

STATEMENT OF COMPLIANCE

PAYROLL NUMBER 1	PAYROLL PAYMENT DATE 4/17/2014	CONTRACT NUMBER 382248 36883-19-02 (Hanford 200 East)
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DATE 4/16/2014

I, Jami Wellman Office Manager do hereby state;
(Name of Signatory Party) (Title)

(1) That I pay or supervise the payment of the persons employed by Internech, Inc. on the Oletha - Extraction Wells ME51 & ME52 project that during the payroll period commencing on 04/07/2014 and ending 04/13/2014, all persons employed on said project have been paid the full weekly wages earned, that no rebates have been or will be made by either directly or indirectly to or on behalf of said Internech, Inc. 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), issued by the Secretary of Labor under the Copeland Act, as amended (48 Stat. 848.63 Stat. 108,72 Stat.967; 76 Stat. 357; 40 U.S.C. 275c) and described below:

FEDERAL, STATE, AND LOCAL WITHHOLDING TAXES	CREDIT UNION
MEDICARE, FICA WITHHOLDING	LPL
401-K WITHHOLDING	LMI
MEDICAL INSURANCE PREMIUMS	OTHER AUTHORIZED OR LAWFUL DEDUCTIONS

(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 in 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

(1) 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

(1) 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 on the Contract, except as noted in section 4(c) below.

(c) EXCEPTIONS

EXCEPTION (Craft)	EXPLANATION
TRAVEL PAY	IF NO TRAVEL PAY OR PARTIAL TRAVEL PAY, EMPLOYEE(S) WORKED AT SHOP ALL WEEK OR PART OF WEEK.

REMARKS

(b)(3):20 FEDERAL EIN #:
U.S.C. 6103

NAME AND TITLE JAMI WELLMAN OFFICE MANAGER	SIGNATURE 
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R6667001

Certified Payroll Report

4/18/2014 11:55:00

Date 4/13/2014

Project Number 382246

Project Address Opala-ME51 & ME52 -

Customer PO 38655-48-02 - Opala

Inmanach Inc.

5901 West Point Blvd

Wilmington, NC 27162

Page - 13 of 13

Payroll No. 1
Hanford - 200 East

Employee Name - Social Security	Pay Type	4/7 Mon	4/8 Tue	4/9 Wed	4/10 Thu	4/11 Fri	4/12 Sat	4/13 Sun	Total	Rate	Job Gross	Gross Pay	FICA Med	Federal WHT	State WHT	Miss Ded	Total Ded	Wages Paid
(b)(6) (b)(4)	REGULAR								(b)(4)									(b)(4)

Total all employees

Per Diem Total

STATEMENT OF COMPLIANCE

PAYROLL NUMBER 2	PAYROLL PAYMENT DATE 4/24/2014	CONTRACT NUMBER 382246 36883-19-02 (Hanford 200 East)
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DATE 4/22/2014

I, Jami Wellman Office Manager do hereby state:
(Name of Signatory Party) (Title)

(1) That I pay or supervise the payment of the persons employed by Intermech, Inc. on the Oletha - Extraction Wells ME51 & ME52 project that during the payroll period commencing on 04/14/2014 and ending 04/20/2014, all persons employed on said project have been paid the full weekly wages earned, that no rebates have been or will be made by either directly or indirectly to or on behalf of said Intermech, Inc. 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), issued by the Secretary of Labor under the Copeland Act, as amended (48 Stat. 848.63 Stat. 108,72 Stat.967; 76 Stat. 357; 40 U.S.C. 276c) and described below:

FEDERAL, STATE, AND LOCAL WITHHOLDING TAXES	CREDIT UNION
MEDICARE, FICA WITHHOLDING	LPL
401-K WITHHOLDING	L&I
MEDICAL INSURANCE PREMIUMS	OTHER AUTHORIZED OR LAWFUL DEDUCTIONS

(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 in 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 on the Contract, except as noted in section 4(c) below.

[c] EXCEPTIONS

EXCEPTION (Craft)	EXPLANATION
TRAVEL PAY	IF NO TRAVEL PAY OR PARTIAL TRAVEL PAY, EMPLOYEE(S) WORKED AT SHOP ALL WEEK OR PART OF WEEK.

