] Tampa Springs, FL 34689	Foreman (Salary)		O								0	\$ -	\$ -								
			\$									\$ -	\$ -								
			\$									\$ -	\$ -								

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 requirements in 29 C.F.R. §§ 3.3, 5.5(a)(7). The Code and Act (29 U.S.C. § 3143) 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)(7)(ii) require contractors to submit weekly a copy of all payrolls to the Federal agency conducting 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 to determine that employees have received legally required wages and fringe benefits.

We estimate that it will take an average of 55 minutes to complete this collection, including time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. If you have any comments regarding these estimates or any other aspect of this collection, including suggestions for reducing this burden, send them to the Administrator, Wage and Hour Division, U.S. Department of Labor, Room 33502, 200 Constitution Avenue, NW, Washington, D.C. 20210.

Date 10/23/2016

Valadou Kaipakis
 Name of Signatory Party
 Title: Secretary
 Date: 10/23/2016
 Signature: [Handwritten Signature]

International Rigging Group, LLC (Contractor or Subcontractor) on the
 BP-3-16 (Building or Work) that during the payroll period commencing on the

17th day of October 2016, and ending the 23rd day of October 2016
 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

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 if amount is less than the sum of the
 applicable basic hourly wage rate plus the amount of the contract work
 benefits as listed in the contract appropriate per the U.S. Code

(c) EXCEPTIONS

EXCEPTION (CRAFT)	EXPLANATION

REMARKS:

Fringe Benefits are on Check Register Attached

NAME AND TITLE: Valadou Kaipakis, Secretary
 SIGNATURE: [Handwritten Signature]

THE WHOLE FAILURE OF PAY OF THE ABOVE STATEMENTS MAY BE THE BASIS OF THE CONTRACTOR'S
 EXECUTION TO CIVIL OR CRIMINAL PROSECUTION SEE SECTION 101 OR 111 OF
 16 AND SECTION 231 OF TITLE 31 OF THE UNITED STATES CODE

U.S. Department of Labor
Wage and Hour Division

PAYROLL

(For Contractor's Optional Use: See instructions at www.dol.gov/esa/whd/forms/wb347instr.htm)
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:
International Rigging Group, LLC
PAYROLL NO.: 11
FOR WEEK ENDING: 10/30/2016
ADDRESS: 728 Wesley
PROJECT AND LOCATION: Kanabha County
PROJECT OR CONTRACT NO.: BP-3-18

(1) NAME AND INDIVIDUAL IDENTIFYING NUMBER (e.g., LAST FOUR DIGITS OF SOCIAL SECURITY NUMBER) OF WORKER	(2) IS CONTRACTOR WITH HOLDING EXEMPTIONS?	(3) WORK CLASSIFICATION	(4) DAY AND DATE							(5) TOTAL HOURS	(6) RATE OF PAY	(7) GROSS AMOUNT EARNED	(8) DEDUCTIONS					(9) NET WAGES PAID FOR WEEK	
			M	T	W	T	F	S	S				FICA	WITH-HOLDING TAX	Medicare	Fed WH	OTHER		TOTAL DEDUCTIONS
Tad, WV 28201		Operator						4	12	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$
Tarpon Springs, FL 34689		Painter				6			6	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$
Charlotte, NC 28273		Laborer							6.5	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$
Tempo, PA 19560		Laborer							6.5	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$
Tarpon Springs, FL 34689		Foreman (Salary)							0	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$

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 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. § 5.54(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 the information review the information to determine that employers have received legally required wages and fringe benefits.

We estimate that it will take an average of 35 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 S3302, 200 Constitution Avenue, N.W., Washington, D.C. 20210

Date 10/30/2016

Valadou Kalpakis (Name of Signatory Party) Secretary (Title)

That pay is supervise the payment of the persons employed by

International Rigging Group, LLC (Contractor or Subcontractor) on the

BP-3-16 (Building or Work) that during the payroll period commencing on the

24th day of October 2016, and ending the 30th day of October 2016, 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

(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 recurring fringe benefits as listed in the contract, except as noted in Section 4(c) below.

(c) EXCEPTIONS

Table with 2 columns: EXCEPTION (CRAFT) and EXPLANATION. The table is currently empty.

REMARKS

Fringe Benefits are on Check Register Attached

Signature block for Valadou Kalpakis, Secretary, including name, title, and signature.

THE WHOLEFULL FALSIFICATION OF ANY OF THE ABOVE STATEMENTS MAY SUBJECT THE CONTRACTOR OR SUBCONTRACTOR TO CIVIL OR CRIMINAL PROSECUTION. SEE SECTION 10(d) OF TITLE 18 AND SECTION 23.1 OF TITLE 31 OF THE UNITED STATES CODE

Date 11/6/2016

Valadou Karpakis
 (Name of Signatory Party)
 Secretary
 (Title)

International Rigging Group, LLC
 (Contractor or Subcontractor)
 on the

BP-3-16
 (Building or Work) that during the payroll period commencing on the

31st day of October 2016, and ending the 6th day of November 2016,
 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

(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 on 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 applicable fringe
 benefits as listed in the contract, except as noted in Section 4(c) below.

(c) EXCEPTIONS

EXCEPTION (CRAFT)	EXPLANATION

REMARKS

Fringe Benefits are on Check Register Attached

NAME AND TITLE Valadou Karpakis-Secretary

SIGNATURE 

THE FOLLOWING REPRESENTATION OF ANY OF THE ABOVE STATEMENTS MAY SUBJECT THE CONTRACTOR OF
 SIGNATURE TO CIVIL OR CRIMINAL PROSECUTION. SEE SECTION 1051 OF TITLE
 18 AND SECTION 231 OF TITLE 31 OF THE UNITED STATES CODE

WEST VIRGINIA DIVISION OF LABOR

749-B Building 6 , Capitol Complex • Charleston, West Virginia 25305

Phone (304) 558-7890 • Fax (304) 558-3797

www.wvlabor.org



December 2, 2016

Haralambos Vavlas, Member
International Rigging Group, LLC
728 Wesley Avenue
Tarpon Springs, FL 34689

Nomiki Vavlas, Member
International Rigging Group, LLC
728 Wesley Avenue
Tarpon Springs, FL 34689

By certified mail, return receipt requested: 91 7199 9991 7035 2595 5274

Re: West Virginia Jobs Act Violations - Notice of Penalties

Dear Haralambos Vavlas and Nomiki Vavlas:

The West Virginia Parkways Authority ("Parkways"), in accordance with its responsibilities under W. Va. Code § 21-1C-5(b), has submitted certified payrolls to the Division of Labor ("Division") for work performed by your company pursuant to Parkways Contract BP-3-16 (the "Contract") dated June 27, 2016. By copy of a letter from Parkways to your company dated September 7, 2016, the Division was made aware that the certified payrolls you submitted to Parkways were deficient and therefore non-compliant with the terms and conditions of your obligations under the Contract.

The West Virginia Jobs Act (the "Jobs Act") has specific requirements for hiring employees from the local labor market on any public improvement project that is funded entirely from state funds. The project set forth in the Contract falls under the Jobs Act requirements. The requirements are as follows:

- at least 75% of the employees working on the project must be from the local labor market (W. Va. Code § 21-1C-4(a));

Haralambos Vavlas, Member
Nomiki Vavlas, Member
Page Two
December 2, 2016

- it is permissible to hire at least 2 employees from outside the local labor market as long as the local labor market threshold of 75% is met (W. Va. Code § 21-1C-4(a));
- the local labor market consists of all counties in West Virginia and any county outside of the state that is within 50 miles of the West Virginia border (W. Va. Code § 21-1C-2(4));
- if an employer is unable to employ the required minimum number of employees from the local labor market, the employer is required to notify WorkForce West Virginia (“WorkForce”) of the number of qualified employees needed along with a job description of the positions to be filled (W. Va. Code § 21-1C-4(b));
- following the receipt of a job order from an employer, WorkForce has 3 business days to refer qualified job applicants to the employer (W. Va. Code § 21-1C-4(c); and
- if WorkForce is unable to refer qualified job applicants, WorkForce will issue a waiver to the employer and the public authority, stating that qualified job applicants are unavailable and permitting the employer to fill a specific number of positions from outside the local labor market (W. Va. Code § 21-1C-4(c)).

The Division has not received any waiver certificates issued by WorkForce. Therefore, your company was required to have employed at least 75% of the employees from the local labor market in performing the Contract project.

The Division has carefully reviewed the certified payroll records that you submitted to Parkways to determine the extent or lack of your company’s compliance with the Jobs Act local labor market requirement. For each day that your company had employees working on the Contract project without employing at least 75% of employees from the local labor market, the Division determined that there were 343 violations of the Jobs Act, totaled on a work week basis, as follows:

- For the week ending 8/21/16: a total of 15 violations
- For the week ending 8/28/16: a total of 27 violations
- For the week ending 9/04/16: a total of 35 violations
- For the week ending 9/11/16: a total of 25 violations

Haralambos Vavlas, Member
Nomiki Vavlas, Member
Page Three
December 2, 2016

- For the week ending 9/18/16: a total of 25 violations
- For the week ending 9/25/16: a total of 46 violations
- For the week ending 10/02/16: a total of 41 violations
- For the week ending 10/09/16: a total of 43 violations
- For the week ending 10/16/16: a total of 49 violations
- For the week ending 10/23/16: a total of 34 violations
- For the week ending 10/30/16: a total of 3 violations

Pursuant to W. Va. Code §§ 21-1C-5(e) and 21-1C-6, the Division is authorized to collect civil penalties of \$100.00 per day per violation of the Jobs Act requirements. Based on the number of violations noted above, the Division has determined that the civil penalties total **\$34,300.00**. This amount is due and payable to the West Virginia Division of Labor within **fifteen (15) days** of receipt of this letter.

You are further advised that, in addition to the Jobs Act violations, there are certain grounds for discipline that the West Virginia Contractor Licensing Board (the "Board") may consider in connection with your WV Contractor License Number WV051697. These grounds are the "[w]illful departure from or disregard of plans or specifications in any material respect without the consent of the parties to the contract; [and the] [w]illful or deliberate violation of the building laws or regulations of the state..." W. Va. Code § 21-11-14(g) (3-4). If, after a hearing before the Board, it finds that any of the above violations occurred, it has the statutory authority to impose the following disciplinary actions: permanently revoke a license; suspend a license for a specified period; censure or reprimand a licensee; impose limitations or conditions on the professional practice of a licensee; impose requirements for remedial professional education to correct deficiencies in the education, training and skill of a licensee; impose a probationary period requiring a licensee to report regularly to the Board on matters related to the grounds for probation; order a contractor who has been found, after hearing, to have violated any provision of this article or the rules of the Board to provide, as a condition of licensure, assurance of financial responsibility; and impose a fine not to exceed one thousand dollars. W. Va. Code § 21-11-14 (a) (1-8).

