

PRIME CONTRACTOR ☐

SUBCONTRACTOR ☒

PAYROLL #: 2

FINAL PAYROLL ☐

Business Name (DBA): Island Fence & Window Guard, Inc.	Phone: (541)912-0011	CCB Registration Number: 105556
Project Name: Suislaw SD Suislaw HS	Project Number: 0922011N-011	Type of Work: Fence Installation
Street Address: 93114 Hwy 99 S, Junction City, OR 97448	Project Location: 2975 Oak St, Florence OR 97439	
Mailing Address: PO Box 397, Junction City, OR 97448	Project County: Lane	

Date Pay Period Began: 08/07/2022	Date Pay Period Ended: 08/13/2022
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THIS SECTION FOR PRIME CONTRACTORS ONLY Public Contracting Agency Name: Phone: () Date Contract Specifications First Advertised for Bid: Contract Amount:	THIS SECTION FOR SUBCONTRACTORS ONLY Subcontract Amount: \$7500.00 Prime Contractor Business Name (DBA): Pacific Mobile Structures Prime Contractor Phone: 360-688-3274 Prime Contractor's CCB Registration Number: 50832 Date You Began Work on the Project: 7/26/2022
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(1)	(2)			(3) DAY AND DATE								(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)
NAME, ADDRESS AND EMPLOYEE'S IDENTIFICATION NUMBER*	CLASSIFICATION (INCLUDE GROUP # & APPRENTICESHIP STEP IF APPLICABLE)			Sun	Mon	Tue	Wed	Thu	Fri	Sat	TOTAL HOURS	HOURLY BASE RATE	HOURLY FRINGE BENEFIT AMOUNTS PAID AS WAGES TO EMPLOYEE	GROSS AMOUNT EARNED (see directions)	ITEMIZED DEDUCTIONS FICA, FED, STATE, ETC	NET WAGES PAID	HOURLY FRINGE BENEFITS PAID TO BENEFIT PARTY, PLAN, FUND, OR PROGRAM	NAME OF BENEFIT PARTY, PLAN, FUND, OR PROGRAM	
				8/7	8/8	8/9	8/10	8/11	8/12	8/13									
				HOURS WORKED EACH DAY															
Dmytro Wortman 555 N 7th #7 Harrisburg, OR 97446 XXX-XX-3171	Metal Fence Erector	S1	OT										\$16.55			\$8.00	\$95.06		
			ST					2.00			2	\$34.98							
			Schedule 5/8 X 4/10 <input type="checkbox"/> ; Reg Hrly Schd: 8 to 5									\$103.06							
Jesse Wells 5270 Denver St Turner OR 97342 XXX-XX4312	Metal Fence Erector	S0	OT																
			ST						2.00		2	\$34.98							
			Schedule 5/8 X 4/10 <input type="checkbox"/> ; Reg Hrly Schd: 8 to 5								\$16.55	\$103.06	\$17.00					\$86.06	
			OT																
			ST																
			Schedule 5/8 <input type="checkbox"/> 4/10 <input type="checkbox"/> ; Reg Hrly Schd: to																
			OT																
			ST																
			Schedule 5/8 <input type="checkbox"/> 4/10 <input type="checkbox"/> ; Reg Hrly Schd: to																
			OT																
			ST																
			Schedule 5/8 <input type="checkbox"/> 4/10 <input type="checkbox"/> ; Reg Hrly Schd: to																

CERTIFIED STATEMENT

Date: 08/23/2022
I, Heidi Bhan Vice-President
(NAME OF SIGNATORY PARTY) (TITLE)

do hereby state:

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

Island Fence & Window Guard, Inc.

(CONTRACTOR, SUBCONTRACTOR OR SURETY)

on the Suislaw SD Suislaw HS; that during the payroll period

(BUILDING OR WORK)

commencing on the 7th day of August, 2022, and ending the 13th day

(MONTH)

(YEAR)

of August, 2022, all persons employed on said project have been paid the

(MONTH)

(YEAR)

full weekly wages earned, that no rebates have been or will be made either directly or indirectly to or on behalf of said Island Fence & Window Guard, Inc.

(CONTRACTOR, SUBCONTRACTOR OR SURETY)

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 specified in ORS 652.610, and as defined in Regulations, Part 3 (29 CFR 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. 276c), 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 workers 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 worker conform with work 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.