REMARKS

NO HOURS TO REPORT

(b)(3):26
U.S.C. 6103

FEDERAL EIN #

NAME AND TITLE

JAMI WELLMAN
OFFICE MANAGER

SIGNATURE

Jami Wellman

STATEMENT OF COMPLIANCE

PAYROLL NUMBER 3	PAYROLL PAYMENT DATE 5/01/2014	CONTRACT NUMBER 382246 36883-19-02 (Hanford 200 East)
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DATE 4/29/2014

I, Jami Wellman Office Manager do hereby state;
(Name of Signatory Party) (Title)

(1) That I pay or supervise the payment of the persons employed by Intermach, Inc. on the Ojeda - Extraction Wells ME51 & ME52 project that during the payroll period commencing on 04/21/2014 and ending 04/27/2014, all persons employed on said project have been paid the full weekly wages earned, that no rebates have been or will be made by either directly or indirectly to or on behalf of said Intermach, Inc. 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), issued by the Secretary of Labor under the Copeland Act, as amended (48 Stat. 848.63 Stat. 108,72 Stat.967; 76 Stat. 357; 40 U.S.C. 276c) and described below:

FEDERAL, STATE, AND LOCAL WITHHOLDING TAXES	CREDIT UNION
MEDICARE, FICA WITHHOLDING	LPL
401-K WITHHOLDING	L&I
MEDICAL INSURANCE PREMIUMS	OTHER AUTHORIZED OR LAWFUL DEDUCTIONS

(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 in 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 on the Contract, except as noted in section 4(c) below.

(c) EXCEPTIONS

EXCEPTION (Craft)	EXPLANATION
TRAVEL PAY	IF NO TRAVEL PAY OR PARTIAL TRAVEL PAY, EMPLOYEE(S) WORKED AT SHOP ALL WEEK OR PART OF WEEK.

REMARKS

(b)(3):26 FEDERAL EIN #
U.S.C. 6103

NAME AND TITLE

JAMI WELLMAN
OFFICE MANAGER

SIGNATURE

Jami Wellman

Date 4/27/2014
Project Number 352348
Project Address Ojeda-ME11 & NE52 -
Customer PO 36483-19-02 - Ojeda

Payroll Number 3

Hamford - 200 East

[illegible]

STATEMENT OF COMPLIANCE

PAYROLL NUMBER 4	PAYROLL PAYMENT DATE 5/08/2014	CONTRACT NUMBER 382246 36883-19-02 (Hanford 200 East)
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DATE 5/6/2014

I, Jami Wellman Office Manager do hereby state:
(Name of Signatory Party) (Title)

(1) That I pay or supervise the payment of the persons employed by Intermech, Inc. on the Olada - Extraction Wells ME51 & ME52 project that during the payroll period commencing on 04/28/2014 and ending 05/04/2014, all persons employed on said project have been paid the full weekly wages earned, that no rebates have been or will be made by either directly or indirectly to or on behalf of said Intermech, Inc. 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), issued by the Secretary of Labor under the Copeland Act, as amended (48 Stat. 848, 63 Stat. 108, 72 Stat. 967; 76 Stat. 357; 40 U.S.C. 276c) and described below:

FEDERAL, STATE, AND LOCAL WITHHOLDING TAXES	CREDIT UNION
MEDICARE, FICA WITHHOLDING	LPL
401-K WITHHOLDING	L&I
MEDICAL INSURANCE PREMIUMS	OTHER AUTHORIZED OR LAWFUL DEDUCTIONS

(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 in 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

[x] 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

[x] 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 on the Contract, except as noted in section 4[c] below.

[c] EXCEPTIONS

EXCEPTION (Craft)	EXPLANATION
TRAVEL PAY	IF NO TRAVEL PAY OR PARTIAL TRAVEL PAY, EMPLOYEE(S) WORKED AT SHOP ALL WEEK OR PART OF WEEK.

REMARKS

(b)(3):26
U.S.C. 6103

FEDERAL EIN #:

NAME AND TITLE

JAMI WELLMAN
OFFICE MANAGER

SIGNATURE

Jami Wellman

Date 6/4/2014
Project Number 182246
Project Address Ojeda-ME51 & ME52 -
Customer PO 18683-96-02 - Ojeda

Payroll Number _____

Hanford - Zoo East

Employer Name - Social Security
Job Title

Pay
Type

4/26 4/27 4/30 5/1 5/2 5/3 5/4
Mon Tue Wed Thu FR Sat Sun

Total	Rate
-------	------

Job						Union		Wages
Gross	Gross Pay	FICA Med	Federal W/H	State W/H	NIce Ded	Total Ded		Paid

(b)(6)

(b)(4)

(b)(4)

1 REGULAR
23 TRAVEL.

(b)(4)

(b)(4)

94.00	94.00	.00	.00	.00	0.00	.00	.00	.00
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Employees Total

(b)(4)

(b)(4)

(b)(6)

(b)(4)

(b)(4)

1 REGULAR

(b)
(4)

(b)(4)

Employee Total

(b)(6)

(b)(4)

(b)(4)

1 REGULAR
20 TRAVEL

(b)(4)

(b)(4)

84.00	84.00	.00	.00	.00	8.00	.00	.00	.00
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Employee Total

(b)(4)

(b)(4)