Should you wish to contest the matters set forth in this letter, you must notify me in writing within **fifteen (15) days** of its receipt, setting forth your objections. I will thereafter arrange a hearing to be conducted pursuant to the procedures set forth in the Contested Cases article of the

Haralambos Vavlas, Member
Nomiki Vavlas, Member
Page Four
December 2, 2016

State Administrative Procedures Act, W. Va. Code § 29A-5-1, *et seq.* In accordance with W. Va. Code § 29A-5-1(a), you will be provided with a written notice of the hearing date, time, and place at least 10 days prior to the hearing.

Sincerely,

A handwritten signature in blue ink that reads "Mitchell E. Woodrum". The signature is written in a cursive style with a large, stylized "M" and "W".

Mitchell E. Woodrum
Acting Commissioner

cc: Joshua L. Jarrell, Deputy Secretary/General Counsel, WV Department of Commerce (via email)
Gregory C. Barr, General Manager, WW Parkways Authority (via email)
A. David Abrams, Jr., General Counsel, WV Parkways Authority (via email)

KMX Painting, Inc.

U.S. Department of Labor
Department of Labor
Contractor's Declaration

FOR CONTRACTOR'S OPTIONAL USE. See Instructions, Form WH-349 (Rev. 1/90)
This is a contract for the construction of a bridge over the Lake Champlain River (NH route 160A)

Contract Name: **NEW PARKING, INC.** Address: **413M MERRIMAN BL**
 PAYROLL NO: **#1** FIRM: **NEW PARKING, INC.** PROJECT: **BRIDGE PAINTING**
 CONTRACTOR'S IDENTIFICATION NUMBER: **AWD** AND: **VW** PAYROLLS ADMINISTRATION

1) EMPLOYEE NO. SOCIAL SECURITY NUMBER	2) JOB TITLE	3) CLASSIFICATION	4) START DATE	5) END DATE	6) WEEKLY RATE	7) HOURS PER WEEK	8) WEEKLY PAYROLL	9) OTHER TAXES	10) OTHER DEDUCTIONS	11) NET PAYROLL
[Redacted]	Painter	S	10/1/75	10/31/75	\$10.00	40	\$400.00			\$400.00
[Redacted]	Painter	S	10/1/75	10/31/75	\$10.00	40	\$400.00			\$400.00
[Redacted]	Painter	S	10/1/75	10/31/75	\$10.00	40	\$400.00			\$400.00
[Redacted]	Painter	S	10/1/75	10/31/75	\$10.00	40	\$400.00			\$400.00
[Redacted]	Painter	S	10/1/75	10/31/75	\$10.00	40	\$400.00			\$400.00
[Redacted]	Painter	S	10/1/75	10/31/75	\$10.00	40	\$400.00			\$400.00
[Redacted]	Painter	S	10/1/75	10/31/75	\$10.00	40	\$400.00			\$400.00
[Redacted]	Painter	S	10/1/75	10/31/75	\$10.00	40	\$400.00			\$400.00
[Redacted]	Painter	S	10/1/75	10/31/75	\$10.00	40	\$400.00			\$400.00
[Redacted]	Painter	S	10/1/75	10/31/75	\$10.00	40	\$400.00			\$400.00
[Redacted]	Painter	S	10/1/75	10/31/75	\$10.00	40	\$400.00			\$400.00
[Redacted]	Painter	S	10/1/75	10/31/75	\$10.00	40	\$400.00			\$400.00
[Redacted]	Painter	S	10/1/75	10/31/75	\$10.00	40	\$400.00			\$400.00
[Redacted]	Painter	S	10/1/75	10/31/75	\$10.00	40	\$400.00			\$400.00
[Redacted]	Painter	S	10/1/75	10/31/75	\$10.00	40	\$400.00			\$400.00
[Redacted]	Painter	S	10/1/75	10/31/75	\$10.00	40	\$400.00			\$400.00
[Redacted]	Painter	S	10/1/75	10/31/75	\$10.00	40	\$400.00			\$400.00
[Redacted]	Painter	S	10/1/75	10/31/75	\$10.00	40	\$400.00			\$400.00

The contractor certifies that the information provided in this form is true and correct and that the contractor is not in violation of any Federal, State, or local laws, regulations, or orders regarding the employment of workers. The contractor also certifies that the information provided is true and correct and that the contractor is not in violation of any Federal, State, or local laws, regulations, or orders regarding the employment of workers.

U.S. Department of Labor (DOL) Form 349, 10-1-75 (Rev. 1-1-75) This form is to be used by the contractor to report on the contractor's employment of workers during the reporting period. The contractor should report on the contractor's employment of workers during the reporting period, even if the contractor has not received a copy of this form from the DOL. The contractor should report on the contractor's employment of workers during the reporting period, even if the contractor has not received a copy of this form from the DOL. The contractor should report on the contractor's employment of workers during the reporting period, even if the contractor has not received a copy of this form from the DOL.

For Contractors General Use See Instructions, Form WH-349 (Rev. 5-76)
 Report may be required to respond to the collection of information pursuant to an act of Congress, but only if the data are reported in accordance with the instructions and any additional instructions which may accompany the collection of information.

NAME OF CONTRACTOR OR SUBCONTRACTOR: HWY PAINTING, INC.
 FEDERAL JOB #: 41
 FEDERAL AGENCY: DOT
 PROJECT NUMBER: 2020
 PROJECT DESCRIPTION: Bridge Painting
 PROJECT CONTRACT NUMBER: 001
 PROJECT ADDRESS: [REDACTED]
 CITY: [REDACTED] STATE: [REDACTED] ZIP: [REDACTED]

1	2	3	4	5	6	7	8	9	10							11	12	13	14	15	16							
									10													11		12		13	14	15
									MON	TUE	WED	THUR	FRI	SAT	SUN							HOURS	WAGE	TOTAL	TOTAL			
1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1								
2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2								
3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3								
4	4	4	4	4	4	4	4	4	4	4	4	4	4	4	4	4	4	4	4	4								
5	5	5	5	5	5	5	5	5	5	5	5	5	5	5	5	5	5	5	5	5								
6	6	6	6	6	6	6	6	6	6	6	6	6	6	6	6	6	6	6	6	6								
7	7	7	7	7	7	7	7	7	7	7	7	7	7	7	7	7	7	7	7	7								
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The Contractor shall be held responsible for the accuracy of the data reported on this report. The contractor shall be held responsible for the accuracy of the data reported on this report. The contractor shall be held responsible for the accuracy of the data reported on this report.

STATEMENT OF COMPLIANCE

Date 8/10/16

Project No. WVBRP-1-16
County Raleigh - Kanawha

Despina Koullias
(Name of signatory party)

Vice President
(Title)

do hereby state:

I certify that I pay or supervise the payment of the persons employed by KMX Painting, Inc. on the Bridge Point project under contract number _____ on the 1st day of August 16, and ending the 7th day of August 16, all persons employed on said project have been paid their weekly wages earned, that the rebates have been or will be made either directly or indirectly to or on behalf of said KMX Painting, Inc. Contractor or Subcontractor from the full weekly wages of each of any person and that no deductions have been made either directly or indirectly from the full wages earned by any person other than bona fide deductions as defined in Regulation Part A (29 CFR Subtitle A).

(A) FEDERAL

as defined by the Secretary of Labor under the Copeland Act as amended (48 Stat. 948-63 Stat. 100-72 Stat. 967-76 Stat. 227-49) (18 USC 1781)

(B) STATE

as defined in the Ohio Revised Code, Chapter 4115 and described below

- 12. 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
- 13. 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.
- 14. 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, no 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	Explanation

Signature
Despina Koullias Vice President Despina Koullias

U.S. Department of Labor
 Bureau of Labor Statistics
 Occupational Statistics Division

FOR CONTRACTORS' COLLECTION USE: See Instructions, Form WH-1417 (Rev. 1-73)

FOR CONTRACTORS' USE: See Instructions, Form WH-1417 (Rev. 1-73)

NAME OF CONTRACTOR OR SUBCONTRACTOR: **NAVY BUILDING INC**
 ADDRESS: **4331 McCOMERY BLVD**
 CITY AND STATE: **LANHAM, MD**
 PROJECT NO: [Blank]
 BUDGET ESTIMATE: [Blank]

EMPLOYEE NO	SSN	JOB TITLE	CLASSIFICATION	PAY PERIOD							TOTAL HOURS	GROSS PAY	DEDUCTIONS	NET PAY									
				1	2	3	4	5	6	7													
1		MANAGER SUPV. WORK, ELECTRIC IANM	9A																				
2		CONCRETE WORKER	7D																				
3		CONCRETE WORKER	7D																				
4		CONCRETE WORKER	7D																				
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7		CONCRETE WORKER	7D																				
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38		CONCRETE WORKER	7D																				
39		CONCRETE WORKER	7D																				
40		CONCRETE WORKER	7D																				

EXPLANATION OF CODES:
 1. EMPLOYEE NO: The first three digits are the contractor's identification number, and the last three digits are the employee's identification number.
 2. SSN: Social Security Number.
 3. JOB TITLE: The job title is the title of the employee as reported by the contractor.
 4. CLASSIFICATION: The classification is the code for the employee's job title, as defined in the contractor's job description.
 5. PAY PERIOD: The pay period is the week for which the employee is paid.
 6. GROSS PAY: The gross pay is the total amount of pay for the week, before any deductions.
 7. DEDUCTIONS: The deductions are the amounts of any taxes, insurance, and other deductions.
 8. NET PAY: The net pay is the amount of pay for the week after all deductions.
 9. CONTRACT NO: The contract number is the number of the contract under which the employee is working.
 10. EMPLOYEE NO: The employee number is the number of the employee as reported by the contractor.

U.S. Department of Labor
 PROGRESS SOURCE AGREEMENT
 Progress Source Agreement

(For Contractors' Optional Use: See instructions, Form WH-347 (Rev. 1-78))
 Persons are not required to respond to the collection of information unless it displays a valid OMB control number.

PAVROLL

Use of Contractor's equipment:

ROY PARTING, INC.

Contract: 1328 Highway 52
 Project: Bridge Building

Project or contract no.: 01000000000

FED. ACCT. NO.	FED. ACCT. NAME	CLASSIFICATION	DUTY STATION	EMP. NO.	WEEKLY PAYROLL												TOTAL HOURS	TOTAL PAY									
					1	2	3	4	5	6	7	8	9	10	11	12											
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					40																						

The Contractor shall pay the wages of each employee for each hour of service performed by such employee during the period of the contract... (text continues with legal and regulatory references)

STATEMENT OF COMPLIANCE

Date: 8/17/16

Project No: WVBRP-1-16
 County: Raleigh - Kanawha

Despina Koullias
(Name of signatory party)

Vice President
(Title)

do hereby state:

I (I) that I pay or supervise the payment of the persons employed by KMX Painting, Inc on the Bridge Painting project, (or) that I pay or supervise the payment of the persons employed by Bridge Painting on the 8th day of August 2016 and ending the 14th day of August 2016 all persons employed on said project have been paid their full weekly wages earned, that no rebates have been or will be made either directly or indirectly to or on behalf of said KMX Painting, Inc

Contractor or Subcontractor from the full weekly wages earned by any person, and that no deductions have been made either directly or indirectly from the full wages earned by any person, other than permissibly deductible as set forth in Regulations, Part 3 (29 CFR Subpart A):

(A) FEDERAL

issued by the Secretary of Labor under the Copeland Act as amended (48 Stat. 946; 63 Stat. 108; 72 Stat. 297; 76 Stat. 351; 40 USC 276a)

(B) STATE

or as defined in the Ohio Revised Code, Chapter 4115, 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 agency exists in a State, are registered with the Bureau of Apprenticeship and Training, United States Department of Labor.

