PRIME CONTRACTOR	25.25			BCON			RΧ					PAYRO	DLL #: 2				FINAL PAYROLL	П		
Business Name (DBA): Island Fence & Window Guard, Inc. Pho											Phor	e: ( 541 )912-0011								
Project Name: Suislaw SD Suislaw HS Project Number:											umber:	0922011	N-011	Type of W	Vork: Fence	Installation				
Street Address: 93114 Hwy 99 S, Junction City, OR 97448												0922011N-011 Type of Work: Fence Installation Project Location: 2975 Oak St, Florence OR 97439								
Mailing Address: PO Box 397, Junction City, OR 97448												Project County: Lane								
Date Pay Period Beg	Date Pay Period Began: 08/07/2022 Date												eriod Ended: 0	08/13/2022						
THIS SECTION FOR PRIME CONTRACTORS ONLY												THIS SECTION FOR SUBCONTRACTORS ONLY								
Phone: ( )	Phone: ( ) Date Contract Specifications First Advertised for Bid:												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)						Y ANI				(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)		
NAME, ADDRESS AND EMPLOYEE'S IDENTIFICATION NUMBER*	CLASSIFICATION (INCLUDE GROUP # & APPRENTICESHIP STEP IF APPLICABLE)			Sun 8/7	Mon 8/4 HOUF		Wed 8/10 DRKEE	8/11	L		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	Metal Fence Erector		ОТ						Г				\$16.55		\$8.00	\$95.06				
Harrisburg, OR				$\vdash$	+	-	-	2.00	0	+		2 \$34.98								
97446			ST								'	\$34.50			7					
XXX-XX-3171		S1		edule	e 5/8	X 4/1	0 □; I	Reg I	Hrly	Schd:	_8	to_5		\$103.06						
Jesse Wells 5270 Denver St	Metal Fence Erector		ОТ																	
Turner OR 97342 XXX-XX4312		$\vdash$	ST	$\vdash$	+				+	+		-	+							
AAA-AA4312								2.00	0		3	2 \$34.98								
		S0		edule	e 5/8	X 4/1	0 □; F	Reg I	Hrly	Schd:	_8_to_	5	\$16.55	\$103.06	\$17.00	\$86.06				
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			31																	
			Sch	edule	e 5/8	□ 4/1	0 □;	Reg	Hrly	Schd	:t	o								

<sup>\*</sup> 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)

THIS FORM CONTINUED ON REVERSE

### **CERTIFIED STATEMENT**

Date:         08/23/2022           I,         Heidi Bhan         Vice-President           (NAME OF SIGNATORY PARTY)         (TITLE)	In addition to completing (1) - (3), if your project is subject to the federal Davis- Bacon Act requirements, complete the following section as well:
do hereby state: (1) That I pay or supervise the payment of the persons employed by: Island Fence & Window Guard, Inc.	<ul><li>(4) That:</li><li>(a) WHERE FRINGE BENEFITS ARE PAID TO APPROVED PLANS, FUNDS OR PROGRAMS</li></ul>
(CONTRACTOR, SUBCONTRACTOR OR SURETY)  on the Suislaw SD Suislaw HS  (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	<ul> <li>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.</li> <li>(b) WHERE FRINGE BENEFITS ARE PAID IN CASH</li> </ul>
(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:	□ 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
(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.	REMARKS:
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)	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.