I HAVE READ THIS CERTIFIED STATEMENT, KNOW THE CONTENTS THEREOF AND IT IS TRUE TO MY KNOWLEDGE:

Heidi Bhan Vice-President

(NAME AND TITLE)

(SIGNATURE AND DATE)

In addition to completing (1) - (3), if your project is subject to the federal Davis-Bacon Act requirements, complete the following section as well:

(4) That:

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

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

(b) WHERE FRINGE BENEFITS ARE PAID IN CASH

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

(c) EXCEPTIONS

EXCEPTION (CRAFT)	EXPLANATION

REMARKS:

NAME AND TITLE

SIGNATURE

THE WILLFUL FALSIFICATION OF ANY OF THE ABOVE STATEMENTS MAY SUBJECT THE CONTRACTOR OR SUBCONTRACTOR TO CIVIL OR CRIMINAL PROSECUTION. SEE SECTION 1001 OF TITLE 18 AND SECTION 231 OF TITLE 31 OF THE UNITED STATES CODE.

FILE THIS FORM WITH THE PUBLIC AGENCY ASSOCIATED WITH THE PROJECT

NOTE TO CONTRACTORS: YOU MUST ATTACH COPIES OF THIS FORM TO EACH OF YOUR PAYROLL SUBMISSIONS ON THIS PROJECT.

INSTRUCTIONS AND ADDITIONAL FORMS ARE AVAILABLE ON OUR WEBSITE: WWW.OREGON.GOV/BOLI.

FINAL PAYROLL ☐

Phone: (541) 912-0011 CCB Registration Number: 105556

Type of Work: Fence Installation

ak St. Florence OR 97439

Project County: Lane

Date Pay Period Ended: 7/30.2022

THIS SECTION FOR SUBCONTRACTORS ONLY

Subcontract Amount: \$7500.00

Prime Contractor Business Name (DBA): Pacific Mobile Structures

Prime Contractor Phone: 360-688-3274

Prime Contractor's CCB Registration Number: 50832

Date You Began Work on the Project: 7/26/2022

(1)	(2)	(3) DAY AND DATE							(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)
NAME, ADDRESS AND EMPLOYEE'S IDENTIFICATION NUMBER*	CLASSIFICATION (INCLUDE GROUP # & APPRENTICESHIP STEP IF APPLICABLE)	Sun	Mon	Tue	Wed	Thu	Fri	Sat	TOTAL HOURS	HOURLY BASE RATE	HOURLY FRINGE BENEFIT AMOUNTS PAID AS WAGES TO EMPLOYEE	GROSS AMOUNT EARNED (see directions)	ITEMIZED DEDUCTIONS FICA, FED, STATE, ETC	NET WAGES PAID	HOURLY FRINGE BENEFITS PAID TO BENEFIT PARTY, PLAN, FUND, OR PROGRAM	NAME OF BENEFIT PARTY, PLAN, FUND, OR PROGRAM
		7/24	7/25	7/26	7/27	7/28	7/29	7/30								
		HOURS WORKED EACH DAY														
Dmytro Wortman 555 N 7th #7 Harrisburg, OR 97446 XXX-XX-3171	Metal Fence Erector	OT									\$16.55		\$15.00	\$139.59		
		ST			3.00				3	\$34.98						
		S1	Schedule 5/8 X 4/10 <input type="checkbox"/> ; Reg Hrly Schd: 8 to 5									\$154.59				
		OT														
	Metal Fence Erector	ST														
		M3	Schedule 5/8 X 4/10 <input type="checkbox"/> ; Reg Hrly Schd: 8 to 5									\$154.59	\$12.00	\$142.59		
		OT														
		ST														
		Schedule 5/8 <input type="checkbox"/> 4/10 <input type="checkbox"/> ; Reg Hrly Schd: to														
		OT														
		ST														
		Schedule 5/8 <input type="checkbox"/> 4/10 <input type="checkbox"/> ; Reg Hrly Schd: to														
		OT														
		ST														
		Schedule 5/8 <input type="checkbox"/> 4/10 <input type="checkbox"/> ; Reg Hrly Schd: to														
		OT														

CERTIFIED STATEMENT

Date: 08/08/2022
I, Heidi Bhan (NAME OF SIGNATORY PARTY) Vice-President (TITLE)

do hereby state:

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

Island Fence & Window Guard, Inc.