(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 in appropriate programs for the benefit of such employees in the manner 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

Employer's Name	Explanation

Name and Title: Despina Koullias Vice President Signature: Despina Koullias

This form is for informational purposes only. It does not constitute a contract. For more information, see Section 1061 of Title 28 and Section 201 of Title 31 of the Code of West Virginia.

STATE OF OHIO
DEPARTMENT OF REVENUE

STATE OF OHIO
DEPARTMENT OF REVENUE

STATEMENT OF COMPLIANCE

Date 8/24/16

Project No. WV BRP-1-16

Despina Koullias
(Name of signatory party)

Vice President
Title

WV Raleigh-Kanawha
County

in hereby state

That I, or someone the payment of the persons employed by KMX Painting, Inc on the Bridge Pointe that during the period commencing on the 15th day of August 2016 and ending the 31st day of August 2016 all persons employed on said project have been paid their wages earned, that no rebates have been or will be made either directly or indirectly to or on behalf of said

KMX Painting, Inc

Contractor or Subcontractor from the full weekly wages earned by any person and

no rebates have been made either directly or indirectly from the full wages earned by any person, other than permissible deductions as

defined in Regulations, Part 2 (29 CFR Subtitle A).

(A) FEDERAL

issued by the Secretary of Labor under the Copeland Act as amended, 46 Stat. 548 52 Stat. 518 72 Stat. 967 78 Stat. 117 81 Stat. 1201

(B) STATE

or as defined in the Ohio Revised Code, Chapter 4115, and described below

- 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
- 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 agency exists in a State, are registered with the Bureau of Apprenticeship and Training, United States Department of Labor

(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 4115 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 4115 below.

(C) EXCEPTIONS

Exception	Explanation

Author: _____
 Title: _____
 Signature: Despina Koullias
 Title: Vice President

The falsification of any of the above statements may subject the contractor or subcontractor to civil or criminal prosecution. See Section 101 of Title 19 and Section 231 of Title 31 of the Ohio Revised Code.

U.S. Department of Labor
 Employment Security Administration
 Washington, D.C. 20340

FOR CONTRACTOR'S OPTION USE: See Instructions, Form WH-327 (Rev. 1)
 Project use only. Record is prepared in the possession of information user as it costs plus CHS Service Fee.

PAYROLL

NAME OF CONTRACTOR OR SUBCONTRACTOR

KMX BUILDING, INC.

STATE

24

FORWHEM NUMBER

00000000

PROJECT

Bridge Building

PROJECT DESCRIPTION

BRIDGE

ADDRESS

4338 McCarmy Rd.
 Lewisville, Ohio 44646

LOCATION

WV PERMITS AUTHORITY

AVO

PROJECT DESCRIPTION

BRIDGE

1	2	3	4	5							6	7	8	9					10																														
				DATE	TIME	NO. WORK PERFORMED	NO. WORK PERFORMED	NO. WORK PERFORMED	NO. WORK PERFORMED	NO. WORK PERFORMED				RATE OR PAY	AMOUNT PAID	FICA	STATE TAX	FEDERAL TAX		CHESA	CHESA																												
1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	32	33	34	35	36	37	38	39	40	41	42	43	44	45	46	47	48	49	50
1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	32	33	34	35	36	37	38	39	40	41	42	43	44	45	46	47	48	49	50

The undersigned hereby certifies that the information furnished herein is true and correct to the best of his knowledge and belief, and that he is duly authorized to execute this statement on behalf of the contractor named herein. He is duly authorized to execute this statement on behalf of the contractor named herein. He is duly authorized to execute this statement on behalf of the contractor named herein.

Signature of Contractor
 Title
 Date

U.S. Department of Labor
 Wage and Hour Division

FOR CONTRACTOR'S OPTIONAL USE. See Instructions, Form 901-247 Rev. 1
 Payroll
 Persons not required to respond to the periods of absence unless they are eligible and OMB control number

NAME OF CONTRACTOR OR SUB CONTRACTOR	JOB REFERENCE NO.	JOB TITLE	JOB TITLE	PAY PERIOD													TOTAL HOURS	GROSS PAY	FEDERAL TAX	STATE TAX	LOCAL TAX	NET PAY																							
				MONDAY							TUESDAY																																		
				AM	PM	OTH	AM	PM	OTH	AM	PM	OTH	AM	PM	OTH	AM							PM	OTH																					
VALE ACCOUNTING SYSTEMS COMPANY, UNDER CONTRACT TO THE U.S. DEPARTMENT OF LABOR 101 FORTNEY ST, 75562	E3	CONTRACTOR	C	22	22																																								
				23	23																																								
				24	24																																								
				25	25																																								
				26	26																																								
				27	27																																								
				28	28																																								
29	29																																												
30	30																																												

The above information is provided for information only. It is not intended to be used for any other purpose. The contractor is responsible for providing accurate information regarding the work performed by its employees. The contractor is also responsible for providing accurate information regarding the work performed by its subcontractors. The contractor is also responsible for providing accurate information regarding the work performed by its independent contractors. The contractor is also responsible for providing accurate information regarding the work performed by its leased employees. The contractor is also responsible for providing accurate information regarding the work performed by its temporary employees. The contractor is also responsible for providing accurate information regarding the work performed by its seasonal employees. The contractor is also responsible for providing accurate information regarding the work performed by its part-time employees. The contractor is also responsible for providing accurate information regarding the work performed by its overtime employees. The contractor is also responsible for providing accurate information regarding the work performed by its on-call employees. The contractor is also responsible for providing accurate information regarding the work performed by its furloughed employees. The contractor is also responsible for providing accurate information regarding the work performed by its laid-off employees. The contractor is also responsible for providing accurate information regarding the work performed by its rehired employees. The contractor is also responsible for providing accurate information regarding the work performed by its retired employees. The contractor is also responsible for providing accurate information regarding the work performed by its deceased employees. The contractor is also responsible for providing accurate information regarding the work performed by its surviving dependents. The contractor is also responsible for providing accurate information regarding the work performed by its estate beneficiaries. The contractor is also responsible for providing accurate information regarding the work performed by its next of kin. The contractor is also responsible for providing accurate information regarding the work performed by its legal heirs. The contractor is also responsible for providing accurate information regarding the work performed by its beneficiaries. The contractor is also responsible for providing accurate information regarding the work performed by its heirs. The contractor is also responsible for providing accurate information regarding the work performed by its next of kin. The contractor is also responsible for providing accurate information regarding the work performed by its legal heirs. The contractor is also responsible for providing accurate information regarding the work performed by its beneficiaries. The contractor is also responsible for providing accurate information regarding the work performed by its heirs.

STATEMENT OF COMPLIANCE

9/1/16

Project No BRR-1-16
County Raleigh-Kanawha

Despina Koullias
Name of signatory party

Vice President
Title

do hereby state

I, Despina Koullias, do hereby supervise the payment of the persons employed by KMX Painting, Inc on the Bridge Painting that dates from 22nd day of August 16 and ending on the 28th day of August 16, a persons employed on said project that have earned weekly wages that to require have been or will be made either directly or indirectly to or on behalf of said KMX Painting, Inc Contractor or Subcontractor from the full weekly wages as set forth in the contract and no conditions have been made either directly or indirectly from the full wages earned by any person other than that set forth in the contract as defined in Regulations Part 2.22 CFR Subtitle A:

(A) FEDERAL

Issued by the Secretary of Labor under the Copeland Act as amended (45 Stat. 304-63 Stat. 1077-78 Stat. 957-76 Stat. 181-40000) (28 CFR)

(B) STATE

or as defined in the Ohio Revised Code Chapter 1119 and described below

- 1. That any payrolls otherwise required to be submitted for the above period are correct and complete, that the wages were 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.
- 2. That any apprentices employed in the above period are duly registered in a bona fide apprenticeship program registered with a State and employ an 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.

(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 contract, wages for all fringe benefits as listed in the contract have been or will be made by appropriate programs for the benefit of such employees, except as noted in the contract below.

(B) WHERE FRINGE BENEFITS ARE PAID IN CASH

Each laborer or mechanic listed in the above referenced contract 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(b) below.

(C) EXCEPTIONS

Contractor Name	Explanation

Name and Title: Despina Koullias Vice President Signature: Despina Koullias

The contractor certifies that it complies with all applicable laws, rules, regulations, and executive orders of the State of Ohio. See section 1501.15 of the Administrative Code of Ohio.

U.S. Department of Labor

PAYROLL

For Contractor's General Use. See Instructions Form WH-347 (Rev. 10-31-76)

Name of Contractor or Subcontractor

KYX BARRICK, INC.

Address (Include room, building, street, city, state and zip)