BUREAU OF LABOR AND INDUSTRIES WAGE AND HOUR DIVISION

PAYROLL/CERTIFIED STATEMENT FORM WH-38 FOR USE IN COMPLYING WITH ORS 279C.845\*

ROLL -						7	i					(11)	Y  WAME OF BENEFIT PARTY, PLAN, FUND, OR PROGRAM ND, WAN	(AM																					
FINAL PAYROLL	ır. 105556	tallation				THIS SECTION FOR SUBCONTRACTORS ONLY		obile Structures		32	(0)		NET FRINGE WAGES TO BENEFIT PARTY PAID PLAN, FUND,		8139.59							\$142.59													
	CCB Registration Number:	Type of Work: Fence Installation	Florence OR 97439			SECTION FOR SU		ne (DBA): Pacific Mo	88-3274	ration Number: 5083	roject. 7/20/2022	(6)	T DEDUCTIONS See FICA, FED, IS) STATE, ETC		\$15.00		\$154.59					1.59 \$12.00		_				_						_	_
.#: 1			Project Location: 2975 Oak St, Florence OR 97439	Project County: Lane	Date Pay Period Ended: 7/30.2022	THIS	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	(5) (6) (7) (7) (9)		HOURLY GROSS FRINGE AMOUNT AMOUNTS PAID EARNED (see	EMPLOTEE	00:014		\$15				\	\$16.55 \$154.59			<u></u>			_		_			_	_	
PAYROLL #:	Phone: ( 541 )912-0011	Project Number: 0922011N-011	Project Lo	Project C	Date Pay Perio		Subcontra	Prime Co	Prime Co	Prime Co	W (5)	+	TOTAL HOURLY BASE HOURS RATE			3 \$34.98	8 to 5				"	8_to_5									to .			_	
SUBCONTRACTOR X	indow Guard, Inc.		OR 97448	R 97448		THIS SECTION FOR PRIME CONTRACTORS ONLY	800 000000		r Bid:		(3) DAY AND DATE	Sun Mon Tue Word Thu Fri Sat	7125   7126   7127   7128   7129		ОТ	3.00	Schedule 5/8 X 4/10  Schedule 5/8 X 4/10  Schedule 5/8 X 4/10	ОТ		ST	0000	$\neg$	ОТ		 440	Schedule 3/8 - 4/10 -; Reg Hrly Schd:	0		ST		Schedule 5/8   4/10   ; Reg Hrly Schd:	ОТ	S		
	): Island Fence & Window Guard, Inc.	SD Suislaw HS	Street Address: 93114 Hwy 99 S, Junction City, OR 97448	Mailing Address: PO Box 397, Junction City, OR 97448	n: 7/24/2022	IIS SECTION FOR PRIM	ancy Name:		Date Contract Specifications First Advertised for Bid:		(6)	(=)	CLASSIFICATION (INCLUDE GROUP # & APPRENTICESHIP STEP IF APPLICABLE)	7	Metal Felice Elector		S1	Metal Fence Erector				M3												_	_
PRIME CONTRACTOR □	Business Name (DBA):	Project Name: Suislaw SD Suislaw HS	Street Address: 93114	Mailing Address: PO E	Date Pay Period Began: 7/24/2022	王	Public Contracting Agency Name:	Phone: ( )	Date Contract Specific	Contract Amount:	(1)	/./	NAME, ADDRESS AND EMPLOYEE'S IDENTIFICATION NUMBER*	The state of the state of the	555 N 7th #7	Harrisburg, OR 97446	XXX-XX-3171	Charles Stingley	3522 E Game Farm Rd Springfield, OR 97477	XXX-XX-8895															

<sup>\*</sup> 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

Heidi Bhan	Bacon Act requirements, complete the following section as well: (4) That:
iGNATORY PARTY)  e the payment of the persons employed by: uard, Inc. (CONTRACTOR, SUBCONTRACTOR OR SURETY) v HS  v WORK)  day of July  , 2022 , and ending the 30th day	
e the payment of the persons employed by:  uard, Inc. (CONTRACTOR, SUBCONTRACTOR OR SURETY)  v HS  v WORK)  t work)  day of July  2022, and ending the 30th day	
(CONTRACTOR, SUBCONTRACTOR OR SURETY)  V HS  WORK)  1 that during the payroll period  WORK)  and ending the 30th day	(a) WHERE FRINGE BENEFITS ARE PAID TO APPROVED PLANS, FUNDS OR PROGRAMS
(CONTRACTOR, SUBCONTRACTOR OR SURETY)  v HS  ; that during the payroll period  t WORK)  day of July . 2022 . and ending the 30th day	
v HS ; that during the payroll period ; WORK) . 2022 , and ending the 30th day	In addition to the basic hourly wage rates paid to each laborer or mechanic listed
R WORK) Adv of July . 2022 , and ending the 30th day	in the above referenced payroll, payments of fringe benefits as listed in the
day of July . 2022 , and ending the 30th day	contract have been or will be made to appropriate programs for the benefit of
	such employees, except as noted in Section 4(c) below.
(MONTH) (YEAR)	
of July , 2022 , all persons employed on said project have been paid the (b) WHERE FRINGE BENEFITS ARE PAID IN CASH	RE FRINGE BENEFITS ARE PAID IN CASH
full weekly wages earned, that no rebates have been or will be made either directly or indirectly $\square$ Each laborer or mechanic listed in the	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
(CONTRACTOR, SUBCONTRACTOR OR SURETY) basic hourly wage rate plus the amour	basic hourly wage rate plus the amount of the required fringe benefits as listed in
nade either directly	the contract, except as noted in Section 4(c) below.
by (c) EXC	
ded (48 Stat. 948, 63 Stat. 108, 72 Stat.	(CEPTION (CRAFT) EXPLANATION
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.	
apprenticeship program registered with a state apprenticeship agency recognized by the Bureau  REMARKS:	
or Apprenticesing and Training, United States Department of Apprenticesing and Training United States Department of Apprenticesing and Training United States Department of Apprenticesing and Training United States Department of Apprentices and	
agency exists in a state, are registered with the bureau of Apprehitteeship and Training, Onited	
States Department of Labor.	SIGNATURE
TRUE TO MY KNOWLEDGE:	
	THE WILLFUL FALSIFICATION OF ANY OF THE ABOVE STATEMENTS MAY SUBJECT
(NAME AND TITLE)	THE CONTRACTOR OR SUBCONTRACTOR TO CIVIL OR CRIMINAL PROSECUTION. SEE
720	SECTION 1001 OF TITLE 18 AND SECTION 231 OF TITLE 31 OF THE UNITED STATES
(SIGNATURE AND DATE)	