Total all employees**Per Diem Total**

STATEMENT OF COMPLIANCE

PAYROLL NUMBER 5	PAYROLL PAYMENT DATE 5/15/2014	CONTRACT NUMBER 382246 36883-19-02 (Hanford 200 East)
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DATE 5/13/2014

I, Jami Wellman Office Manager do hereby state;
(Name of Signatory Party) (Title)

(1) That I pay or supervise the payment of the persons employed by Intermech, Inc. on the Ojeda - Extraction Wells ME51 & ME52 project that during the payroll period commencing on 05/05/2014 and ending 05/11/2014, all persons employed on said project have been paid the full weekly wages earned, that no rebates have been or will be made by either directly or indirectly to or on behalf of said Intermech, Inc. 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), issued by the Secretary of Labor under the Copeland Act, as amended (48 Stat. 648.63 Stat. 108,72 Stat.957; 76 Stat. 357; 40 U.S.C. 276c) and described below:

FEDERAL, STATE, AND LOCAL WITHHOLDING TAXES	CREDIT UNION
MEDICARE, FICA WITHHOLDING	LPL
401-K WITHHOLDING	L&I
MEDICAL INSURANCE PREMIUMS	OTHER AUTHORIZED OR LAWFUL DEDUCTIONS

(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 in 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 on the Contract, except as noted in section 4(c) below.

(c) EXCEPTIONS

EXCEPTION (Craft)	EXPLANATION
TRAVEL PAY	IF NO TRAVEL PAY OR PARTIAL TRAVEL PAY, EMPLOYEE(S) WORKED AT SHOP ALL WEEK OR PART OF WEEK.

REMARKS
FEDERAL EIN #: (b)(3):26 U.S.

NAME AND TITLE
JAMI WELLMAN
OFFICE MANAGER

SIGNATURE

Jami Wellman

RAM07001

Certified Payroll Report
Internech Inc.
2801 West Point Blvd
Winston Salem, NC 27103

6/13/2014 11:14:16
Page - 17 of 21

Date 6/11/2014
Project Number 261246
Project Address Cjeda-ME81 & ME82 -
Customer PO 31023-10-03 - Cjeda

Payroll Number 5
Hanford Zoo East

Employee Name - Social Security		Pay	5/6	5/7	5/8	5/9	5/10	5/11	Total	Rate	Job	Gross	Gross Pay	FICA Med	Federal WH	State WH	Union	Wages
Job Title		Type	Mon	Tue	Wed	Thu	Fri	Sat	Sun								Wages	Field
(b)(6)	(b)(4)	1 REGULAR			(b)(4)					(b)(4)								
(b)(6)	(b)(4)	23 TRAVEL								47.00		47.00	.00	.00	.00	6.00	.00	.00
Employee Total					(b)(4)					(b)(4)								
(b)(6)	(b)(4)	1 REGULAR			(b)(4)					(b)(4)								
(b)(6)	(b)(4)	23 TRAVEL								47.00		47.00	.00	.00	.00	6.00	.00	.00
Employee Total					(b)(4)					(b)(4)								
Total all employees										(b)(4)								
Per Diem Total										(b)(4)								

STATEMENT OF COMPLIANCE

PAYROLL NUMBER 6	PAYROLL PAYMENT DATE 5/22/2014	CONTRACT NUMBER 382246 36883-19-02 (Hanford 200 East)
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DATE 5/20/2014

I, Jami Wellman Office Manager do hereby state:
(Name of Signatory Party) (Title)

(1) That I pay or supervise the payment of the persons employed by Internech, Inc. on the Oleada - Extraction Wells ME51 & ME52 project that during the payroll period commencing on 06/12/2014 and ending 05/18/2014, all persons employed on said project have been paid the full weekly wages earned, that no rebates have been or will be made by either directly or indirectly to or on behalf of said Internech, Inc. 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), issued by the Secretary of Labor under the Copeland Act, as amended (48 Stat. 848.63 Stat. 108,72 Stat.967; 76 Stat. 357; 40 U.S.C. 276c) and described below:

FEDERAL, STATE, AND LOCAL WITHHOLDING TAXES	CREDIT UNION
MEDICARE, FICA WITHHOLDING	LPL
401-K WITHHOLDING	L&I
MEDICAL INSURANCE PREMIUMS	OTHER AUTHORIZED OR LAWFUL DEDUCTIONS

(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 in 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 on the Contract, except as noted in section 4(c) below.

(c) EXCEPTIONS

EXCEPTION (Craft)	EXPLANATION
TRAVEL PAY	IF NO TRAVEL PAY OR PARTIAL TRAVEL PAY, EMPLOYEE(S) WORKED AT SHOP ALL WEEK OR PART OF WEEK.

REMARKS
FEDERAL EIN # (b)(3):26 U.S.