4338 McClellan Rd
Tomball, TX 77454

Employer's Federal Tax ID

Employer's State Tax ID

DPPS-3-76

Federal Tax ID	State Tax ID	Contract Reference No.	W-2 Form	Pay Period	Rate	Amount	Federal Tax	State Tax	FICA	MEDICARE	Other	Total	Net Pay	Social Security	Medicare	Other	State	Federal	Medicare	Other	Total	Net Pay	
																							W-2
1			1	01/01/77	11 30	11 30	0 00	0 00	0 00	0 00	0 00	11 30											
2			2	01/01/77	11 30	11 30	0 00	0 00	0 00	0 00	0 00	11 30											
3			3	01/01/77	11 30	11 30	0 00	0 00	0 00	0 00	0 00	11 30											
4			4	01/01/77	11 30	11 30	0 00	0 00	0 00	0 00	0 00	11 30											
5			5	01/01/77	11 30	11 30	0 00	0 00	0 00	0 00	0 00	11 30											
6			6	01/01/77	11 30	11 30	0 00	0 00	0 00	0 00	0 00	11 30											
7			7	01/01/77	11 30	11 30	0 00	0 00	0 00	0 00	0 00	11 30											
8			8	01/01/77	11 30	11 30	0 00	0 00	0 00	0 00	0 00	11 30											
9			9	01/01/77	11 30	11 30	0 00	0 00	0 00	0 00	0 00	11 30											
10			10	01/01/77	11 30	11 30	0 00	0 00	0 00	0 00	0 00	11 30											
11			11	01/01/77	11 30	11 30	0 00	0 00	0 00	0 00	0 00	11 30											
12			12	01/01/77	11 30	11 30	0 00	0 00	0 00	0 00	0 00	11 30											
13			13	01/01/77	11 30	11 30	0 00	0 00	0 00	0 00	0 00	11 30											
14			14	01/01/77	11 30	11 30	0 00	0 00	0 00	0 00	0 00	11 30											
15			15	01/01/77	11 30	11 30	0 00	0 00	0 00	0 00	0 00	11 30											
16			16	01/01/77	11 30	11 30	0 00	0 00	0 00	0 00	0 00	11 30											
17			17	01/01/77	11 30	11 30	0 00	0 00	0 00	0 00	0 00	11 30											
18			18	01/01/77	11 30	11 30	0 00	0 00	0 00	0 00	0 00	11 30											
19			19	01/01/77	11 30	11 30	0 00	0 00	0 00	0 00	0 00	11 30											
20			20	01/01/77	11 30	11 30	0 00	0 00	0 00	0 00	0 00	11 30											
21			21	01/01/77	11 30	11 30	0 00	0 00	0 00	0 00	0 00	11 30											
22			22	01/01/77	11 30	11 30	0 00	0 00	0 00	0 00	0 00	11 30											
23			23	01/01/77	11 30	11 30	0 00	0 00	0 00	0 00	0 00	11 30											
24			24	01/01/77	11 30	11 30	0 00	0 00	0 00	0 00	0 00	11 30											
25			25	01/01/77	11 30	11 30	0 00	0 00	0 00	0 00	0 00	11 30											
26			26	01/01/77	11 30	11 30	0 00	0 00	0 00	0 00	0 00	11 30											
27			27	01/01/77	11 30	11 30	0 00	0 00	0 00	0 00	0 00	11 30											
28			28	01/01/77	11 30	11 30	0 00	0 00	0 00	0 00	0 00	11 30											
29			29	01/01/77	11 30	11 30	0 00	0 00	0 00	0 00	0 00	11 30											
30			30	01/01/77	11 30	11 30	0 00	0 00	0 00	0 00	0 00	11 30											
31			31	01/01/77	11 30	11 30	0 00	0 00	0 00	0 00	0 00	11 30											

The Contractor is required to withhold taxes on all payments made to employees. The Contractor is also required to file Form 941, Employer's Quarterly Federal Tax Return, and Form 943, Employer's Annual Federal Tax Return, with the Internal Revenue Service. The Contractor is also required to file Form 942, Employer's Quarterly Federal Tax Return, and Form 944, Employer's Annual Federal Tax Return, with the Internal Revenue Service. The Contractor is also required to file Form 945, Employer's Annual Federal Tax Return, with the Internal Revenue Service. The Contractor is also required to file Form 940, Employer's Annual Federal Tax Return, with the Internal Revenue Service. The Contractor is also required to file Form 941, Employer's Quarterly Federal Tax Return, and Form 943, Employer's Annual Federal Tax Return, with the Internal Revenue Service. The Contractor is also required to file Form 942, Employer's Quarterly Federal Tax Return, and Form 944, Employer's Annual Federal Tax Return, with the Internal Revenue Service. The Contractor is also required to file Form 945, Employer's Annual Federal Tax Return, with the Internal Revenue Service. The Contractor is also required to file Form 940, Employer's Annual Federal Tax Return, with the Internal Revenue Service.

STATE OF NORTH CAROLINA
DEPARTMENT OF LABOR

STATEMENT OF COMPLIANCE

Date: 9/7/16

Project No. BRP-1-16
County Raleigh - Kanawha

I, Despina Koullias, Vice President, do hereby state
(Name of Signatory) (Title)

I first pay or cause the payment of the persons employed by KMX Painting, Inc at the Bridge Painting project
My pay or cause commencing on the 28th day of August 2016 and ending the 4th day of Sept. 2016 all persons employed on said project have been

paid at least the wages earned, that no rebates have been or will be made either directly or indirectly to or on behalf of said KMX Painting, Inc
Contractor or Subcontractor from the full weekly wages earned by any person and
that no deductions have been made either directly or indirectly from the full wages earned by any person, other than permissible deductions as

permitted by the Labor Paid Act (CFR Subtitle A)

(A) FEDERAL

issued by the Secretary of Labor under the Copeland Act as amended (46 Stat. 145-63 Stat. 108-7, Stat. 157 (54 Stat. 317, 318, 319)
(Title)

(B) STATE

or as defined in the Ohio Revised Code, Chapter 115, and described below.

- 1. That my pay or cause under this contract required to be submitted for the above period are correct and complete; that the wage rates, deductions or reductions contained therein are not less than the applicable wage rates contained in any wage determination or comparable contract; that the classifications set forth therein for each laborer or mechanic conform with the work he performed.
- 2. That my 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.

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

If included in 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 (Date)	Explanation

By Title: _____
 Name: Despina Koullias Vice President
 Signature: Despina Koullias
 The signatory certifies that the above statements are true to the best of his or her knowledge and belief. See Section 401 of Title 11 and Section 2 of Title 10 of the Code of North Carolina.

PAYROLL

NAME OF CONTRACTOR OR SUBCONTRACTOR		FEDERAL NUMBER		KEY PAYROLLING, ETC.		ADDRESS		CITY AND STATE		PRODUCT OR CONTRACT NO.																																																																																											
[REDACTED]		[REDACTED]		[REDACTED]		[REDACTED]		[REDACTED]		[REDACTED]																																																																																											
1	4	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	32	33	34	35	36	37	38	39	40	41	42	43	44	45	46	47	48	49	50	51	52	53	54	55	56	57	58	59	60	61	62	63	64	65	66	67	68	69	70	71	72	73	74	75	76	77	78	79	80	81	82	83	84	85	86	87	88	89	90	91	92	93	94	95	96	97	98	99	100

The Contractor, on U.S. Form WH-347, should submit information to the Wage and Hour Division of the Employment Security Administration, U.S. Department of Labor, 200 Constitution Avenue, N.W., Washington, D.C. 20540. The Contractor should submit this information on a regular basis, at least once a month, and should submit it as soon as possible after the end of the reporting period. The Contractor should also submit this information to the Wage and Hour Division of the Employment Security Administration, U.S. Department of Labor, 200 Constitution Avenue, N.W., Washington, D.C. 20540. The Contractor should also submit this information to the Wage and Hour Division of the Employment Security Administration, U.S. Department of Labor, 200 Constitution Avenue, N.W., Washington, D.C. 20540.

STATEMENT OF COMPLIANCE

Date 9/15/16

Project No. RR-1-16
County Raleigh-Karawa

Name of Signatory Party: Despina Koullias Title: Vice President

do hereby state:

That pay or supervision the payment of the persons employed by KMX Painting, Inc. on the Bridge Painting that during the pay period commencing on the 5th day of Sept, 2016 and ending the 11th day of Sept, 2016 all persons employed on said project have been paid in full weekly wages earned, that no rebates have been or will be made either directly or indirectly to or on behalf of said, KMX Painting, Inc. Contractor or Subcontractor from the full weekly wages earned by any person and that no deductions have been made either directly or indirectly from the full wages earned by any person, other than permissible deductions as defined in Regulations, Part 1569 CFR Subtitle A:

(A) FEDERAL

issued by the Secretary of Labor under the Copeland Act as amended (48 Stat. 642-63 Stat. 159-72 Stat. 167,78 Stat. 357-40 (1937-2765)

(B) STATE

as defined in the Ohio Revised Code Chapter 4115, and described below

- 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
- 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

(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	Explanation

Approved Date: _____
 Name and Title: Despina Koullias Vice President Signature: Despina Koullias

This affidavit is true and correct. If the above statements may subject the contractor or subcontractor to civil or criminal prosecution, are held on Title 15 and Section 231 of Title 31 of the Ohio Revised Code.

U.S. Department of Labor

Employees of the U.S. Department of Labor

For Contractors's Optional Use: See Instructions, Form WH-1041 (4-87) (Rev. 1-87)

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

OMB CONTROL NUMBER: 4720-0047

FORM WH-1041 (4-87)

U.S. DEPARTMENT OF LABOR

OFFICE OF CONTRACTS

FORM WH-1041

PARTIAL NO	FEDERAL AGENCY	POSITION TITLE	WEEKLY ANNUAL							TOTAL ANNUAL		OTHER PERIODS	NET WAGES
			MON	TUE	WED	THUR	FRI	SAT	SUN	WAGES	FRONTS		
1	U.S. DEPARTMENT OF LABOR (DOJ)	REGULATOR AND SOCIAL SECURITY ADMINISTRATION	0	0	0	0	0	0	0	0	0	0	50.00
2	U.S. DEPARTMENT OF LABOR (DOJ)	REGULATOR AND SOCIAL SECURITY ADMINISTRATION	0	0	0	0	0	0	0	0	0	0	50.00
3	U.S. DEPARTMENT OF LABOR (DOJ)	REGULATOR AND SOCIAL SECURITY ADMINISTRATION	0	0	0	0	0	0	0	0	0	0	50.00
4	U.S. DEPARTMENT OF LABOR (DOJ)	REGULATOR AND SOCIAL SECURITY ADMINISTRATION	0	0	0	0	0	0	0	0	0	0	50.00
5	U.S. DEPARTMENT OF LABOR (DOJ)	REGULATOR AND SOCIAL SECURITY ADMINISTRATION	0	0	0	0	0	0	0	0	0	0	50.00
6	U.S. DEPARTMENT OF LABOR (DOJ)	REGULATOR AND SOCIAL SECURITY ADMINISTRATION	0	0	0	0	0	0	0	0	0	0	50.00
7	U.S. DEPARTMENT OF LABOR (DOJ)	REGULATOR AND SOCIAL SECURITY ADMINISTRATION	0	0	0	0	0	0	0	0	0	0	50.00
8	U.S. DEPARTMENT OF LABOR (DOJ)	REGULATOR AND SOCIAL SECURITY ADMINISTRATION	0	0	0	0	0	0	0	0	0	0	50.00
9	U.S. DEPARTMENT OF LABOR (DOJ)	REGULATOR AND SOCIAL SECURITY ADMINISTRATION	0	0	0	0	0	0	0	0	0	0	50.00
10	U.S. DEPARTMENT OF LABOR (DOJ)	REGULATOR AND SOCIAL SECURITY ADMINISTRATION	0	0	0	0	0	0	0	0	0	0	50.00
11	U.S. DEPARTMENT OF LABOR (DOJ)	REGULATOR AND SOCIAL SECURITY ADMINISTRATION	0	0	0	0	0	0	0	0	0	0	50.00
12	U.S. DEPARTMENT OF LABOR (DOJ)	REGULATOR AND SOCIAL SECURITY ADMINISTRATION	0	0	0	0	0	0	0	0	0	0	50.00
13	U.S. DEPARTMENT OF LABOR (DOJ)	REGULATOR AND SOCIAL SECURITY ADMINISTRATION	0	0	0	0	0	0	0	0	0	0	50.00
14	U.S. DEPARTMENT OF LABOR (DOJ)	REGULATOR AND SOCIAL SECURITY ADMINISTRATION	0	0	0	0	0	0	0	0	0	0	50.00
15	U.S. DEPARTMENT OF LABOR (DOJ)	REGULATOR AND SOCIAL SECURITY ADMINISTRATION	0	0	0	0	0	0	0	0	0	0	50.00
16	U.S. DEPARTMENT OF LABOR (DOJ)	REGULATOR AND SOCIAL SECURITY ADMINISTRATION	0	0	0	0	0	0	0	0	0	0	50.00
17	U.S. DEPARTMENT OF LABOR (DOJ)	REGULATOR AND SOCIAL SECURITY ADMINISTRATION	0	0	0	0	0	0	0	0	0	0	50.00
18	U.S. DEPARTMENT OF LABOR (DOJ)	REGULATOR AND SOCIAL SECURITY ADMINISTRATION	0	0	0	0	0	0	0	0	0	0	50.00
19	U.S. DEPARTMENT OF LABOR (DOJ)	REGULATOR AND SOCIAL SECURITY ADMINISTRATION	0	0	0	0	0	0	0	0	0	0	50.00
20	U.S. DEPARTMENT OF LABOR (DOJ)	REGULATOR AND SOCIAL SECURITY ADMINISTRATION	0	0	0	0	0	0	0	0	0	0	50.00