(CONTRACTOR, SUBCONTRACTOR OR SURETY)

on the Suislaw SD Suislaw HS ; that during the payroll period

(BUILDING OR WORK)

commencing on the 24th day of July, 2022, and ending the 30th day

of July, 2022, all persons employed on said project have been paid the

(MONTH) (YEAR)

full weekly wages earned, that no rebates have been or will be made either directly or indirectly to or on behalf of said Island Fence & Window Guard, Inc.

(CONTRACTOR, SUBCONTRACTOR OR SURETY)

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 specified in ORS 652.610, and as defined in Regulations, Part 3 (29 CFR 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. 276c), 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 workers 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 worker conform with work 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.

I HAVE READ THIS CERTIFIED STATEMENT, KNOW THE CONTENTS THEREOF AND IT IS TRUE TO MY KNOWLEDGE:

Heidi Bhan Vice-President

(NAME AND TITLE)

(SIGNATURE AND DATE)

In addition to completing (1) - (3), if your project is subject to the federal Davis-Bacon Act requirements, complete the following section as well:

(4) That:

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

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

(b) WHERE FRINGE BENEFITS ARE PAID IN CASH

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

(c) EXCEPTIONS

EXCEPTION (CRAFT)

EXPLANATION

REMARKS:

NAME AND TITLE

SIGNATURE

THE WILLFUL FALSIFICATION OF ANY OF THE ABOVE STATEMENTS MAY SUBJECT THE CONTRACTOR OR SUBCONTRACTOR TO CIVIL OR CRIMINAL PROSECUTION. SEE SECTION 1001 OF TITLE 18 AND SECTION 231 OF TITLE 31 OF THE UNITED STATES CODE.

FILE THIS FORM WITH THE PUBLIC AGENCY ASSOCIATED WITH THE PROJECT
NOTE TO CONTRACTORS: YOU MUST ATTACH COPIES OF THIS FORM TO EACH OF YOUR PAYROLL SUBMISSIONS ON THIS PROJECT.
INSTRUCTIONS AND ADDITIONAL FORMS ARE AVAILABLE ON OUR WEBSITE: WWW.OREGON.GOV/BOLI

PRIME CONTRACTOR ☐

SUBCONTRACTOR ☒

PAYROLL #: 3

FINAL PAYROLL ☐

Business Name (DBA): Island Fence & Window Guard, Inc.	Phone: (541)912-0011	CCB Registration Number: 105556
Project Name: Suislaw SD Suislaw HS	Project Number: 0922011N-011	Type of Work: Fence Installation
Street Address: 93114 Hwy 99 S, Junction City, OR 97448	Project Location: 2975 Oak St, Florence OR 97439	
Mailing Address: PO Box 397, Junction City, OR 97448	Project County: Lane	

Date Pay Period Began: 09/25/2022 Date Pay Period Ended: 10/01/2022

<p>THIS SECTION FOR PRIME CONTRACTORS ONLY</p> <p>Public Contracting Agency Name:</p> <p>Phone: ()</p> <p>Date Contract Specifications First Advertised for Bid:</p> <p>Contract Amount:</p>	<p>THIS SECTION FOR SUBCONTRACTORS ONLY</p> <p>Subcontract Amount: \$7500.00</p> <p>Prime Contractor Business Name (DBA): Pacific Mobile Structures</p> <p>Prime Contractor Phone: 360-688-3274</p> <p>Prime Contractor's CCB Registration Number: 50832</p> <p>Date You Began Work on the Project: 7/26/2022</p>
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(1)	(2)		(3) DAY AND DATE	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)
NAME, ADDRESS AND EMPLOYEE'S IDENTIFICATION NUMBER*	CLASSIFICATION (INCLUDE GROUP # & APPRENTICESHIP STEP IF APPLICABLE)		Sun Mon Tue Wed Thu Fri Sat 9/25 9/26 9/27 9/28 9/29 9/30 10/1	TOTAL HOURS	HOURLY BASE RATE	HOURLY FRINGE BENEFIT AMOUNTS PAID AS WAGES TO EMPLOYEE	GROSS AMOUNT EARNED (see directions)	ITEMIZED DEDUCTIONS FICA, FED, STATE, ETC	NET WAGES PAID	HOURLY FRINGE BENEFITS PAID TO BENEFIT PARTY, PLAN, FUND, OR PROGRAM	NAME OF BENEFIT PARTY, PLAN, FUND, OR PROGRAM
Dmytro Wortman 555 N 7th #7 Harrisburg, OR 97446 XXX-XX-3171	Metal Fence Erector	OT									
		ST			1.25						
		S1	Schedule 5/8 X 4/10 <input type="checkbox"/> ; Reg Hrly Schd: 8 to 5				\$64.41				
Charles Stingley 3522 E Game Farm Rd Springfield, OR 97477 XXX-XX-8895	Metal Fence Erector	OT									
		ST			1.25						
		M3	Schedule 5/8 X 4/10 <input type="checkbox"/> ; Reg Hrly Schd: 8 to 5			\$16.55	\$64.41	\$4.99	\$59.42		
		OT									
		ST									
			Schedule 5/8 <input type="checkbox"/> 4/10 <input type="checkbox"/> ; Reg Hrly Schd: to								
		OT									
		ST									
			Schedule 5/8 <input type="checkbox"/> 4/10 <input type="checkbox"/> ; Reg Hrly Schd: to								
		OT									
		ST									
			Schedule 5/8 <input type="checkbox"/> 4/10 <input type="checkbox"/> ; Reg Hrly Schd: to								