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/BOLL. FILE THIS FORM WITH THE PUBLIC AGENCY ASSOCIATED WITH THE PROJECT

PRIME CONTRACTOR			SUB	CON.	TRAC	CTOR	X					PAYRO	DLL #: 3				FINAL PAYROLL			
Business Name (DBA	): Island Fence 8	nce & Window Guard, Inc. Phor						Phon	e: ( 541	)912-0011	CCB Reg	istration Num	ber: 105556							
Project Name: Suislaw SD Suislaw HS Project Number									ect Nu	umber:	0922011	N-011	Type of W	ork: Fence I	nstallation					
Street Address: 93114 Hwy 99 S, Junction City, OR 97448												Project	Location: 2975	Oak St, Flore	ence OR 9743	9				
Mailing Address: PO Box 397, Junction City, OR 97448												Project	County: Lane							
Date Pay Period Bega											Dat	e Pay P	eriod Ended: 1							
THIS SECTION FOR PRIME CONTRACTORS ONLY Public Contracting Agency Name: Phone: ( )												THIS SECTION FOR SUBCONTRACTORS ONLY Subcontract Amount: \$7500.00 Prime Contractor Business Name (DBA): Pacific Mobile Structures								
Date Contract Specifications First Advertised for Bid:												Prime Contractor Phone: 360-688-3274								
Contract Amount:												Prime Contractor's CCB Registration Number: 50832 Date You Began Work on the Project: 7/26/2022								
(1)	(2)	Τ		_	/3	) DAY	V ANI	D DA1	TE		(4)	Date Y	ou Began Wor	k on the Proje (7)	ct: 7/26/2022		(40)	(44)		
(1)	\2)		Т	Sun	Mon					Sat	(4)	(3)	HOURLY		, , ,	(9)	(10) HOURLY	(11)		
NAME, ADDRESS AND EMPLOYEE'S IDENTIFICATION NUMBER*	CLASSIFICATION (INCLUDE GROUP # & APPRENTICESHIP STEP IF APPLICABLE)			9/25			<u> </u>				TOTAL HOURS	HOURLY BASE RATE	FRINGE BENEFIT AMOUNTS PAID AS WAGES TO	GROSS AMOUNT EARNED (see	DEDUCTIONS FICA, FED,	NET WAGES PAID	FRINGE BENEFITS PAID TO BENEFIT PARTY, PLAN, FUND,	NAME OF BENEFIT PARTY, PLAN, FUND, OR PROGRAM		
				<u> </u>	HOUR	S WC	RKE	EAC	H DA	Y			EMPLOYEE	directions)	STATE, ETC		OR PROGRAM			
Dmytro Wortman 555 N 7th #7	Metal Fence Erector		ОТ										\$16.55		\$4.99	\$59.42				
Harrisburg, OR				$\vdash$	-	-	-	1.25		-	1 25	\$34.98								
97446			ST								1.23	\$34.50								
XXX-XX-3171		S1	Sch	edule	e 5/8	X 4/1	0 □; I	Reg F	Irly S	Schd:	_8t	o_5		\$64.41						
Charles Stingley 3522 E Game Farm Rd	Metal Fence Erector		ОТ							Г										
Springfield, OR 97477			1	_		_														
XXX-XX-8895			ST					1.25			1.25	624.00								
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<sup>\*</sup> 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)	In addition to completing (1) - (3), if your project is subject to the federal Davis- Bacon Act requirements, complete the following section as well:
(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.	(4) That: (a) WHERE FRINGE BENEFITS ARE PAID TO APPROVED PLANS, FUNDS OR PROGRAMS
(CONTRACTOR, SUBCONTRACTOR OR SURETY)  on the Suislaw SD Suislaw HS  (BUILDING OR WORK)  commencing on the 25th day of September (MONTH) (YEAR)	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.
of October , 2022 , all persons employed on said project have been paid the (MONTH) (YEAR)	(b) WHERE FRINGE BENEFITS ARE PAID IN CASH
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	<ul> <li>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.</li> <li>(c) EXCEPTIONS</li> </ul>
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:	EXCEPTION (CRAFT) EXPLANATION
(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.	REMARKS:
	NAME AND TITLE SIGNATURE
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)	THE WILLFUL FALSIFICATION OF ANY OF THE ABOVE STATEMENTS MAY SUBJECT THE CONTRACTOR OR SUBCONTRACTOR TO CIVIL OR CRIMINAL PROSECUTION. SEI SECTION 1001 OF TITLE 18 AND SECTION 231 OF TITLE 31 OF THE UNITED STATES
(SIGNATURE AND DATE)	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.

## 93114

### Island Fence Inc.

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



#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

By:

Heidi Bhan

Title: Vice President