The OMB Office of Management and Enterprise Services (OMES) is conducting a review of the information reported on this form. If you are reporting on this form, please provide the following information:

- 1. A copy of the contract or agreement between the contractor and the Federal agency, including the Federal Acquisition Regulation (FAR) contract number, the FAR contract title, and the FAR contract value.
- 2. A copy of the contractor's schedule of work, including the start and end dates of the work, and the number of workers on the job site for each week.
- 3. A copy of the contractor's payroll records for the workers on the job site, including the contractor's name, the worker's name, the worker's SSN, the worker's pay rate, and the worker's hours worked.
- 4. A copy of the contractor's record of retention, including the contractor's name, the worker's name, the worker's SSN, the worker's pay rate, and the worker's hours worked.

This information is required to ensure that the contractor is complying with the Federal Acquisition Regulation (FAR) and the Federal Acquisition Regulation (FAR) contract terms. Failure to provide this information may result in the contractor being debarred from future Federal acquisitions.

The OMB Office of Management and Enterprise Services (OMES) is conducting a review of the information reported on this form. If you are reporting on this form, please provide the following information:

- 1. A copy of the contract or agreement between the contractor and the Federal agency, including the Federal Acquisition Regulation (FAR) contract number, the FAR contract title, and the FAR contract value.
- 2. A copy of the contractor's schedule of work, including the start and end dates of the work, and the number of workers on the job site for each week.
- 3. A copy of the contractor's payroll records for the workers on the job site, including the contractor's name, the worker's name, the worker's SSN, the worker's pay rate, and the worker's hours worked.
- 4. A copy of the contractor's record of retention, including the contractor's name, the worker's name, the worker's SSN, the worker's pay rate, and the worker's hours worked.

PAYROLL

NAME OF CONTRACTOR OR SUBCONTRACTOR
 NEW PALM, INC.

DATE OF CONTRACT
 4/22/84

ADDRESS
 4328 McChesney Rd.
 Building Building

PROJECT OR CONTRACT NO.
 1001-18

10 EMPLOYEE'S NAME	11 JOB TITLE	12 CLASSIFICATION	13 STATUS O T	14 REGULAR RATE							15 HOURS	16 LOCALITY PAY AUTHORITY			17 TOTAL	18 DUES OR FEE	19 TOTAL HOURS	20 GROSS PAY	21 TOTAL GROSS PAY	22 GROSS PAY BY TYPE	23 GROSS PAY BY TYPE
				14A Basic	14B Step	14C Shift	14D Holiday	14E Sabbatic	14F Standby	14G Other		16A State	16B Local	16C Federal							
John... [REDACTED]
...
...
...

This document is subject to the provisions of the Freedom of Information Act, 5 U.S.C. 552, which provides that information concerning the activities of the Federal Government shall be made available to the public, subject to certain exemptions. The Department of Labor is committed to the policy of open government. Information regarding the activities of the Department of Labor is available to the public, subject to the provisions of the Freedom of Information Act. Information concerning the activities of the Department of Labor is available to the public, subject to the provisions of the Freedom of Information Act. Information concerning the activities of the Department of Labor is available to the public, subject to the provisions of the Freedom of Information Act.

STATEMENT OF COMPLIANCE

DATE 9/23/16

Project No. BRR-1-16
 County Raleigh & Rowan

Name of signatory party: Despina Kallias Title: Vice President County: Rowan

I, the undersigned, certify that I have supervised the payment of the persons employed by KMX Painting, Inc. on the Bridge Point project during the period commencing on the 12th day of Sept. 2016 and ending the 18th day of Sept. 2016. All persons employed on said project have been paid their weekly wages earned, that no rebates have been or will be made either directly or indirectly to or on behalf of said KMX Painting, Inc. Contractor or Subcontractor from the full weekly wages earned by any person and that no deductions have been made either directly or indirectly from the full wages earned by any person other than permissible deductions as set forth in Regulations, Part 3 (29 CFR Subpart A).

(A) FEDERAL

as required by the Secretary of Labor under the Copeland Act as amended (29 Stat. 948-953 Stat. 100-12 Stat. 98-178 Stat. 99-1178)

(B) STATE

or as defined in the Ohio Revised Code (Chapter 4115) and described below

- 12) 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.
- 13) 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.

(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 said employees as noted in Section 4(c) below.

(B) WHERE FRINGE BENEFITS ARE PAID IN CASH

For 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

Name of Person	Explanation

Signature: Despina Kallias Title: Vice President

I warrant that the contents of the above statements may subject the contractor to civil or criminal prosecution. See Sections 1101, 1101.01, 1101.12 and Section 231 of 149.24 of the Ohio Revised Code.

Name of contractor or subcontractor: **KIKI PARTING, INC.**
 Employer Identification Number: **09-3846168**
 Address: **4378 McGlennery Rd**
 Location: **Luxemburg, Ohio 44131**
 Location: **WV Parkersburg Address: _____**
 Location: **_____
 Location: **_____
 Location: **_____
 Location: **_____**
 Location: **_____**
 Location: **_____********

11	29	31	C	14 DAY WORK							16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	32		
				MON	TUE	WED	THU	FRI	SAT	SUN																			
12000	12000	12000	12000	12000	12000	12000	12000	12000	12000	12000	12000	12000	12000	12000	12000	12000	12000	12000	12000	12000	12000	12000	12000	12000	12000	12000	12000	12000	12000
12000	12000	12000	12000	12000	12000	12000	12000	12000	12000	12000	12000	12000	12000	12000	12000	12000	12000	12000	12000	12000	12000	12000	12000	12000	12000	12000	12000	12000	12000

1. If the contractor or subcontractor is a contractor, it must file this form with the Department of Labor...
 2. This form is not required to be filed if the contractor or subcontractor is not a contractor...
 3. The contractor or subcontractor must file this form with the Department of Labor...
 4. The contractor or subcontractor must file this form with the Department of Labor...
 5. The contractor or subcontractor must file this form with the Department of Labor...
 6. The contractor or subcontractor must file this form with the Department of Labor...
 7. The contractor or subcontractor must file this form with the Department of Labor...
 8. The contractor or subcontractor must file this form with the Department of Labor...
 9. The contractor or subcontractor must file this form with the Department of Labor...
 10. The contractor or subcontractor must file this form with the Department of Labor...

PAYROLL

(For Contractors's Optional Use. See Instructions, Form WH-347 (Rev. 11-78))
Persons are not required to respond to the collection of information on this form unless it displays a valid OMB control number.

NAME OF CONTRACTOR OR OTHER EMPLOYER: [REDACTED]

ADDRESS: 4322 McClellan Rd
HARRISBURG, PA 17111

REPORTING PERIOD: 1/2/79 - 1/31/79

FEDERAL EMPLOYER IDENTIFICATION NO.: [REDACTED]

STATE IDENTIFICATION NO.: [REDACTED]

EMPLOYER'S BUSINESS CLASSIFICATION: [REDACTED]

EMPLOYEE'S NAME AND ADDRESS	EMPLOYEE'S SOCIAL SECURITY NUMBER	EMPLOYEE'S STATUS	EMPLOYEE'S OCCUPATION	EMPLOYEE'S PAYROLL INFORMATION												EMPLOYEE'S STATE IDENTIFICATION NUMBER	EMPLOYEE'S FEDERAL EMPLOYER IDENTIFICATION NUMBER	EMPLOYEE'S SOCIAL SECURITY NUMBER	EMPLOYEE'S STATE IDENTIFICATION NUMBER	EMPLOYEE'S FEDERAL EMPLOYER IDENTIFICATION NUMBER										
				WEEKS OF SERVICE	REGULAR RATE	REGULAR PAY	OVERTIME RATE	OVERTIME PAY	TOTAL REGULAR PAY	TOTAL OVERTIME PAY	TOTAL PAY	TOTAL TAXES	TOTAL SOCIAL SECURITY TAXES	TOTAL STATE TAXES	TOTAL OTHER TAXES															
[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	1	1.00	100.00	1.00	100.00	1.00	100.00	1.00	100.00	1.00	100.00	1.00	100.00	1.00	100.00	1.00	100.00	1.00	100.00	1.00	100.00	1.00	100.00	1.00	100.00	1.00	100.00
[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	2	1.00	100.00	1.00	100.00	1.00	100.00	1.00	100.00	1.00	100.00	1.00	100.00	1.00	100.00	1.00	100.00	1.00	100.00	1.00	100.00	1.00	100.00	1.00	100.00	1.00	100.00
[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	3	1.00	100.00	1.00	100.00	1.00	100.00	1.00	100.00	1.00	100.00	1.00	100.00	1.00	100.00	1.00	100.00	1.00	100.00	1.00	100.00	1.00	100.00	1.00	100.00	1.00	100.00
[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	4	1.00	100.00	1.00	100.00	1.00	100.00	1.00	100.00	1.00	100.00	1.00	100.00	1.00	100.00	1.00	100.00	1.00	100.00	1.00	100.00	1.00	100.00	1.00	100.00	1.00	100.00
[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	5	1.00	100.00	1.00	100.00	1.00	100.00	1.00	100.00	1.00	100.00	1.00	100.00	1.00	100.00	1.00	100.00	1.00	100.00	1.00	100.00	1.00	100.00	1.00	100.00	1.00	100.00

The contractor and employee certify that the information furnished herein is true and correct to the best of their knowledge and belief and that the contractor has not withheld any information from the employee or otherwise violated any law or regulation relating to the payment of wages or benefits. This form is not to be used as a basis for determining the contractor's liability for the payment of wages or benefits. This form is not to be used as a basis for determining the contractor's liability for the payment of wages or benefits. This form is not to be used as a basis for determining the contractor's liability for the payment of wages or benefits.