* Although this form has not been officially approved by the US. Department of Labor, it is designed to meet the requirements of both the state PWR law and the federal Davis-Bacon Act.
WH-38 (Rev. 06/16)

CERTIFIED STATEMENT

Date: 10/04/2022
I, Heidi Bhan Vice-President
(NAME OF SIGNATORY PARTY) (TITLE)

do hereby state:

(1) That I pay or supervise the payment of the persons employed by:
Island Fence & Window Guard, Inc.

(CONTRACTOR, SUBCONTRACTOR OR SURETY)

on the Suislaw SD Suislaw HS; that during the payroll period
(BUILDING OR WORK)

commencing on the 25th day of September, 2022, and ending the 1st day
(MONTH) (YEAR)

of October, 2022, all persons employed on said project have been paid the
(MONTH) (YEAR)

full weekly wages earned, that no rebates have been or will be made either directly or indirectly
to or on behalf of said Island Fence & Window Guard, Inc.

(CONTRACTOR, SUBCONTRACTOR OR SURETY)

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
specified in ORS 652.610, and as defined in Regulations, Part 3 (29 CFR 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. 276c), 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 workers 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 worker conform with work 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.

I HAVE READ THIS CERTIFIED STATEMENT, KNOW THE CONTENTS THEREOF AND IT IS
TRUE TO MY KNOWLEDGE:

Heidi Bhan Vice-President

(NAME AND TITLE)

(SIGNATURE AND DATE)

In addition to completing (1) - (3), if your project is subject to the federal Davis-
Bacon Act requirements, complete the following section as well:

(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
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(b) WHERE FRINGE BENEFITS ARE PAID IN CASH

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

(c) EXCEPTIONS

EXCEPTION (CRAFT)	EXPLANATION

REMARKS:

NAME AND TITLE

SIGNATURE

THE WILLFUL FALSIFICATION OF ANY OF THE ABOVE STATEMENTS MAY SUBJECT
THE CONTRACTOR OR SUBCONTRACTOR TO CIVIL OR CRIMINAL PROSECUTION. SEE
SECTION 1001 OF TITLE 18 AND SECTION 231 OF TITLE 31 OF THE UNITED STATES
CODE.

FILE THIS FORM WITH THE PUBLIC AGENCY ASSOCIATED WITH THE PROJECT

**NOTE TO CONTRACTORS: YOU MUST ATTACH COPIES OF THIS FORM TO EACH OF YOUR PAYROLL SUBMISSIONS ON THIS PROJECT.
INSTRUCTIONS AND ADDITIONAL FORMS ARE AVAILABLE ON OUR WEBSITE: WWW.OREGON.GOV/BOLI.**



Island Fence Inc.

93114 HWY 99 S./PO Box 397 Junction City, OR
97448

Of

Office: (541) 952-1100 Fax: (541) 952-1200 OR CCB
#105556



NO WORK PERFORMED NOTICE

**** Statement of Non-Performance Payroll ****

Contractor: Island Fence & Window Guard, Inc.

I hereby certify that no work was performed by the contractor listed above
and/ or any employees on the construction of:

Project Number: 0922011N-001

Project Name: Suislaw SD Suislaw HS

During the period(s) dated from:

7/31/2022-8/6/2022 & 8/14/2022-9/24/2022

Date:

By: Heidi Bhan

Title: Vice President