NAME AND TITLE JAMI WELLMAN OFFICE MANAGER	SIGNATURE 
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Date	6/18/2016	Payroll Number	
Project Number	332246		
Project Address	Ojeda-Rt18-ME61 & ME62 -		
Customer PO	3663-16-02 - Ojeda		Hanford - 200 East

[illegible]

STATEMENT OF COMPLIANCE

PAYROLL NUMBER 7	PAYROLL PAYMENT DATE 5/29/2014	CONTRACT NUMBER 382248 36883-19-02 (Hanford 200 East)
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DATE 5/27/2014

I, Jam Wellman Office Manager do hereby state;
(Name of Signatory Party) (Title)

(1) That I pay or supervise the payment of the persons employed by Internech, Inc. on the Ojeda - Extraction Wells ME51 & ME52 project that during the payroll period commencing on 05/19/2014 and ending 05/26/2014, all persons employed on said project have been paid the full weekly wages earned, that no rebates have been or will be made by either directly or indirectly to or on behalf of said Internech, Inc. 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), issued by the Secretary of Labor under the Copeland Act, as amended (48 Stat. 648.63 Stat. 108.72 Stat.967; 76 Stat. 357; 40 U.S.C. 276c) and described below:

FEDERAL, STATE, AND LOCAL WITHHOLDING TAXES	CREDIT UNION
MEDICARE, FICA WITHHOLDING	LPI
401K WITHHOLDING	LAI
MEDICAL INSURANCE PREMIUMS	OTHER AUTHORIZED OR LAWFUL DEDUCTIONS

- (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 in 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 on the Contract, except as noted in section 4(c) below.

[c] EXCEPTIONS

EXCEPTION (Craft)	EXPLANATION
TRAVEL PAY	IF NO TRAVEL PAY OR PARTIAL TRAVEL PAY, EMPLOYEE(S) WORKED AT SHOP ALL WEEK OR PART OF WEEK.

REMARKS
FEDERAL EIN #: (b)(3):26 U.S.

NAME AND TITLE
JAMI WELLMAN
OFFICE MANAGER

SIGNATURE

Jami Wellman

Date **11/26/2014**

Project Number **182245**

Payroll Number

Project Address Ojeda-Raf19-NE61 & NE62.

Customer PO 38843-18-42 • Qjeda

Interneash Inc.
2801 West Point Blvd
Winston Salem, NC 27103

Well Number
Hanford 20 East

Employee Name - Social Security		Pay	6/196/206/216/226/236/246/25							Job		Union					Wages		
Job Title	Type		Mon	Tue	Wed	Thu	Fri	Sat	Sun	Total	Rate	Gross	Gross Pay	FICA Med	Federal WH	State WH	Mica Ded	Total Ded	Paid
(b)(6)	(b)(4)	1 REGULAR			(b)(4)	(b)(4)				(b)(4)									
Employee Total					(b)(4)	(b)(4)													
(b)(6)	(b)(4)	1 REGULAR								(b)(4)									
Employee Total																			
Total all employees																			
Per Diem Total																			

STATEMENT OF COMPLIANCE

PAYROLL NUMBER 8 - FINAL	PAYROLL PAYMENT DATE 6/05/2014	CONTRACT NUMBER 382248 36883-19-02 (Hanford 200 East)
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DATE 6/3/2014

I, Jami Wellman Office Manager do hereby state;
(Name of Signatory Party) (Title)

(1) That I pay or supervise the payment of the persons employed by Intermech, Inc. on the Ojeda - Extraction Wells ME51 & ME52 project that during the payroll period commencing on 05/26/2014 and ending 06/01/2014, all persons employed on said project have been paid the full weekly wages earned, that no rebates have been or will be made by either directly or indirectly to or on behalf of said Intermech, Inc. 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), issued by the Secretary of Labor under the Copeland Act, as amended (48 Stat. 848.63 Stat. 108.72 Stat.967; 76 Stat. 357; 40 U.S.C. 276c) and described below:

FEDERAL, STATE, AND LOCAL WITHHOLDING TAXES	CREDIT UNION
MEDICARE, FICA WITHHOLDING	LPL
401-K WITHHOLDING	L&I
MEDICAL INSURANCE PREMIUMS	OTHER AUTHORIZED OR LAWFUL DEDUCTIONS

(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 in 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 on the Contract, except as noted in section 4(c) below.

[c] EXCEPTIONS

EXCEPTION (Craft)	EXPLANATION
TRAVEL PAY	IF NO TRAVEL PAY OR PARTIAL TRAVEL PAY, EMPLOYEE(S) WORKED AT SHOP ALL WEEK OR PART OF WEEK.

NO HOURS TO REPORT

REMARKS

(b)(3):26
U.S.C. 6103

FEDERAL EIN #

NAME AND TITLE

JAMI WELLMAN
OFFICE MANAGER

SIGNATURE

Jami Wellman