STATEMENT OF COMPLIANCE

Date: 10/6/16

Project No: BRP-1-16
County: Raleigh - Karawna

Despina Koullias
Vice President

Vice President

I certify that I am responsible for payment of the persons employed by KMX Painting Inc Bridge Painting on the project for the period commencing on the 2nd day of Sept, 2016, and ending on the 2nd day of Oct, 2016. All applicable laws and regulations have been observed and all applicable laws have been or will be made known to all employees.

KMX Painting, Inc. Contractor or Subcontractor

I certify that I have observed and will observe the law and regulations for the full wages earned by any person other than persons paid under the contract.

(A) FEDERAL

as set forth in the Code and Act as amended (45 Stat. 548-59; Stat. 185-19; Stat. 201-20; Stat. 202-20)

(B) STATE

as set forth in the Code Revised Code, Chapter 41-15, and described below

That any payments otherwise under this contract required to be submitted for the above cited and correct and complete, that the wage rates for all labor or mechanics contained therein are not less than the applicable wage rates contained in any wage determination issued under the contract, that the classifications set forth therein for each laborer or mechanic conform with the work he performed.

That any apprentices employed at the above named and duly registered in a bona fide apprenticeship program registered with a state or federal agency recognized by the Bureau of Apprenticeship and Training, United States Department of Labor, and that all recognized agency cards in a State are registered with the Bureau of Apprenticeship and Training, United States Department of Labor.

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

Each laborer or mechanic used in the above referenced project has been paid as indicated in the attached agreement (if any) the sum of the applicable basic hourly wage rate plus the amount of the required fringe benefits as set forth in the attached agreement as noted in Section 4b of the code.

(B) WHERE FRINGE BENEFITS ARE PAID IN CASH

Each laborer or mechanic used in the above referenced project has been paid as indicated in the attached agreement (if any) the sum of the applicable basic hourly wage rate plus the amount of the required fringe benefits as set forth in the attached agreement as noted in Section 4b of the code.

(C) EXCEPTIONS

Category	Particulars

Signature: Despina Koullias Vice President

Signature: Despina Koullias

U.S. Department of Labor
Form 1000 - Payroll Data Reporting Form

[For Contractor's Optional Use: See instructions, Form WH-347 (a)]
Period for which this report is prepared: []

Payroll
Name of Contractor: []
Address: []
City: []
State: []
Zip: []

Employee Name	SSN	Position	Rate	Hours	Hours and Date							Miles	Other	Total	Other	
					Mon	Tue	Wed	Thu	Fri	Sat	Sun					
[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]
[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]
[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]
[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]
[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]
[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]
[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]
[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]
[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]
[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]

The contractor shall certify that the information furnished is true and correct to the best of its knowledge and belief. If the contractor is unable to certify that the information is true and correct, it shall so indicate on this form and shall explain the reasons therefor. The contractor shall also certify that the information furnished is true and correct to the best of its knowledge and belief. If the contractor is unable to certify that the information is true and correct, it shall so indicate on this form and shall explain the reasons therefor. The contractor shall also certify that the information furnished is true and correct to the best of its knowledge and belief. If the contractor is unable to certify that the information is true and correct, it shall so indicate on this form and shall explain the reasons therefor.

This form is to be used for reporting payroll data for contractors. It is to be filled out by the contractor and submitted to the appropriate authority. The contractor is responsible for the accuracy of the information provided. The contractor should refer to the instructions for more information. This form is a part of the contractor's payroll records and should be kept for a period of three years.

STATEMENT OF COMPLIANCE

10/13/16

Project No. BRP-1-16

County Raleigh-Kanawha

Despina Kavliias
(Name of voluntary party)

Vice President
(Title)

do hereby state:

I, the undersigned, supervise the payment of the persons employed by KMK Painting, Inc on the Bridge Painting that during the payment period commencing on the 3rd day of Oct. 2016 and ending the 9th day of Oct. 2016 all persons employed on said project have been paid full weekly wages earned, that no rebates have been or will be made either directly or indirectly to or on behalf of said

KMK Painting, Inc

Contractor or Subcontractor from the full weekly wages earned by any person and that no deductions have been made either directly or indirectly from the full wages earned by any person other than permissible deductions as

permitted in Regulations, Part B (29 CFR Subtitle A).

(A) FEDERAL

as used by the Secretary of Labor under the Copeland Act as amended (45 Stat. 946-60 Stat. 103-72 Stat. 867-76 Stat. 847) and 29 CFR 1.601-1.1.

(B) STATE

as defined in the Ohio Revised Code (Chapter 4115), and described below:

- 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;
- 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.

(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 (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 (C) below.

(C) EXCEPTIONS

Exception Name	Explanation

Print Name

Despina Kavliias Vice President

Signature

Despina Kavliias

I hereby acknowledge and certify that the contractor or subcontractor has provided me with copies of all applicable collective bargaining agreements, including all rates and conditions of employment, and I have reviewed and approved the same.

U.S. Department of Labor
 Bureau of Labor Statistics
For Government's Optional Use See Instructions, Form WH-347 (Rev. 1-1978)
 Persons not related to recipient in the calculation of contributions under the Social Security Act

PAYROLL

PAYROLL NO.	EMPLOYEE NAME	FEDERAL IDENT. NO.	M/F	STATUS	REGULAR	HOURS WORKED												SALARY	TYPE OF SERVICE	DATE	STATE	CITY	ZIP	
						1	2	3	4	5	6	7	8	9	10	11	12							
11	NADE ALBERTSON	FA	F	C	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
11	DRONLINE CHS 44133																							\$0.00
11	Factor Spine FL 30689																							\$0.00
11	Basement Chs 44512																							\$0.00
11	Unit TX 76573																							\$0.00
11	Downside TX 76255																							\$0.00
11	Reopen LA 70926																							\$0.00
11	St French TX 76566																							\$0.00
11	Chalvey Chs 44171																							\$0.00
11	Unit Chs 44129																							\$0.00
11	Booster TX 4832																							\$0.00

U.S. Government Printing Office: 1978 O-510-356
 U.S. Department of Labor, Bureau of Labor Statistics, Washington, DC 20303
 Note: This form is to be used by employers who are required to file Form WH-347 (Rev. 1-1978) for employees who are covered by the Social Security Act. It is to be filled out for each employee for each pay period. It is to be filled out for each employee for each pay period. It is to be filled out for each employee for each pay period.

NAME OF CONTRACTOR OR SUBCONTRACTOR: **KAY PAINTING INC**
 ADDRESS: **4123 McGrawy Rd**
 CITY: **Lorain, Ohio 44135**
 PROJECT: **Bridge Painting**
 LOCATION: **WV Turnpike Authority**
 CONTRACT NO.: **0001115**

EMPLOYEE NO.	EMPLOYEE NAME	JOB TITLE	HOURS WORKED												TOTAL HOURS	REGULAR HOURS	OVERTIME HOURS	OTHER HOURS
			MON	TUE	WED	THUR	FRI	SAT	SUN	OT 1/2	OT 1/4	OT 3/4	OT 1 1/4	OT 1 1/2				
1	JOHN JOHNSON, JR.	PAINTER	8	8	8	8	8	8	8	8	8	8	8	8	8	8	8	8
2	JOHN JOHNSON, JR.	PAINTER	8	8	8	8	8	8	8	8	8	8	8	8	8	8	8	8
3	JOHN JOHNSON, JR.	PAINTER	8	8	8	8	8	8	8	8	8	8	8	8	8	8	8	8
4	JOHN JOHNSON, JR.	PAINTER	8	8	8	8	8	8	8	8	8	8	8	8	8	8	8	8
5	JOHN JOHNSON, JR.	PAINTER	8	8	8	8	8	8	8	8	8	8	8	8	8	8	8	8
6	JOHN JOHNSON, JR.	PAINTER	8	8	8	8	8	8	8	8	8	8	8	8	8	8	8	8
7	JOHN JOHNSON, JR.	PAINTER	8	8	8	8	8	8	8	8	8	8	8	8	8	8	8	8
8	JOHN JOHNSON, JR.	PAINTER	8	8	8	8	8	8	8	8	8	8	8	8	8	8	8	8
9	JOHN JOHNSON, JR.	PAINTER	8	8	8	8	8	8	8	8	8	8	8	8	8	8	8	8
10	JOHN JOHNSON, JR.	PAINTER	8	8	8	8	8	8	8	8	8	8	8	8	8	8	8	8
11	JOHN JOHNSON, JR.	PAINTER	8	8	8	8	8	8	8	8	8	8	8	8	8	8	8	8
12	JOHN JOHNSON, JR.	PAINTER	8	8	8	8	8	8	8	8	8	8	8	8	8	8	8	8
13	JOHN JOHNSON, JR.	PAINTER	8	8	8	8	8	8	8	8	8	8	8	8	8	8	8	8
14	JOHN JOHNSON, JR.	PAINTER	8	8	8	8	8	8	8	8	8	8	8	8	8	8	8	8
15	JOHN JOHNSON, JR.	PAINTER	8	8	8	8	8	8	8	8	8	8	8	8	8	8	8	8
16	JOHN JOHNSON, JR.	PAINTER	8	8	8	8	8	8	8	8	8	8	8	8	8	8	8	8
17	JOHN JOHNSON, JR.	PAINTER	8	8	8	8	8	8	8	8	8	8	8	8	8	8	8	8
18	JOHN JOHNSON, JR.	PAINTER	8	8	8	8	8	8	8	8	8	8	8	8	8	8	8	8
19	JOHN JOHNSON, JR.	PAINTER	8	8	8	8	8	8	8	8	8	8	8	8	8	8	8	8
20	JOHN JOHNSON, JR.	PAINTER	8	8	8	8	8	8	8	8	8	8	8	8	8	8	8	8

The contractor certifies that the above information is true and correct to the best of his knowledge and belief, and that he is not aware of any facts or circumstances which would render the above information misleading or incomplete. He further certifies that he has not received any information from any other source which would render the above information misleading or incomplete. He certifies that he has not received any information from any other source which would render the above information misleading or incomplete.

I, the undersigned, certify that I am the duly authorized representative of the contractor named above, and that I have read and understand the above information, and that I am signing this form as a true and correct statement of the facts and circumstances set forth herein.

Signature: _____
 Title: _____

STATEMENT OF COMPLIANCE

10/20/16

Despina Koullias
Name of signatory party

Vice President
Title

Project No. BRP-1-16
County Raleigh Kanawha
do hereby state

I, the undersigned, do hereby certify the payment of the persons employed by KMX Painting, Inc. on the Bridge Building project during the payroll period commencing on the 10th day of October 2016, and ending the 16th day of October 2016, all persons employed on said project have been paid full weekly wages earned, that no deductions have been or will be made either directly or indirectly to or on behalf of said KMX Painting, Inc. Contractor or Subcontractor from the full weekly wages earned by any person on said project. No deductions have been made either directly or indirectly from the full wages earned by any person, other than bona fide deductions as defined in Regulations, Part 2 (29 CFR Subtitle A):

(A) FEDERAL

Issued by the Secretary of Labor under the Code and Act as amended (48 Stat. 948-95 Stat. 108-12 Stat. 967-75 Stat. 357-46 Stat. 276)

(B) STATE

as defined in the Ohio Revised Code, Chapter 4115, 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.

(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 in 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 stated in the contract, except as noted in Section 4(c) below.

(C) EXCEPTIONS

Exception Name	Explanation

Name and Title: Despina Koullias Vice President Signature: Despina Koullias

This document certifies, if any, if the above statements may support the contractor or subcontractor to civil liability in prosecution. See Section 11-2-1 of Title 18 and Section 211 of Title 51 of the West Virginia Code.

U.S. Department of Labor
Department of Health, Education & Welfare

(For Contractors' Optional Use - See Instructions, Form WH-347 (Rev. 7-74))
Paysheet for contractor use; report to the collector of information unless it is a payroll card or other number

PAYROLL

UNIT: CONTRACTOR FOR PROJECT

CONTRACT NO. 12345678

CONTRACT NAME

CONTRACT ADDRESS

CONTRACTOR'S IDENTIFICATION NO.

CONTRACT NO.

EMPLOYEE NO.	EMPLOYEE NAME	JOB TITLE	CLASSIFICATION	EMPLOYMENT STATUS	REGULAR HOURS	MONTHLY SALARY							TOTAL MONTHLY SALARY	STATE TAX	LOCAL TAX	FEDERAL TAX	NET WAGES PAID
						Jan	Feb	Mar	Apr	May	Jun	Jul					
1	J. A. Smith	Supervisor	4	Full-time	40												
2	M. B. Jones	Worker	5	Full-time	40												
3	K. C. White	Worker	5	Part-time	20												
4	L. D. Green	Worker	5	Full-time	40												
5	N. E. Black	Worker	5	Full-time	40												
6	P. F. Brown	Worker	5	Full-time	40												
7	Q. G. Gray	Worker	5	Full-time	40												
8	R. H. Blue	Worker	5	Full-time	40												
9	S. I. Orange	Worker	5	Full-time	40												
10	T. J. Red	Worker	5	Full-time	40												
11	U. K. Purple	Worker	5	Full-time	40												
12	V. L. Yellow	Worker	5	Full-time	40												
13	W. M. Green	Worker	5	Full-time	40												
14	X. N. Blue	Worker	5	Full-time	40												
15	Y. O. Orange	Worker	5	Full-time	40												
16	Z. P. Red	Worker	5	Full-time	40												
17	AA. Q. Purple	Worker	5	Full-time	40												
18	AB. R. Yellow	Worker	5	Full-time	40												
19	AC. S. Green	Worker	5	Full-time	40												
20	AD. T. Blue	Worker	5	Full-time	40												
21	AE. U. Orange	Worker	5	Full-time	40												
22	AF. V. Red	Worker	5	Full-time	40												
23	AG. W. Purple	Worker	5	Full-time	40												
24	AH. X. Yellow	Worker	5	Full-time	40												
25	AI. Y. Green	Worker	5	Full-time	40												
26	AJ. Z. Blue	Worker	5	Full-time	40												
27	AK. AA. Orange	Worker	5	Full-time	40												
28	AL. AB. Red	Worker	5	Full-time	40												
29	AM. AC. Purple	Worker	5	Full-time	40												
30	AN. AD. Yellow	Worker	5	Full-time	40												

U.S. Government Printing Office: 1974 O-315-748-001-8 (Rev. 8-72)

Name of Contractor or Subcontractor: **MARK TRAINING, INC.**

Address: **4228 McCormick Rd
Lynchburg, VA 24502**

Employer's Identification No.: **0000000000**

Payroll Period: **01/01/2012 to 01/31/2012**

Employee's Name or Number	Employee's ID Number	Employee's Classification	Hours Worked							Total Hours	Rate per Hour	Total Payroll	Social Security Tax	Federal Income Tax	State Income Tax	Local Income Tax	Other Taxes	Total Deductions	Net Payroll	
			Mon	Tue	Wed	Thu	Fri	Sat	Sun											
			AM	PM	AM	PM	AM	PM	AM											
1		Partner	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
2		Partner	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
3		Partner	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
4		Partner	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
5		Partner	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
6		Partner	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
7		Partner	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
8		Partner	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
9		Partner	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
10		Partner	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
11		Partner	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
12		Partner	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
13		Partner	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
14		Partner	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
15		Partner	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
16		Partner	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
17		Partner	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
18		Partner	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
19		Partner	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
20		Partner	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
21		Partner	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
22		Partner	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
23		Partner	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
24		Partner	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
25		Partner	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
26		Partner	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
27		Partner	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
28		Partner	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
29		Partner	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
30		Partner	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
31		Partner	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
32		Partner	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
33		Partner	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
34		Partner	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
35		Partner	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
36		Partner	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
37		Partner	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
38		Partner	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
39		Partner	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
40		Partner	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0

1. The contractor certifies that the information furnished on this form is true and correct to the best of his knowledge and belief, and that he has prepared this form in accordance with the instructions and requirements of the Department of Labor, Bureau of Labor Statistics, Form WH-347, (Rev. 10-1-79).

2. The contractor certifies that the information furnished on this form is true and correct to the best of his knowledge and belief, and that he has prepared this form in accordance with the instructions and requirements of the Department of Labor, Bureau of Labor Statistics, Form WH-347, (Rev. 10-1-79).

3. The contractor certifies that the information furnished on this form is true and correct to the best of his knowledge and belief, and that he has prepared this form in accordance with the instructions and requirements of the Department of Labor, Bureau of Labor Statistics, Form WH-347, (Rev. 10-1-79).

4. The contractor certifies that the information furnished on this form is true and correct to the best of his knowledge and belief, and that he has prepared this form in accordance with the instructions and requirements of the Department of Labor, Bureau of Labor Statistics, Form WH-347, (Rev. 10-1-79).

5. The contractor certifies that the information furnished on this form is true and correct to the best of his knowledge and belief, and that he has prepared this form in accordance with the instructions and requirements of the Department of Labor, Bureau of Labor Statistics, Form WH-347, (Rev. 10-1-79).

6. The contractor certifies that the information furnished on this form is true and correct to the best of his knowledge and belief, and that he has prepared this form in accordance with the instructions and requirements of the Department of Labor, Bureau of Labor Statistics, Form WH-347, (Rev. 10-1-79).

7. The contractor certifies that the information furnished on this form is true and correct to the best of his knowledge and belief, and that he has prepared this form in accordance with the instructions and requirements of the Department of Labor, Bureau of Labor Statistics, Form WH-347, (Rev. 10-1-79).

8. The contractor certifies that the information furnished on this form is true and correct to the best of his knowledge and belief, and that he has prepared this form in accordance with the instructions and requirements of the Department of Labor, Bureau of Labor Statistics, Form WH-347, (Rev. 10-1-79).

9. The contractor certifies that the information furnished on this form is true and correct to the best of his knowledge and belief, and that he has prepared this form in accordance with the instructions and requirements of the Department of Labor, Bureau of Labor Statistics, Form WH-347, (Rev. 10-1-79).

10. The contractor certifies that the information furnished on this form is true and correct to the best of his knowledge and belief, and that he has prepared this form in accordance with the instructions and requirements of the Department of Labor, Bureau of Labor Statistics, Form WH-347, (Rev. 10-1-79).

10/27/16

STATEMENT OF COMPLIANCE

Project No BRP-1-16
County Belknap + Kenawha

Despina Koullias Vice President do hereby state
(Name of signatory party) (Title)

I, the duly or supervise the payment of the persons employed by KMX Painting, Inc for the Bridge Painting (Contracting) on the period commencing on the 17th day of October 16 and ending the 23rd day of October 2016. All persons employed on this project have been paid in full weekly wages earned; that no rebates have been or will be made either directly or indirectly to or on behalf of said _____

KMX Painting, Inc Contractor or Subcontractor from the full weekly wages earned to 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 Regulation Part 3 (CRS: 338 Subtitle A)

- (A) FEDERAL issued by the Secretary of Labor under the Copeland Act as amended (46 Stat. 946-63 Stat. 1031-2 Stat. 957-76 State Stat. 41-1-100-275c)
- (B) STATE as defined in the Ohio Revised Code, Chapter 4115, and described below

- 13. That any payrolls otherwise under this contract required to be submitted for the above period are correct and complete; that the wage rates for painters or mechanics contained therein are not less than the applicable wage rates contained in any wage determination incorporated in the contract; that the classifications set forth therein for each laborer or mechanic conform with the work he performed;
- 14. 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.

- (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, payment of fringe benefits as listed in the contract have been or will be made to appropriate programs for the benefit of each employee as noted in Section 4(e) 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(e) below.

(C) EXCEPTIONS

Reference to Bill	Explanation

Remarks:

Name and Title: Despina Koullias Vice President Signature: Despina Koullias

The willful failure of any contractor or subcontractor to file a correct statement may subject the contractor or subcontractor to civil or criminal prosecution. See Revised Code Sections 1501.17(A), 1507.05, and Section 231 of Title 23 of the Ohio Code.

U.S. Department of Labor
Employment Standards Administration
Wages and Hour Division

PAYROLL
(For Contractors's Optional Use: See Instructions, Form WH-347 (rev. 1))
Penalty are not required to respond to the collection of information unless it displays valid OMB control number.

1] NAME, ADDRESS AND SOCIAL SECURITY NUMBER OF EMPLOYEE	2] #	3] WORK CLASSIFICATION	4] PAY DAY AND DATE							5] HOURS	6] RATE OF PAY	7] GROSS AMOUNT EMPLOYED	8] DEDUCTIONS				9] NET WAGES PAID FOR WEEK														
			T	24 Mon	25 Tue	26 Wed	27 Thu	28 Fri	29 Sat				30 Sun	FICA	WITHHOLDING TAX	STATE TAX		LOCAL TAX	TOTAL DED.	OTHER DED.											
Lowellville Ohio 44435 Tupper Springs Fl 34655 Seaford Ohio 44512 Tupper TX 75702 Brownsville TX 78528 Kemper La 70055 Las Flores TX 78906 Stratton Ohio 44471 Lowellville OH 44435 Brownsville TX 45521	4	Supervisor	O	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0			
			S	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
			O	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
			S	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
			O	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
			S	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
			O	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
S	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0			
Blaster	4	Painter	O	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0		
			S	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	

The Capital Act (49 U.S.C. 3143) requires contractors and subcontractors performing work on Federal, leased or shared 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 29 CFR Part 5 (49 CFR) 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 no less than the proper Davis-Bacon prevailing wage rate for the work performed. Compliance with these requirements is mandatory. DOL and Federal contracting agencies receiving the information review the information to determine that employees have received legally required wages and fringe benefits. We estimate that it will take an average of 56 minutes to complete the collection of information, 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 of time, contact the collection of information project manager at the Office of Management and Budget, Paperwork Reduction Project (3392), 200 Constitution Avenue, N.W., Washington, D.C. 20543.

STATEMENT OF COMPLIANCE

Date: 11/5/16

Project No. WVBRP-1-K

County Beleigh-Konawa

I, Despina Koullias Vice President, do hereby state,
(Name of signatory party) (Title)

(1) That I pay or supervise the payment of the persons employed by KMX Painting, Inc. on the Bridge Painting that during the payroll period commencing on the 24th day of October 2016 and ending the 30th day of October 2016, all persons employed on said project have been paid in full weekly wages earned, that no rebates have been or will be made either directly or indirectly to or on behalf of said _____

KMX Painting, Inc. Contractor or Subcontractor from the full weekly wages earned by any person and that no deductions have been made either directly or indirectly from the full wages earned by any person, other than permissible deductions as defined in Regulations, Part 3 (29 CFR Subtitle A);

(A) FEDERAL

issued by the Secretary of Labor under the Copeland Act as amended (48 Stat. 948-63 Stat. 108 /2 Stat. 967,76 State 357; 40 USC 276c)

(B) STATE

or as defined in the Ohio Revised Code, Chapter 4115, 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

Exceptions (Craft)	Explanation

Remarks

Name and Title

Despina Koullias Vice President

Signature

Despina Koullias

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 231 of Title 31 of the United States Code.

Per Capita State's Optional Use See Instructions Form W-1 - 347 (Final)
1952
1953
1954

NAME OF CORPORATION OR ORGANIZATION

PAYROLL NO.

PERIOD FOR WHICH REPORT MADE

KEY PAYROLL NO.

REPORT MADE BY (Name and Address)

STATE

CITY

INDUSTRY

REPORT MADE AT (Name and Address)

CLASSIFICATION OF EMPLOYEES	TYPE OF EMPLOYMENT	1952		1953		1954		TOTAL	PERCENTAGE OF TOTAL	AVERAGE PER EMPLOYEE	TOTAL	PERCENTAGE OF TOTAL	AVERAGE PER EMPLOYEE
		NO.	AMOUNT	NO.	AMOUNT	NO.	AMOUNT						
1. HIGHER GRADE EMPLOYEES	2. FULL-TIME EMPLOYEES												
3. LOWER GRADE EMPLOYEES	4. PART-TIME EMPLOYEES												
5. ALL EMPLOYEES													
6. TOTAL													

The above data are for the calendar year ending on the date specified in the heading of the report. The amount of pay reported for each employee is the amount of pay actually received by the employee during the year, including any unpaid wages or overtime pay, but excluding any pay in lieu of vacation, sick leave, or other benefits. The amount of pay reported for each employee should be reported on a per capita basis, that is, the total amount of pay for all employees in the same classification should be divided by the number of employees in that classification. The amount of pay reported for each employee should be reported on a per capita basis, that is, the total amount of pay for all employees in the same classification should be divided by the number of employees in that classification.

Instructions for the use of this form are given in the instructions to Form W-1, 347 (Final), which is available from the Bureau of Labor Statistics, Washington, D. C. 20540. The instructions also contain information concerning the filing of this form with the appropriate State or Federal agency. The instructions also contain information concerning the filing of this form with the appropriate State or Federal agency.

11/15/16

STATEMENT OF COMPLIANCE

Project: WV BAP-1-16
City: Raleigh & Kanawha

Despina Koullias
Vice President

Vice President

I certify under penalty of perjury that the payment of the persons employed by KMx Painting, Inc on Bridge Pointe for the period from and including the 31st day of Oct, 2016 and ending the 6th day of Nov, 2016, all persons employed by KMx Painting, Inc who were wages earned that no reports have been or will be made either directly or indirectly to or on behalf of KMx Painting, Inc Contractor or Subcontractor from the full amount wages earned by any person other than persons listed in Part A of this Statement of Compliance.

(A) FEDERAL

As defined by the Secretary of Labor under the Copeland Act as amended (42 Stat. 248; 49 USC 10101-10104)

(B) STATE

As defined in the Ohio Revised Code Chapter 4119 and described below

If any wages or other benefits required to be submitted for the above period are contract as evidenced that the wages for laborers or mechanics employed thereon are not less than the applicable wage rates contained in any wage determination in effect during the contract that the classifications set forth therein for laborer or mechanic conform with the work he performed. If any apprentices employed in the above period are duly registered in a bona fide apprenticeship program registered with a State or apprenticeship agency authorized by the Bureau of Apprenticeship and Training, United States Department of Labor, and if no such registration agency exists in a State, are registered with the Bureau of Apprenticeship and Training, United States Department of Labor.

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

Each laborer or mechanic listed in the above referenced payroll has been paid at adequate level for payment of benefits in the amount of the applicable basic hourly wage rate plus the amount of the required fringe benefits as listed in the contract. A copy of this contract is attached to this statement.

(B) WHERE FRINGE BENEFITS ARE PAID IN CASH

Each laborer or mechanic listed in the above referenced payroll has been paid at adequate level for payment of benefits in the amount of the applicable basic hourly wage rate plus the amount of the required fringe benefits as listed in the contract. A copy of this contract is attached to this statement.

(C) EXCEPTIONS

Name	Classification

Signature: Despina Koullias Vice President

WEST VIRGINIA DIVISION OF LABOR

749-B Building 6 , Capitol Complex • Charleston, West Virginia 25305

Phone (304) 558-7890 • Fax (304) 558-2273

www.wvlabor.org



December 29, 2016

Jocelyn Xipolitas, President
KMX Painting, Inc.
4328 McCartney Road
Lowellville, OH 44436

Despina Koullias, Vice President
KMX Painting, Inc.
4328 McCartney Road
Lowellville, OH 44436

By certified mail, return receipt requested:

91 7199 9991 7035 2595 6639

Via Fax: 330.536.2228

Re: West Virginia Jobs Act Violations - Notice of Penalties

Dear Jocelyn Xipolitas and Despina Koullias:

The West Virginia Parkways Authority ("Parkways"), in accordance with its responsibilities under W. Va. Code § 21-1C-5(b), has submitted certified payrolls to the Division of Labor ("Division") for work performed by your company pursuant to Parkways Contract BRP-1-16 (the "Contract") dated March 1, 2016. Pursuant to the provisions of the Contract, you were notified of your obligation to comply with the WV Jobs Act.

The West Virginia Jobs Act (the "Jobs Act") has specific requirements for hiring employees from the local labor market on any public improvement project that is funded entirely from state funds. The project set forth in the Contract falls under the Jobs Act requirements. The requirements are as follows:

- at least 75% of the employees working on the project must be from the local labor market (W. Va. Code § 21-1C-4(a));
- it is permissible to hire at least 2 employees from outside the local labor market as long as the local labor market threshold of 75% is met (W. Va. Code § 21-1C-4(a));

Jocelyn Xipolitas
Despina Koullias
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- the local labor market consists of all counties in West Virginia and any county outside of the state that is within 50 miles of the West Virginia border (W. Va. Code § 21-1C-2(4));
- if an employer is unable to employ the required minimum number of employees from the local labor market, the employer is required to notify WorkForce West Virginia (“WorkForce”) of the number of qualified employees needed along with a job description of the positions to be filled (W. Va. Code § 21-1C-4(b));
- following the receipt of a job order from an employer, WorkForce has 3 business days to refer qualified job applicants to the employer (W. Va. Code § 21-1C-4(c); and
- if WorkForce is unable to refer qualified job applicants, WorkForce will issue a waiver to the employer and the public authority, stating that qualified job applicants are unavailable and permitting the employer to fill a specific number of positions from outside the local labor market (W. Va. Code § 21-1C-4(c)).

The Division has not received any waiver certificates issued by WorkForce. Therefore, your company was required to have employed at least 75% of the employees from the local labor market in performing the Contract project.

The Division has carefully reviewed the certified payroll records that you submitted to Parkways to determine the extent or lack of your company’s compliance with the Jobs Act local labor market requirement. For each day that your company had employees working on the Contract project without employing at least 75% of employees from the local labor market, the Division determined that there were 431 violations of the Jobs Act, totaled on a work week basis, as follows:

- For the week ending 08/07/16: a total of 17 violations
- For the week ending 08/14/16: a total of 15 violations
- For the week ending 08/21/16: a total of 11 violations
- For the week ending 08/28/16: a total of 21 violations
- For the week ending 09/04/16: a total of 31 violations

Jocelyn Xipolitas
Despina Koullias
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December 29, 2016

- For the week ending 09/11/16: a total of 32 violations
- For the week ending 09/18/16: a total of 38 violations
- For the week ending 09/25/16: a total of 47 violations
- For the week ending 10/02/16: a total of 34 violations
- For the week ending 10/09/16: a total of 36 violations
- For the week ending 10/16/16: a total of 46 violations
- For the week ending 10/23/16: a total of 45 violations
- For the week ending 10/30/16: a total of 51 violations
- For the week ending 11/06/16: a total of 7 violations

Pursuant to W. Va. Code §§ 21-1C-5(e) and 21-1C-6, the Division is authorized to collect civil penalties of \$100.00 per day per violation of the Jobs Act requirements. Based on the number of violations noted above, the Division has determined that the civil penalties total **\$43,100.00**. This amount is due and payable to the West Virginia Division of Labor within **fifteen (15) days** of receipt of this letter.

You are further advised that, in addition to the Jobs Act violations, there are certain grounds for discipline that the West Virginia Contractor Licensing Board (the "Board") may consider in connection with your WV Contractor License Number WV051697. These grounds are the "[w]illful departure from or disregard of plans or specifications in any material respect without the consent of the parties to the contract; [and the] [w]illful or deliberate violation of the building laws or regulations of the state..." W. Va. Code § 21-11-14(g) (3-4). If, after a hearing before the Board, it finds that any of the above violations occurred, it has the statutory authority to impose the following disciplinary actions: permanently revoke a license; suspend a license for a specified period; censure or reprimand a licensee; impose limitations or conditions on the professional practice of a licensee; impose requirements for remedial professional education to correct deficiencies in the education, training and skill of a licensee; impose a probationary period requiring a licensee to report regularly to the Board on matters related to the grounds for probation; order a contractor who has been found, after hearing, to have violated any provision of this article or the rules of the Board to provide, as a condition of licensure, assurance of financial responsibility; and impose a fine not to exceed one thousand dollars. W. Va. Code § 21-11-14 (a) (1-8).

Jocelyn Xipolitas
Despina Koullias
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December 29, 2016

Should you wish to contest the matters set forth in this letter, you must notify me in writing within **fifteen (15) days** of its receipt, setting forth your objections. I will thereafter arrange a hearing to be conducted pursuant to the procedures set forth in the Contested Cases article of the State Administrative Procedures Act, W. Va. Code § 29A-5-1, *et seq.* In accordance with W. Va. Code § 29A-5-1(a), you will be provided with a written notice of the hearing date, time, and place at least 10 days prior to the hearing.

Sincerely,



Mitchell E. Woodrum
Acting Commissioner

cc: Joshua L. Jarrell, Deputy Secretary/General Counsel, WV Department of Commerce (via email)
Gregory C. Barr, General Manager, WW Parkways Authority (via email)
A. David Abrams, Jr., General Counsel, WW Parkways Authority (via email)